

Segregated Funds Transfers-in-Kind

A transfer-in-kind refers to the transfer of assets and retention of certain contract features. This must be within the same product type. Use this form for transfers as outlined in the NN0958E, *Segregated Funds Transfers-in-Kind Guide*.

In this form, the terms *you*, and *your* refer to the beneficial owner or contract owner, as applicable. The terms *we*, *our* and *us* refer to **The Manufacturers Life Insurance Company** (Manulife) and GIF refers to Guaranteed Investment Funds. Manulife is the issuer of all insurance contracts containing Manulife segregated funds, and the guarantor of any guarantee provisions therein. *Distributor* refers to the entity responsible for distributing the product.

Please make three additional copies for the Owner, Distributor and Representative.
 Submit original form to Manulife, 500 King St N, PO BOX 1602 STN WATERLOO, WATERLOO ON N2J 4C6.

1 Contract details	Name of owner/beneficial owner #1 (first, middle initial, last) _____ Name of owner/beneficial owner #2 (first, middle initial, last) _____																	
2 Transferring from The full contract value will be transferred unless otherwise indicated in section 4. External includes both nominee and intermediary plans.	<table border="1"> <tr> <td>Contract/reference number</td> <td>Name and signature of current Distributor/trustee (for External Registered contracts)</td> </tr> <tr> <td> <input type="radio"/> Client Non-registered <input type="radio"/> Client Registered </td> <td> <input type="radio"/> External Non-registered <input type="radio"/> External Registered </td> </tr> </table> <p>The product type of the contract to which you are transferring will be the same as your existing contract.</p>		Contract/reference number	Name and signature of current Distributor/trustee (for External Registered contracts)	<input type="radio"/> Client Non-registered <input type="radio"/> Client Registered	<input type="radio"/> External Non-registered <input type="radio"/> External Registered												
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Non-registered contracts only If you do not have a SSN or ITIN you have 90 days to apply for one and 15 days after you receive it to provide it to us. Reasons for not providing a TIN A: You will apply or have applied for a TIN but have not yet received it. B: Your jurisdiction of tax residence does not issue TINs to its residents. C: Other (specify the reason) _____	<table border="1"> <tr> <td colspan="2"> Owner/beneficial owner #1 What is your tax residence(s)? Select all that apply. </td> </tr> <tr> <td colspan="2"> <input type="radio"/> You are a tax resident of Canada. </td> </tr> <tr> <td colspan="2"> <input type="radio"/> You are a tax resident or a citizen of the U.S. Provide your social security number (SSN) or individual taxpayer identification number (ITIN). _____ </td> </tr> <tr> <td colspan="2"> <input type="radio"/> You are a tax resident of a jurisdiction(s) other than Canada or the U.S. Provide the information below for each jurisdiction other than Canada or the U.S. </td> </tr> <tr> <td>Jurisdiction of tax residence</td> <td>Taxpayer identification number (TIN)</td> </tr> <tr> <td colspan="2"> Reason for not providing a TIN <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C, specify: _____ </td> </tr> <tr> <td>Jurisdiction of tax residence</td> <td>Taxpayer identification number (TIN)</td> </tr> <tr> <td colspan="2"> Reason for not providing a TIN <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C, specify: _____ </td> </tr> </table>		Owner/beneficial owner #1 What is your tax residence(s)? Select all that apply.		<input type="radio"/> You are a tax resident of Canada.		<input type="radio"/> You are a tax resident or a citizen of the U.S. Provide your social security number (SSN) or individual taxpayer identification number (ITIN). _____		<input type="radio"/> You are a tax resident of a jurisdiction(s) other than Canada or the U.S. Provide the information below for each jurisdiction other than Canada or the U.S.		Jurisdiction of tax residence	Taxpayer identification number (TIN)	Reason for not providing a TIN <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C, specify: _____		Jurisdiction of tax residence	Taxpayer identification number (TIN)	Reason for not providing a TIN <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C, specify: _____	
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3 Transferring to (continued)

Non-registered contracts only

If you do not have a SSN or ITIN you have 90 days to apply for one and 15 days after you receive it to provide it to us.

Reasons for not providing a TIN

A: You will apply or have applied for a TIN but have not yet received it.

B: Your jurisdiction of tax residence does not issue TINs to its residents.

C: Other (specify the reason)

Owner/beneficial owner #2

What is your tax residence(s)? Select all that apply.

☐ You are a tax resident of Canada.

