

# Transfer Authorization for Registered Investments (RSP, LIRA, LRSP, RIF, LRIF, LIF)

Complete this form for: • RSP to RSP transfers (excluding transfers due to death or marriage breakdown)  
• RSP to RIF and RIF to RIF transfers

- Note:**
- Complete Sections 1 through 4 and forward to the relinquishing institution.
  - If required, retain a photocopy for your files.
  - The completion of this transfer will NOT result in reporting of income or issuance of an official tax receipt.

## 1 General information

|                                |                       |            |                                   |                |
|--------------------------------|-----------------------|------------|-----------------------------------|----------------|
| Account/Policyholder last name |                       | First name |                                   | Middle initial |
| Address                        |                       | City       | Province                          | Postal code    |
| S.I.N.                         | Home telephone number |            | Business telephone number<br>Ext. |                |

## 2 Client direction to relinquishing institution

|  |                             |      |                           |             |
|--|-----------------------------|------|---------------------------|-------------|
| Relinquishing institution name<br><b>FROM:</b> |                             |      |                           |             |
| Address  |                             | City | Province                  | Postal code |
| Client account/policy number                   | <b>OR</b> Group plan number |      | Member certificate number |             |

**Transfer:**  
(check one box only)

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

All in cash\*     Partial\* - as listed below or on attached list

|                               |                        |   |                                    |
|-------------------------------|------------------------|---|------------------------------------|
| <input type="radio"/> All     | Investment amount      | Symbol and/or certificate number or policy number | Delay delivery until (dd/mmm/yyyy) |
| <input type="radio"/> Dollars | Investment description |   |                                    |
| <input type="radio"/> All     | Investment amount      | Symbol and/or certificate number or policy number | Delay delivery until (dd/mmm/yyyy) |
| <input type="radio"/> Dollars | Investment description |   |                                    |
| <input type="radio"/> All     | Investment amount      | Symbol and/or certificate number or policy number | Delay delivery until (dd/mmm/yyyy) |
| <input type="radio"/> Dollars | Investment description |   |                                    |

## 3 Receiving institution information

| Receiving institution<br><b>TO: Manulife Financial, Canadian Pension Administration Services<br/>2000 MANSFIELD, SUITE 1410, MONTREAL QC H3A 3A2</b> |                   |               |
|--|-------------------|---------------|
| Customer number  | Group plan number | Member number |
| Fund/Investment name   | Fund Number       | /%\$ Amount   |
|  |                   |               |
|  |                   |               |
|  |                   |               |

Investment instruction for this deposit

## 4 Client authorization

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

**Irrevocable Beneficiary:** I consent to the transfer of the account.

|                             |                    |  |                    |
|-----------------------------|--------------------|--|--------------------|
| Signature of Account Holder | Date (dd/mmm/yyyy) | Signature of irrevocable beneficiary (if applicable) | Date (dd/mmm/yyyy) |
|-----------------------------|--------------------|--|--------------------|

## 5 For use by relinquishing institution only

Registered type:     RSP     LIRA     LRSP     RIF     LRIF     LIF

Spousal Plan?     No     Yes - if "Yes," Contributor's:

|           |            |         |        |
|-----------|------------|---------|--------|
| Last name | First name | Initial | S.I.N. |
|           |            |         | -    - |

**Locked-In:**

No     Yes - Locked-In confirmation attached

|                       |                            |                      |  |
|-----------------------|----------------------------|----------------------|--|
| Locked-In funds<br>\$ | Governing legislation      |                      |  |
| Contact name          | Telephone number<br>(    ) | Fax number<br>(    ) |  |
| Authorized signature  | Date (dd/mmm/yyyy)         |                      |  |