

Please print clearly in the blank boxes.

Send your completed form to:
Manulife Financial
Attn: GRS Client Services
PO BOX 396 STN WATERLOO
WATERLOO, ON N2J 4A9
Fax: 1-866-945-5110

General information

***NEW!** You can sell your shares online, up to a maximum of \$20,000 via the Manulife secure member website - access your account through www.manulife.ca/AON

Plan Sponsor/Employer Aon Canada Inc.		Group policy number 50004012		
Employee ID		Customer number		
Last name		First name		Middle initial
Mailing address (number, street and apartment number)				
City	Province	Postal code	Telephone number	Ext
Email				

Withdrawal option request

Please indicate the reason for withdrawal:

- 1. I would like to make a withdrawal and will continue as a member
- 2. I would like to make a full withdrawal and close my account as I no longer wish to participate in the plan

Withdrawal options for company shares

I hereby authorize Manulife Financial to withdraw:

- Number of whole shares from my account.

I elect to (please check one of the following options):

- 1. Sell my shares and receive a cash payment
Please send my payment
 - My home address indicated above
 - Direct deposit to my bank account (attach void cheque)



Bank Name	Transit Number (5 digits)	Institution Number (3 digits)	Account Number (Minimum 7 digits)
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- 2. Sell my shares and transfer cash proceeds to my Aon RRSP 20001973
- 3. Transfer my shares in-kind to a brokerage account

Name of brokerage firm		Address	
Account number	CUID	Account type <input type="radio"/> Non-registered <input type="radio"/> RRSP <input type="radio"/> TFSA	

Note: Please make your broker aware of the transfer of shares.

Signature

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 any applicable income tax, brokerage and/or service fees or market value adjustment will be deducted from the amount withdrawn. 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)