☐ You are a tax resident or a citizen of the U.S. Provide your social security number (SSN) or individual taxpayer identification number (ITIN). _____

☐ You are a tax resident of a jurisdiction(s) other than Canada or the U.S. Provide the information below for each jurisdiction other than Canada or the U.S.

Jurisdiction of tax residence

Taxpayer identification number (TIN)

Reason for not providing a TIN

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4 Partial transfers

Do not complete this section if the full contract value is being transferred.

Please ensure the fund numbers match the product type. Existing fund and fund allocations are transferred intact. List only the funds and withdrawal amounts for funds being transferred.

Fund number	Withdrawal amount	Fund number	Withdrawal amount
	\$		\$
	\$		\$
	\$		\$

5 Please sign here

If there is more than one owner, all owners must sign.

For corporations, sign in accordance with corporate resolution. For other non-individual owners, sign in accordance with supporting documentation (e.g. will, trust agreement).

Your signature in this section confirms that you have read, understand and agree to the information and provisions on page 6 of this form and you authorize us to act on the transfer you have requested. A copy, fax, scan or image of the beneficiary designation in this form is as valid as the original.

Signature of owner/beneficial owner #1

Signature of owner/beneficial owner #2

Signature of new Distributor/trustee or agent for trustee (for External Registered contracts)

Province

Date signed (dd/mmm/yyyy)

By signing this form, any right that you, as irrevocable beneficiary, collateral assignee or hypothecary creditor, may have, or any benefits that may otherwise be payable to you, will cease to apply for the transfers outlined in boxes 2 and 3 on page 6.

Signature of irrevocable beneficiary, collateral assignee or hypothecary creditor to authorize transfer requested

Signature of witness

Date signed (dd/mmm/yyyy)

The following sections apply to Manulife Ideal Signature Select, Manulife RetirementPlus, Manulife Private Investment Pools – MPIP Segregated Pools, GIF Select, GIF, GIF *encore*, Ideal Segregated Funds, Ideal Segregated Funds Signature Series, Ideal Segregated Funds Signature 2.0, and Manulife PensionBuilder contracts only and must be completed for the transfers listed below. Do not complete this page for transfers to existing contracts.

- All PARTIAL transfers to a NEW contract
- The following FULL transfers to a NEW contract, including:

Client Non-registered to Client Registered
 Client Locked-in Registered to Client Registered (e.g. LIRA/LIF to RRSP/RRIF)
 Client Locked-in income fund to Client Locked-in income fund (e.g. LIF to PRIF)
 Client Registered income fund to Client Registered savings plan (e.g. RRIF to RRSP)

Client Registered to External* Registered
 External* Non-registered to Client Registered
 External* Registered to Client Registered
 External* Registered to External Non-registered (same Distributor)

*External includes both nominee and intermediary plans

6 Who will be the beneficiaries?

The person(s) you name here will receive a death benefit on the death of the last surviving annuitant or, if applicable, on the death of the survivor of the annuitant and Joint Life.

For RSP/LIRA/LRSP/RLSP contracts with Joint Life option, the spouse must be named as the sole beneficiary.

For Quebec applicants only, if you have named your spouse as beneficiary, the designation is irrevocable unless you check revocable here:

☐ Revocable

DO NOT COMPLETE FOR EXTERNALLY REGISTERED CONTRACTS

Primary beneficiary name(s)	Relationship to annuitant (in Quebec - relationship to policyholder)	Share of benefits
		%
		%
		%
TOTAL (must equal 100%)		100%

Secondary beneficiary name(s) A secondary beneficiary does not have any rights if a named primary beneficiary exists.	Relationship to annuitant (in Quebec - relationship to policyholder)	Share of benefits
		%
		%
		%
TOTAL (must equal 100%)		100%

Trustee(s) for minor beneficiary(ies) (except in Quebec)

7 Client name income contracts only

For scheduled payment information, please complete NN1610E, *Manulife PensionBuilder Scheduled Withdrawal Payments* for Manulife PensionBuilder contracts, and complete NN1562E, *PAC and SWP for contracts containing Manulife segregated funds* for all other segregated fund contracts.

For the current definition of spouse, and for spousal waiver and consent forms, please refer to www.repsource.ca/spouse

If legislation permits, is your RIF/LIF/LRIF/PRIF/RLIF minimum based on spouse's age?

☐ No ☐ Yes If yes, please provide the following information.

Name of spouse (first, middle initial, last)	Date of birth (dd/mmm/yyyy)	Social Insurance Number (SIN)	Sex <input type="radio"/> Male <input type="radio"/> Female
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If LIF or PRIF, do you have a spouse within the meaning of the applicable pension legislation?

