

Transfer authorization for registered investments

RSP, LRSP, LIRA, RIF, LIF, TFSA
Transfer in SL



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GE11141F

This form can be used for registered plan transfers (except for transfers due to death or divorce).

Please note: The data entered on this form may be scanned and stored electronically. Please print neatly to ensure completeness, accuracy and machine readability.

Section 1 – Client identification

Account/policy holder last name	First name	Initial
Address		
City	Province	Postal code
Social Insurance Number	Telephone (home)	Telephone (business)

Section 2 – Receiving institution information

Receiving institution name Manulife, Member Services, Group Savings & Retirement		
Address PO BOX 11464 STN CENTRE VILLE		
City MONTRÉAL	Province QC	Postal code H3C 5M3
Telephone 1-800-242-1704	Fax 1-866-499-4480	Client account/policy number
Dealer name		Dealer number
Representative name		Representative number
Telephone (business)	Fax (business)	Client account/policy number

For use by mutual fund brokers/dealers only

Investment name	Fund number	% / \$ amount	Sales charge % (front end)
		\$	
		\$	
		\$	
		\$	

Registered type:

<input type="checkbox"/> RRSP	<input type="checkbox"/> LIRA	<input type="checkbox"/> RRIF	<input type="checkbox"/> LIF	<input type="checkbox"/> TFSA
<input type="checkbox"/> LRSP	<input type="checkbox"/> LRIF	<input type="checkbox"/> Spousal RRSP	<input type="checkbox"/> Spousal RRIF	

Section 3 – Client direction to relinquishing institution

Relinquishing institution name		
Address		
City	Province	Postal code
Group plan number (if applicable)		Client account/policy number

Section 3 – Client direction to relinquishing institution (continued)

Transfer (check one box only):

- All in cash* All as is* (in kind) All assets*, but mixed in cash and as is (in kind), see list below or attached list. Partial* as listed below or attached list

<input type="checkbox"/> In kind	<input type="checkbox"/> In cash	Investment amount	Fund no. and/or certificate no. or policy no.
<input type="checkbox"/> Shares/unit	<input type="checkbox"/> Dollars	Investment description	

For use by relinquishing institution

Delay delivery until (dd/mm/yyyy)

<input type="checkbox"/> In kind	<input type="checkbox"/> In cash	Investment amount	Fund no. and/or certificate no. or policy no.
<input type="checkbox"/> Shares/unit	<input type="checkbox"/> Dollars	Investment description	

For use by relinquishing institution

Delay delivery until (dd/mm/yyyy)

<input type="checkbox"/> In kind	<input type="checkbox"/> In cash	Investment amount	Fund no. and/or certificate no. or policy no.
<input type="checkbox"/> Shares/unit	<input type="checkbox"/> Dollars	Investment description	

For use by relinquishing institution

Delay delivery until (dd/mm/yyyy)

Section 4 – Client authorization

I hereby request the transfer of my account and its investments as described above.

Signature of account holder	Date (dd/mm/yy)	
Signature of irrevocable beneficiary (if applicable): I consent to the transfer of the account.	Date (dd/mm/yy)	

*Please refer to statement in bold in Client authorization section below.

*Where I have requested a transfer in cash, I authorize the liquidation of all or part of my investments and agree to pay any applicable fees, charges or adjustments.

Section 5 – For use by relinquishing institution only

Registered type:

- Group RRSP RRSP LIRA LRSP RRIF LRIF LIF RESP TFSA

Spousal plan:

- NO YES - if yes,

Last name	First name	Initial	Social Insurance Number
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Locked-in	<input type="checkbox"/> NO <input type="checkbox"/> YES	Locked-in funds \$	Governing pension legislation
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Locked-in confirmation attached

Contact name	Telephone	Fax	Cheque amount
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Authorized signature	Date (dd/mm/yy)	
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Got something to send to us?



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Access your savings anytime, using our secure website. Go to Manulife.ca/GRO and click 'Sign in' to get started. You'll need your user ID and password to join. Your user ID was in the welcome letter you received when you joined your company's plan. Your password was sent in a separate letter.

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