

# Termination form

- Please submit this form along with the last contribution for the terminating member.
- If employee is a member of more than one plan, complete a separate form for each plan.

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

• This form is also available on the Manulife Web site at [www.manulife.ca/GRO](http://www.manulife.ca/GRO)  
**IF TERMINATION IS DUE TO DEATH – COMPLETE ONLY "NOTICE OF DEATH" FORM NUMBER GP0770E**

## General information

Group policy number		Plan number	Plan Sponsor/Employer		
Member number			Customer number		
Last name of member			First name	Middle initial	
Mailing address (number, street and apt. number)					
City	Province	Postal code	Telephone number	Ext	

## Reason for termination

1. What is the reason for termination?
2. When was the last date of employment?

Please check one:  Termination of employment  Termination of employment due to disability  Early retirement  Normal retirement

Last date of employment (dd/mmm/yyyy) *Please indicate at right the last month for which this member contributed. Do not send this form until the final contribution is submitted.*      mmm      yyyy

## Option request

**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.

1. Transfer to Manulife Group Personal Plans RSP or Savings Account (Complete page 2)       2. Transfer to Manulife Financial Group Retirement Income Plan (Complete separate application form GP4931.)
3. Cash (not available if funds are locked-in)       4. Transfer to an individual plan with Manulife Financial\*       5. Transfer to another financial institution\*

\*If you select option 4 or 5, please complete Transfer information section below.

## Transfer information

What type of plan are the funds being transferred to?

RRSP / LIRA      Policy no. \_\_\_\_\_       Pension Plan      Policy no. \_\_\_\_\_

RRIF / LIF / LRIF / PRIF      Policy no. \_\_\_\_\_

Annuity      Policy no. \_\_\_\_\_       Non-Registered      Policy no. \_\_\_\_\_

Name of new financial institution

Mailing address (number, street and suite number)

City      Province      Postal code

(Please ensure any appropriate transfer forms are attached.)

If the funds are being transferred outside Manulife Financial

Where should the cheque(s) be mailed?

Address of new financial institution       Plan Administrator       Member's address as shown above

Other \_\_\_\_\_

## Signature(s)

I understand that I have made a selection from the termination 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)

**If required, retain a photocopy for your files.**

## Transfer to Manulife Group Personal Plans RSP or Savings Account (if non-registered)

• **Complete only if you have selected this option on the reverse.**

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 WATERLOO ON N2J 4A9

### Authorization

If my current assets are registered, I request that Manulife Financial enrol me as a member in the Plan and register me in a Retirement Savings Plan under the Income Tax Act (Canada) and (for Quebec registration only) a Retirement Savings Plan under and for the purpose of applicable regulations in respect of the Taxation Act (Quebec).

**I understand that an investment direction will be established as per my current plan, unless otherwise specified.**

If applicable, I hereby request that Manulife Financial accept the transfer of my locked-in pension funds into the Plan in accordance with the supplementary Locked-in Retirement Account agreement or locking-in addendum. With respect to such funds, I understand that terms of the Locked-in Retirement Account agreement or locking-in addendum will override the terms of the Group Retirement Savings Plan contract, where applicable.

### Beneficiary information

Except as specified for Quebec, all designations will be considered revocable unless expressly made irrevocable. If you designate a beneficiary as irrevocable, you may not change this designation, withdraw or transfer-out funds without the written consent of the irrevocable beneficiary. A parent or guardian cannot provide consent on behalf of a minor who has been named as irrevocable beneficiary. If you have not named a beneficiary, the death benefit will be payable to your estate.

**Regarding Locked-in RRSPs only:** If you have a spouse on the date of your death, legislation in most jurisdictions may require that any death benefit from a pension plan or locked-in pension funds be payable to your spouse, regardless of any other beneficiary designation you have made.

**For Quebec only:**  
 The designation of a spouse as beneficiary is deemed to be irrevocable unless specified here:

Revocable

If naming more than one beneficiary, attach a separate page. Include the name and relationship of a Trustee for each minor beneficiary. This attachment must be signed and dated.

Name of beneficiary

Relationship to member

Check here if you have attached a separate page.

**Trustee for a minor beneficiary named above** (not applicable in Quebec)

Any payment to a beneficiary who is a minor will be paid in trust to the trustee named below.

**In Quebec**, the proceeds will be paid in trust to the minor child's tutor.

Name of trustee(s) for minor beneficiary

Relationship of trustee to minor beneficiary

### Signature(s)

I confirm that I have read the Manulife Personal Plans brochure and understand and agree to the terms that will apply to this plan/account. 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)

Plan Administrator's signature (if required)

Date signed (dd/mmm/yyyy)

**If required, retain a photocopy for your files.**