

Withdrawal form

Use this form for withdrawing funds. To terminate membership in the plan, use form GP0765E. If member belongs to more than one plan, complete a separate form for each plan.

Forward to: Manulife Financial, Attn: CPO Client Services, KC-6
P.O. BOX 396, STN WATERLOO, WATERLOO ON N2J 4A9

General information	Group policy number	Plan number	Plan Sponsor/Employer		
	Member number		Customer number <i>Manulife Financial use only</i>		
	Last name of member		First name	Middle initial	
	Mailing address (number, street and apt. number)				
	City	Province	Postal code	Telephone number	Ext

Withdrawal option request

NOTE: Some disbursement options below may not be available under your plan until termination of employment. See your Plan Administrator for details.

Type of withdrawal	<input type="radio"/> Cash withdrawal (select payment method below)	<input type="radio"/> Transfer to an individual plan with Manulife Financial	<input type="radio"/> Transfer to another financial institution
	<input type="radio"/> All funds Are future contributions going to continue? <input type="radio"/> Yes <input type="radio"/> No <small>(If No, member status will be changed to inactive)</small>	<input type="radio"/> Partial withdrawal amount Indicate gross dollar amount: Must equal total amount shown in fields below. (Not available on termination of employment.) Optional: You can choose which investments you want to withdraw from.	
Amount being withdrawn			\$ <input type="text"/>
	Investment code	<input type="text"/>	Amount to be withdrawn \$ <input type="text"/>
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NOTE: A withdrawal may have tax deducted and/or a market value adjustment, and/or a service charge applied, if applicable. See your Plan Administrator for details.

Transfer information

(Please ensure any appropriate transfer forms are attached.)

What type of plan are the funds being transferred to?	<input type="radio"/> Pension Plan	Policy Number
<input type="radio"/> RRSP / LIRA	<input type="radio"/> RRIF / LIF / LRIF	Policy Number
<input type="radio"/> Annuity	<input type="radio"/> Non-Registered	Policy Number
Name of new financial institution		
Mailing address (number, street and suite number)		
City	Province	Postal code

Payment method

FOR CASH WITHDRAWALS ONLY

NOTE: Direct deposit is available only to Canadian currency bank accounts.

<p>1 <input type="radio"/> Direct deposit</p> <p>Bank Name <input type="text"/></p> <p>Transit Number <input type="text"/> Institution Number <input type="text"/> Account Number <input type="text"/></p>	<p>2 <input type="radio"/> Cheque</p> <p>Specify where cheque should be mailed:</p> <p><input type="checkbox"/> Plan Administrator</p> <p><input type="checkbox"/> Member's address (shown above)</p> <p><input type="checkbox"/> Other (specify) _____</p>
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Signature(s)

I understand that I have made a selection from the withdrawal options listed and I require no further information on these options. Where locked-in funds are being transferred, I agree that they will be administered in accordance with applicable legislation. By withdrawing my funds (where available), I acknowledge that these funds may be subject to income tax withholding, fees or market value adjustment. I hereby certify that the information on this form is correct to the best of my knowledge.

Member's signature	Date signed (dd/mmm/yyyy)
Irrevocable beneficiary's signature (if required)	Date signed (dd/mmm/yyyy)
Plan Administrator's signature (if required)	Date signed (dd/mmm/yyyy)