

## Termination form

Please print clearly in the blank boxes.

- 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.
- 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**

### Your personal information

Plan Sponsor/Employer				Group Policy number	
Member number			Customer number		
Last name		First name		Middle initial	
Mailing address (number, street and apartment number)					
City	Province	Country	Postal Code	Telephone number*	Ext*

\*These fields are optional.

### Your reason for termination

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

Please Check One	<input type="checkbox"/> Termination of employment	<input type="checkbox"/> Early retirement	<input type="checkbox"/> Normal retirement
	<input type="checkbox"/> Termination of employment due to disability		
Last date of employment (dd/mm/yyyy)		Please indicate at right the last month for which this member contributed. (mmm/yyyy) Do not send this form until the final contribution is submitted.	

If you have assets invested in Group IncomePlus, please note to preserve your Guaranteed Benefit Base and your guaranteed retirement income with your Group IncomePlus investments, you must elect option 1 or 2. Selecting option 3, 4 or 5 voids all Group IncomePlus income guarantees. For more information, please review The Bold Print.

### Your 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.

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

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

### Your transfer information

What type of plan are the funds being transferred to?

<input type="checkbox"/> RRSP / LIRA	Policy no. _____	<input type="checkbox"/> RRIF / LIF / LRIF / PRIF	Policy no. _____	<input type="checkbox"/> TFSA	Policy no. _____
<input type="checkbox"/> Annuity	Policy no. _____	<input type="checkbox"/> Non-Registered	Policy no. _____	<input type="checkbox"/> Pension Plan	Policy no. _____

Name of new financial institution		
Mailing address (number, street and suite number)		
City	Province	Postal Code

Where should the cheque(s) be mailed?

<input type="checkbox"/> Address of new financial institution	<input type="checkbox"/> Plan Administrator	<input type="checkbox"/> Member's address as shown above	<input type="checkbox"/> Other
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### Please sign here

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.

I acknowledge the selection of option 3, 4 or 5 above will result in voiding all Group IncomePlus income guarantees. If I have Group IncomePlus assets and have selected option 1 or 2 above, I acknowledge that I have read and understood The Bold Print and by signing below, I agree to the terms, conditions and fees applicable to that option.

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

### Mailing instructions

Send your completed forms to the address below.

**If you live outside of Quebec:**

**Manulife Financial**  
**Attn:** GRS Client Services  
 P.O. Box 396  
 Waterloo, ON N2J 4A9

**If you live in Quebec:**

**Manulife Financial**  
 Group Retirement Solutions  
 2000 Mansfield, Suite 1410  
 Montréal, QC H3A 3A2

Retain a copy for your files.

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Please print clearly in the blank boxes.

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

### Your 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.

A **revocable** beneficiary can be changed at anytime.

An **irrevocable** beneficiary can only be changed with written consent from that beneficiary. You will also need your beneficiary's consent to withdraw or transfer money from your account.

If you want to name more than three beneficiaries, attach a separate page with the names and the percentage of proceeds for each beneficiary.

If you have locked-in money in your RSP and you have a spouse on the date of your death, the law may require any death benefit be paid to your spouse, regardless of other beneficiaries you've named.

If you die while your beneficiary is still a minor, the trustee you name on this form will act on the child's behalf.

### Name your beneficiary (or beneficiaries)

If you do not name a beneficiary, proceeds will be paid to your estate.

☐ Check here if you have attached a separate page listing your beneficiaries. Please sign and date.

Name	Relationship	Percentage of proceeds

The above beneficiary designations are considered revocable (if you live outside of Quebec).

#### For Quebec only:

The designation of a spouse as a beneficiary is deemed to be irrevocable unless specified here: ☐ Revocable

#### 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.

Trustee name	Relationship
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### Please sign here

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.

If I have selected Group IncomePlus, I acknowledge that I have read and understood The Bold Print and by signing below, I agree to the terms, conditions and fees applicable to that option.

Your signature	Date signed (mmm/dd/yyyy)
Plan Administrator's signature (if required)	Date signed (mmm/dd/yyyy)

### Mailing instructions

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