☐ No ☐ Yes If yes, please provide the following information.

- For **British Columbia, Alberta, Saskatchewan, Manitoba, or Nova Scotia** locked-in funds, attach a completed spousal waiver or consent form for the applicable legislation and tax type.
- For **Ontario, or Newfoundland and Labrador** locked-in funds, spouse must sign here to consent to the purchase of the LIF.

Signature of spouse (Ontario, or Newfoundland and Labrador pension funds only)	Date signed (dd/mmm/yyyy)
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Sections 8 to 10 apply to non-registered contracts only.**8 What is the purpose and intended use(s) of this contract?**

- | | | | |
|--|--|---------------------------------------|---|
| <input type="radio"/> Emergency fund | <input type="radio"/> Short term savings | <input type="radio"/> Education | <input type="radio"/> Operating funds |
| <input type="radio"/> Real estate purchase | <input type="radio"/> Retirement savings | <input type="radio"/> Estate planning | <input type="radio"/> Long term investments |

9 Beneficial owner #1 information

For a list of valid industries and occupations, refer to NN1655E, *Valid industries and occupations*.

Which document are you showing an authorized representative to verify your identity, as required by law? If you do not have a valid document, or cannot meet your representative in person, submit a completed NN1663E, *Dual Method Identification*.

If you do not have a SSN or ITIN you have 90 days to apply for one and 15 days after you receive it to provide it to us.

Reasons for not providing a TIN

A: You will apply or have applied for a TIN but have not yet received it.

B: Your jurisdiction of tax residence does not issue TINs to its residents.

C: Other (specify the reason)

The following information is required and must always be provided for each beneficial owner.

Employment status ☐ Employed ☐ Self-employed ☐ Retired ☐ Not employed

In what industry are you employed? (most recent if retired or not employed) Occupation (most recent if retired or not employed)

Name of company/employer (most recent if retired or not employed)

☐ Passport ☐ Driver's licence ☐ Other _____

Document number

Jurisdiction

Expiry date (dd/mm/yyyy)

Date identity was verified (dd/mm/yyyy)

What is your tax residence(s)? Select all that apply.

☐ **You are a tax resident of Canada.**

☐ **You are a tax resident or a citizen of the U.S.** Provide your social security number (SSN) or individual taxpayer identification number (ITIN). _____

☐ **You are a tax resident of a jurisdiction(s) other than Canada or the U.S.** Provide the information below for each jurisdiction other than Canada or the U.S.

Jurisdiction of tax residence

Taxpayer identification number (TIN)

Reason for not providing a TIN

☐ A ☐ B ☐ C, specify:

Jurisdiction of tax residence

Taxpayer identification number (TIN)

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Beneficial owner #2 information

For a list of valid industries and occupations, refer to NN1655E, *Valid industries and occupations*.

Which document are you showing an authorized representative to verify your identity, as required by law? If you do not have a valid document, or cannot meet your representative in person, submit a completed NN1663E, *Dual Method Identification*.

If you do not have a SSN or ITIN you have 90 days to apply for one and 15 days after you receive it to provide it to us.

Reasons for not providing a TIN

A: You will apply or have applied for a TIN but have not yet received it.

B: Your jurisdiction of tax residence does not issue TINs to its residents.

C: Other (specify the reason)

Employment status ☐ Employed ☐ Self-employed ☐ Retired ☐ Not employed

In what industry are you employed? (most recent if retired or not employed) Occupation (most recent if retired or not employed)

Name of company/employer (most recent if retired or not employed)

☐ Passport ☐ Driver's licence ☐ Other _____

Document number

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What is your tax residence(s)? Select all that apply.

☐ **You are a tax resident of Canada.**

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☐ A ☐ B ☐ C, specify:

Jurisdiction of tax residence

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10 Are you acting on behalf of a third party?

Are you acting on behalf of a third party? (For example, if a third party is contributing the funds.)

☐ No ☐ Yes (Please complete NN0975E, *Client and Third Party Identity Verification*.)

11 Additional signatures

Signing this section confirms agreement with the personal information provision on page 6.

Signature of annuitant (if different from owner)

Signature of Joint Life (if applicable)

Date signed (dd/mm/yyyy)

12 Representative information

For transfers to a new contract, new point-of-sale materials must be delivered.

