

Transfer Authorization for Registered Investments (RSP, LIRA, LRSP, RIF, LRIF, LIF)

Complete this form for: • RSP to RSP transfers (excluding transfers due to death or marriage breakdown)
• RSP to RIF and RIF to RIF transfers

Note: • Complete Sections 1 through 4 and forward to the relinquishing institution.
• If required, retain a photocopy for your files.
• The completion of this transfer will NOT result in reporting of income or issuance of an official tax receipt.

1 General information

Account/Policyholder last name		First name		Middle initial
Address		City	Province	Postal code
S.I.N.	Home telephone number ()		Business telephone number ()	

2 Client direction to relinquishing institution

Relinquishing institution name				
FROM:				
Address		City	Province	Postal code
Client account/policy number	OR		Group plan number	Member certificate number

Transfer:
(check one box only)

*** Please refer to statement in bold in Client authorization section below**

All in cash* Partial* - as listed below or on attached list

All	Investment amount	Symbol and/or certificate number or policy number	Delay delivery until (dd/mmm/yyyy)
Dollars	Investment description		
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All	Investment amount	Symbol and/or certificate number or policy number	Delay delivery until (dd/mmm/yyyy)
Dollars	Investment description		

3 Receiving institution information

Receiving institution		
TO: Manulife Financial, Group Savings & Retirement Solutions, KC6 PO BOX 396 STN WATERLOO, WATERLOO ON N2J 4A9		
Customer number	Group plan number	Employee number
Fund/Investment name		Fund Number
		/%\$ Amount

Investment instruction for this deposit

4 Client authorization

I hereby request the transfer of my account and its investments as described above.
*** I have requested a transfer in cash, I authorize the liquidation of all or part of my investments and agree to pay any applicable fees, charges or adjustments.**

Irrevocable Beneficiary: I consent to the transfer of the account.

Signature of Account Holder	Date (dd/mmm/yyyy)	Signature of irrevocable beneficiary (if applicable)	Date (dd/mmm/yyyy)
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5 For use by relinquishing institution only

Registered type:	RSP	LIRA	LRSP	RIF	LRIF	LIF
Spousal Plan?	No	Yes - if "Yes," Contributor's:				
Last name	First name		Initial	S.I.N.		
Locked-In funds	Governing legislation					
\$						
Contact name	Telephone number ()		Fax number ()			
Authorized signature				Date (dd/mmm/yyyy)		

Locked-In:

No Yes - Locked-In confirmation attached