Manulife Financial

For your future℠

Termination form

Please print clearly in the blank boxes.

- **Please submit this form along with the last contribution for the terminating member.**
- **If employee is a member of more than one plan, complete a separate form for each plan.**
- **This form is also available on the Manulife Web site at www.manulife.ca/GRO**

IF TERMINATION IS DUE TO DEATH – COMPLETE ONLY "NOTICE OF DEATH" FORM NUMBER GP0770E

Send your completed form to:

Boilermakers' Benefit Administration Office
2255 Sheppard Ave. E, Atria 1, Suite 201
Toronto, ON M2J 4Y1

Your personal information

Plan Sponsor/Employer	Group Policy number
Boilermakers' National Pension Plan (Canada)	10001089
Member number	Customer number: NA
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.

Your reason for termination

1. What is the reason for termination?
2. When was the last date of employment?

Please Check One: ☐ Termination of employment ☐ Early retirement ☐ Normal retirement ☐ Termination of employment due to disability

Last date of employment (dd/mmm/yyyy) | *Please indicate at right the last month for which this member contributed. Do not send this form until the final contribution is submitted.* | (mmm/yyyyy)

Your option request

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.

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.

☐ 1. Transfer to Manulife Group Personal Plans RSP or Savings Account, complete page 2.
☐ 2. Transfer to Manulife Financial Group Retirement Income Plan (Complete separate application form GP4931.)
☐ 3. Cash (not available if funds are locked-in)
☐ 4. Transfer to an individual plan with Manulife Financial*
☐ 5. Transfer to another financial institution*

*If you select option 4 or 5, please complete Transfer information section below.

Your transfer information

(Please ensure any appropriate transfer forms are attached.)

If the funds are being transferred outside Manulife Financial

What type of plan are the funds being transferred to?

☐ RRSP / LIRA Policy no._____ ☐ RRIF / LIF / LRIF /PRIF Policy no._____ ☐ TFSA Policy no._____
☐ Annuity Policy no._____ ☐ Non-Registered Policy no._____ ☐ Pension Plan Policy no._____

Name of new financial institution

Mailing address (number, street and suite number)

City / Province / Postal Code

Where should the cheque(s) be mailed?

☐ Address of new financial institution ☐ Plan Administrator ☐ Member's address as shown above ☐ Other

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