

Withdrawals

For contracts containing Manulife segregated funds

Instructions for completing this form

Please make additional copies for the Owner and Representative.

Please complete the first three sections, and the sections relating to the transaction you are requesting.

If client signatures are not required, the Manulife Financial representative may sign on behalf of the client as long as the date and time of client contact is included.

Client signatures are required on this form in the following situations:

- the contract is owned by more than one person, an estate or a trust

- a withdrawal is requested and an ownership restriction exists, for example an irrevocable beneficiary
- the withdrawal is for more than \$50,000
- the withdrawal is payable to a third party, or
- you are changing your banking information or changing the payee information for scheduled payments.

This completed form may be faxed.

If client signatures are required, we must receive the original. If client signatures are not required and this form is faxed to us, please do not send the original.

Send this completed form to:

All provinces except Quebec:
Manulife Financial
500 KING ST N
PO BOX 1602 STN WATERLOO
WATERLOO ON N2J 4C6

Quebec:
Manulife Financial
2000 MANSFIELD STREET
SUITE 1100
MONTREAL QC H3A 2Z8

In this form, the terms *you, your* and *owner* refer to the person who has policyowner's or policyholder's rights under the contract. The terms *we, our* and *us* refer to The Manufacturers Life Insurance Company (Manulife Financial). Manulife Financial is the issuer of the contracts containing Manulife segregated funds and the guarantor of any guarantee provisions.

1 Contract owner information Please complete this section for all transactions.	Name of contract owner (first, middle initial, last)	Contract/Reference number

2 Contract type	<input type="radio"/> GIF Select <input type="radio"/> GIF <input type="radio"/> GIF <i>encore</i> <input type="radio"/> MLIA <input type="radio"/> MLIP <input type="radio"/> CAP <input type="radio"/> Series R
	<input type="radio"/> Elite Portfolio <input type="radio"/> Vista <input type="radio"/> NAL Investor <input type="radio"/> Accumulation Annuity <input type="radio"/> Triflex <input type="radio"/> Equity-RIF
	<input type="radio"/> Investo-Flex <input type="radio"/> Investo-Plus <input type="radio"/> Financial Fitness Manager <input type="radio"/> Financial Fitness Builder

3 Withdrawal options Please check one <input checked="" type="checkbox"/> You may make a full withdrawal, a partial withdrawal, set up or change scheduled payments out of your contract into a bank account.	<input type="radio"/> Make a partial withdrawal <i>Please complete Sections 4 and 6</i>	<input type="radio"/> Net <input type="radio"/> Gross
	<input type="radio"/> Make a full withdrawal and close your contract <i>Please complete Section 4</i>	
	<input type="radio"/> Set up or change a scheduled payment plan (non-registered contracts and RIF/LIF/LRIF/PRIF only) <i>Please complete Sections 5 and 6</i>	
	<input type="radio"/> Change the amount or date of your scheduled payments <i>Please complete Section 5</i>	
	<input type="radio"/> Change the allocations for your scheduled payments <i>Please complete Section 6</i>	
	<input type="radio"/> Change your banking information for scheduled payments <i>Please complete Section 5</i>	
	<input type="radio"/> Stop your scheduled payment plan	

4 How do you want to receive your withdrawals? If you want the payment to be made to someone other than you, the payment can only be made by cheque.	Provide your new withdrawal information below (check one):		
	<input type="radio"/> Cheque made payable to you (unscheduled withdrawals only)		
	<input type="radio"/> Cheque made payable to:	Name (first, middle initial, last)	Relationship to owner
	Address		
	<input type="radio"/> Direct deposit to payee's bank account. Please attach a personalized blank cheque marked "VOID" from the applicable account or complete the information below.		
	Name of your bank or financial institution	Transit number	Bank number Account number
<input type="radio"/> Transfer to the following Manulife Financial product or other financial institution			
Name of Manulife Financial product or other financial institution		Account, contract or application number	

5 Scheduled payment information (SWP) For RIF, LIF, LRIF and PRIF contracts, if you select Level or Indexed payments, the amount selected must be greater than the RIF minimum, and for LIF and LRIF, less than the LIF/LRIF maximum. If you select Level or Indexed payments for GIF Select contracts holding IncomePlus Funds, the scheduled payments may exceed your annual Guaranteed Withdrawal Amount (GWA) and/or Lifetime Withdrawal Amount (LWA). Please see Information Folder for more details. You are required to take at least the RIF minimum as income.	RIF/LIF/LRIF/PRIF payment options (select one)		Non-registered payment option only		
	<input type="radio"/> RIF/LIF/LRIF/PRIF minimum	<input type="radio"/> Level - client specified amount	<input type="radio"/> Interest only		
	<input type="radio"/> Level - client specified amount	<input type="radio"/> LIF/LRIF maximum	<input type="radio"/> Indexed - client specified amount indexed annually	Level amount	Index percentage
				\$	%/yr
	For RRIF/LIF/LRIF/PRIF, if you do not choose a scheduled payment option we will send the minimum required payment.				
Tax withholding					
<input type="radio"/> Levelized minimum		<input type="radio"/> Client specified federal percentage	Client specified provincial percentage (for Quebec residents)		
		%	%		

