

Section 1 - Member information

Client no. RS	Client name	
Family name	First name	
Home address (no., street, apt.)		
City	Province	Postal code
Telephone	SIN	

GE11639E

Montréal
 PO Box 11464, Succ. Centre-ville,
 Montréal, Quebec H3C 5M3
 Tel.: 1 800 242-1704
 Fax: 1 866 499-4480
 retirement_solutions@manulife.com

Section 2 - Withdrawal details

I hereby request that Manulife, in accordance with the plan rules, withdraws the following amounts of the plan listed below and follow the instructions provided (you must complete a form for each plan that you want to make a withdrawal from).

NOREG
 TFSA
 RRSP
 RRSP-Spousal
 Other
 Specify

Section 3 - Group program administrator/sponsor authorization (if applicable)

If closing the member's account, please select one of the following:

All contributions to be included in the settlement have been reported to Manulife
 A cheque in the amount of \$ is attached, covering the total amount of unreported contributions for this member

To complete in all cases:

Date of employment (employee/member) Y Y Y Y M M D D
 Date of joining plan (employee/member) Y Y Y Y M M D D
 Province of employment (employee/member)
 Signature Date Y Y Y Y M M D D

Section 4 - Amount of the withdrawal

For a complete withdrawal, please specify "100%" in the percentage column. If the amount is to be taken from specifics funds, please complete the Appendix.

Accounts for contributions	Complete one column only		
	Gross	Net	Percentage (%)
No preference			
Employer			
Employee			
Voluntary			
Other (Specify)			

Section 5 - Payout instructions

- I wish to have my assets paid in cash (less federal and provincial taxes), if applicable.
- I wish to obtain information about The Advantage Program.
- I wish to have my assets [less federal and provincial taxes], if applicable, directly deposited into my bank account. I have enclosed a "VOID" cheque.

Section 6 - Signature

- I understand that the personal information you collect will be kept strictly confidential and will only be used, exchanged and retained for the purpose of this plan. I certify that the information given is true, correct and complete, to the best of my knowledge.
- I certify that I am aware of the fees, penalties and withholding taxes related to the withdrawal. (For any questions relating to this, please contact Manulife at 1 800 242-1704)

Signature

Date

Y Y Y Y M M D D

Note

1. For Compound Interest Accumulator (CIA) deposits:
 - a) Withdrawals from a given CIA term deposit are processed on a first-in, first-out basis, i.e. the earliest investment (first-in) is the first to be withdrawn (first-out), the second earliest investment is the next to be withdrawn, etc.
 - b) Withdrawals are subject to a market value adjustment.
 - c) Market-related funds are not guaranteed and the value of a member's investments upon the withdrawal request received will vary according to market conditions and the success of the funds' manager.
2. A service fee of \$75 will be charged if the bank details provided to us is incorrect and the deposit cannot be completed.

Appendix - Withdrawals from specific funds (voluntary)

Note:

1. Indicate partial withdrawals by whole dollar amounts or percentages.
2. Cash payments will be net of required withholding tax.
3. For partial market-related fund withdrawals, the dollar amount cannot exceed 90% of the fund value.

Code	Fund name	Complete only 1 column	
		Amount (\$)	Percentage (%)

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