

- This form must only be submitted, when final contribution(s) have been remitted by or on behalf of the terminating member or, with the final contribution(s) for the terminating member.
- If the employee is a member of more than one plan, complete a separate form for each plan.
- If the termination is due to death, complete the "Notice of Death" form (GP0770E) only.

Termination Form for Employees (For members of aboriginal group plans)

Your personal information

Plan Sponsor/Employer		Group Policy number			
Member number	S.I.N.		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.

Reason for termination (To be completed by the Plan Administrator)

Please Check One		<input type="checkbox"/> Termination of employment	<input type="checkbox"/> Early retirement	<input type="checkbox"/> Normal retirement
Last date of employment (dd/mmm/yyyy)		What month were final contributions made by or on behalf of the member? (dd/mmm/yyyy)		

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 brochure.

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.

Your option request

<input type="checkbox"/> 1. Transfer to Manulife Group Personal Plans RSP or Savings Account (Complete page 3).	<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 3 and are exempt from taxation, please provide your status card information at the bottom of this form. Proceeds will be mailed to you or deposited to your bank account, as instructed by you.

**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"/> Annuity Policy no. _____	<input type="checkbox"/> **Non-Registered Policy no. _____ <input type="checkbox"/> Pension Plan Policy no. _____

(Please ensure any appropriate transfer forms are attached.)

**Not permitted for registered plans.

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

If you are applying for a *LIF, *LRIF or *PRIF and you have a spouse within the meaning of Applicable Legislation, please attach the applicable waiver form for **British Columbia, Alberta, Manitoba or Saskatchewan** funds. A copy of the waiver can be obtained from the 'Your Forms and Downloads' section of the plan member website at www.manulife.ca/GRO.

For all other jurisdictions, your spouse must sign here to consent to the transfer.

Signature of spouse	Date signed (mmm/dd/yyyy)	Province
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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)

For members with tax exempt status

The Plan Administrator must sign if this member through their employment was exempt from taxation.

As the Plan Administrator, I confirm the income this member earned through employment at this organization was exempt from taxation and any contributions made to this member's group savings plan are also exempt from taxation.

Plan Administrator's signature	Date signed (mmm/dd/yyyy)
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If requesting cash, please provide:

- Status card # _____
- An attached copy of your status card with this form.

We will proceed with your request upon receipt of all completed documentation.

For a registered pension plan (RPP)

The Plan Administrator must sign confirming the member's termination of employment if the member is in a registered pension plan.

Plan Administrator's signature	Date signed (mmm/dd/yyyy)
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Mailing instructions

Send your completed forms to the address below.

Life Benefit Solutions Inc.

Unit 100 - 6 Roslyn Road
Winnipeg, MB R3L 0G5
Phone: (204) 237-5433
Fax: (204) 237-4693
Toll-Free: 1-866-605-5433