

# Transfer Authorization for Registered Investments (RRSP, LIRA, LRSP, RRIF, LRIF, LIF, PRIF)

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

**Note:** • The data entered on this form may be scanned and stored electronically. Please print neatly.  
• The completion of this transfer will NOT result in reporting of income or issuance of an official tax receipt.

**Advisor:** • Complete Sections 1 through 4, keep part 3 for your records and forward parts 1 and 2 to the relinquishing institution.

## 1 Client identification

Account/Policyholder first name		Last name		Middle initial
Address				
City			Province	Postal code
S.I.N.	Home telephone number ( )		Business telephone number ( )	

## 2 Receiving institution information

If LIRA/LIF/LRIF, attach Confirmation of Compliance form NN0718E.

Receiving institution name				
Address				
City			Province	Postal code
Telephone number ( )	Fax number ( )			
Client account/policy number	<b>OR</b>	Group plan number (if applicable)	Member certificate number	
Dealer name				Dealer number
Agent name				Agent number
Business telephone number	Business fax number		Dealer account number	

## 3 Client direction to relinquishing institution

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

**Note:** Transfers from an external institution to Manulife Guaranteed Investment Fund policy or a Guaranteed Interest Contract must be done in cash.

Relinquishing institution name				
Address				
City			Province	Postal code
Client account/policy number	<b>OR</b>	Group plan number (if applicable)	Member certificate number	
<input type="radio"/> All in cash* <input type="radio"/> All in Kind <input type="radio"/> All assets*, but mixed in Cash and in Kind, see list below or attached list <input type="radio"/> Partial* - as listed below or on attached list				
<b>* Please refer to statement in bold in Client authorization section below</b>			For use by relinquishing institution	
Investment amount	Symbol and/or certificate number or policy number		Delay delivery until (dd/mmm/yyyy)	
Investment description				
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Investment description				

## 4 Client authorization

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

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

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

## 5 For use by relinquishing institution only

**Locked-In:**  
 No   
 Yes - Locked-In confirmation attached

Registered type	<input type="radio"/> RRSP <input type="radio"/> LIRA <input type="radio"/> LRSP <input type="radio"/> RRIF: <input type="radio"/> Qualified <input type="radio"/> Non Qualified <input type="radio"/> LRIF <input type="radio"/> LIF <input type="radio"/> PRIF			
Spousal Plan	<input type="radio"/> No <input type="radio"/> Yes - if yes, Contributor's:			
	Last name	First name	Initial	S.I.N.
Locked-In funds \$	Governing legislation			
Contact name	Telephone number ( )	Fax number ( )		
Authorized signature				Date (dd/mmm/yyyy)