5 Scheduled payment information (continued)

In order to deposit your payment by the date you specify, we may use a valuation date prior to your payment date.

Scheduled withdrawals may be restricted for some products.

Payment frequency	Payment start date	
<input type="radio"/> Monthly <input type="radio"/> Semi-Annually <input type="radio"/> Quarterly <input type="radio"/> Annually	Day of the month your payment is to occur <input type="radio"/> 15th of month <input type="radio"/> end of month	Month and year of first payment

You authorize us to make scheduled payments to your bank account (attach a personalized blank cheque marked "Void").

Direct Deposit information

Name of bank or financial institution	Transit number	Bank number	Account number
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We will have no further liability with respect to these payments and may at any time discontinue Direct Deposit of scheduled payments and start issuing cheques requiring personal endorsement.

6 Investments from which you are withdrawing

Please ensure that minimums are met.

† For **MLIA, Triflex, Financial Fitness Manager and Financial Fitness Builder** please ensure that the total combined SWP allocations for segregated funds, DIA and GIA equal 100%.

†† For **GIF Select**, if you are withdrawing your remaining GWA or LWA (if applicable), please ensure to include the allocations for the funds from which you are withdrawing. Please select only one of the remaining GWA or LWA (if applicable).

All Contract Types except Triflex

Please ensure the fund numbers match the product type, fund and sales charge option (for example MIF123).

Fund number	Withdrawal amount	SWP allocation †	Remaining <input type="radio"/> GWA †† <input type="radio"/> LWA ††	Fund number	Withdrawal amount	SWP allocation †	Remaining <input type="radio"/> GWA †† <input type="radio"/> LWA ††
	\$	%	%		\$	%	%
	\$	%	%		\$	%	%
	\$	%	%		\$	%	%
	\$	%	%		\$	%	%

MLIA, Triflex, Financial Fitness Manager and Financial Fitness Builder only

Daily Interest Account (DIA)	<input type="radio"/> All <input type="radio"/> Specified amount	\$	DIA SWP allocation †	%
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Guaranteed Interest Accounts (GIA)	GIA SWP allocation †	%
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GIA scheduled payment order options

- Lowest rate term first
 Pro-rated across all terms

Account number	Withdrawal amount	Select Gross or Net	Effective date of withdrawal	Maturity date of Account (dd/mmm/yyyy)
	\$	<input type="radio"/> Gross <input type="radio"/> Net	<input type="radio"/> On maturity date <input type="radio"/> Current date	
	\$	<input type="radio"/> Gross <input type="radio"/> Net	<input type="radio"/> On maturity date <input type="radio"/> Current date	
	\$	<input type="radio"/> Gross <input type="radio"/> Net	<input type="radio"/> On maturity date <input type="radio"/> Current date	
	\$	<input type="radio"/> Gross <input type="radio"/> Net	<input type="radio"/> On maturity date <input type="radio"/> Current date	

If you need more space, please use Section 7, *Additional Information*.

7 Additional Information

Please note any additional information or instructions here.

8 Please sign here

An irrevocable minor beneficiary cannot provide consent until they have reached the age of majority. A parent, guardian or tutor cannot provide consent on behalf of a minor.

By signing below you confirm that you authorize us to act on the financial transactions you have requested.

Signature of contract owner #1	Signature of contract owner #2	Date signed (dd/mmm/yyyy)
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If you have any irrevocable beneficiaries or if your policy is assigned, they must sign here to approve this transaction.

Signature of irrevocable beneficiary or assignee (hypothecary creditor)	Date signed (dd/mmm/yyyy)
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9 Representative information and signature

If a client signature is not required, please provide date and time of client instructions.

Name of representative (first, middle initial, last)	Broker/branch number	Representative code
Date of client instructions (dd/mmm/yyyy)	Time of client instructions (00:00)	<input type="radio"/> AM <input type="radio"/> PM
Signature	Date signed (dd/mmm/yyyy)	