

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
Amount being withdrawn	<input type="radio"/> All funds Are future contributions going to continue? <input type="radio"/> Yes <input type="radio"/> No (If No, member status will be changed to inactive)		<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.		\$ <input type="text"/>
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.	Investment code	<input type="text"/>	Amount to be withdrawn	\$	<input type="text"/>
	Investment code	<input type="text"/>	Amount to be withdrawn	\$	<input type="text"/>
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Transfer information <small>(Please ensure any appropriate transfer forms are attached.)</small>	What type of plan are the funds being transferred to?		<input type="radio"/> Pension Plan	Policy Number	<input type="text"/>
	<input type="radio"/> RRSP / LIRA	Policy Number	<input type="radio"/> RRIF / LIF / LRIF	Policy Number	<input type="text"/>
	<input type="radio"/> Annuity	Policy Number	<input type="radio"/> Non-Registered	Policy Number	<input type="text"/>
	Name of new financial institution				
	Mailing address (number, street and suite number)				
	City	Province	Postal code		

Payment method <small>FOR CASH WITHDRAWALS ONLY</small> NOTE: Direct deposit is available only to Canadian currency bank accounts.	1 <input type="radio"/> Direct deposit		2 <input type="radio"/> Cheque	
	Bank Name		Specify where cheque should be mailed:	
			<input type="checkbox"/> Plan Administrator <input type="checkbox"/> Member's address (shown above) <input type="checkbox"/> Other (specify) _____	
Transit Number	Institution Number	Account Number		

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)