By signing below, representatives confirm the following:

- they are appropriately licensed;
- they have discussed and explained the contents of the Information Folder and Contract and the Fund Facts to the owner/beneficial owner of this contract;
- the information provided on this form is current, correct, and complete;
- they have examined the original, valid and unexpired identity verification documentation, and any other information provided by the annuitant and Joint Life, if applicable, and:
 - they have complied with the instruction set out above, including confirming that the government-issued photo identification document is valid, has a unique identifying number, has not expired, and is in good condition without apparent alteration;
 - the photo on the identification document is substantially similar to the client, and the name matches the beneficial owner name(s) in section 1;
 - they have no reason to believe that the person presenting him or herself was not the individual on the identification document;
 - they have completed and attached NN0975E, *Client and Third Party Identity Verification*, if they have reasonable grounds to suspect the owner is acting on behalf of a third party;
- they have disclosed the following information to the owner/beneficial owner of this contract:
 - the name of the company or companies they represent;
 - that they receive commissions for the sale of insurance-based investment products and may receive bonuses, invitations to conferences and other incentives; and
 - any conflicts of interest they may have with respect to this transaction.

Signature of representative

Broker/dealer number

Representative code

Your signature on this form confirms that:

1. For all transfers:

- all information will be held in a confidential file in a safe and secure investment file. Access to it will be limited to the Distributor, Manulife, those to whom you have granted access and those authorized by law
- we are authorized to accept instructions from your representative to execute financial and non-financial transactions, including but not limited to deposits, withdrawals and switches in accordance with your instructions and the contract provisions
- you acknowledge that possible creditor protection may be lost by having the contract held in the name of a Distributor, a trustee of the external registered plan or someone who is not the individual beneficial owner
- you understand that, for an externally registered contract, the beneficiary on the contract will be your "Trustee in trust for the named beneficiary of the plan, pursuant to the same terms as the terms of the plan" and that, if you wish to change this designation, you need to submit NN1583E, *Non-financial changes*
- you may discuss any questions or concerns you may have by contacting your representative or our Head Office. More information about our complaint resolution procedures is available on the internet at www.manulife.ca under *Contact Us*
- you may at any time ask to review your personal information and, if necessary, correct any inaccuracies. If you want to review or correct the information, or if you want details about parties who have access to your personal information or our policies and procedures related to privacy, please write to:
Privacy Officer, Manulife, 500 King Street North, PO BOX 1602 STN WATERLOO, WATERLOO ON N2J 4C6.

2. If you have requested one of the following transfers:

- Client Non-registered to External Registered
- External Non-registered to External Registered, or the
- Distributor/trustee is changing on an External Registered plan,

you hereby transfer all rights of the contract to the receiving trustee and agree that any previous beneficiary, successor annuitant and successor owner (subrogated policyholder) designations are revoked. Following completion of the transfer, the beneficiary on the contract will be the new trustee of the external registered plan on behalf of the beneficial owner, and if a change is required to the designation, the owner must submit NN1583E, *Non-financial changes*.

3. If you have requested a partial transfer to an existing or new contract, or a full transfer to a new contract for the transfers outlined on page 3, you understand that:

- the product type of the contract to which you are transferring will be the same as your existing product type
- the following provisions will form part of the contract to which you are transferring and amend the applicable terms of your Information Folder and Contract:
 - Back-end and Low-load sales charge option – the sales charge scale (DSC schedule) for the monies being transferred will expire on the same date as your transferring contract with the original sales charge scale;
 - This transfer may allow you to deposit to the new contract past the latest age to deposit for transferring deposits only;
 - For GIF/GIF *encore* contracts – a new Deposit Maturity Date is not created at the time of transfer. The Deposit Maturity Guarantee amount(s) and Deposit Maturity Date(s) of transferring deposits, the policy anniversary date and the Death Benefit Guarantee are transferred intact; and
 - For GIF Select contracts – the IncomePlus and EstatePlus Anniversary Date, if applicable, will continue to be the same date as the transferring contract. The Guaranteed Withdrawal Balance (GWB) or GWB Benefit Base, GWB Bonus Base, Guaranteed Withdrawal Amount (GWA), Lifetime Withdrawal Amount (LWA), LWA payout percentage, all as applicable, and the Maturity Guarantee and Death Benefit Guarantee will be transferred intact;
 - For Manulife PensionBuilder contracts – the Benefit Base, Bonus Base, Income Benefit, payout percentage, Deposit Income Rate(s), Deposit Income Amount(s), Eligible Total Income Amount(s) and the Total Income Amount, all as applicable, and the Maturity Guarantee and Death Benefit Guarantee will be transferred intact;
 - For Manulife RetirementPlus contracts – the Transition Income Base(s), Transition Income Rate(s), Transition Income Amounts, Eligible Total Income Amount, Total Income Amount, all as applicable, and the Maturity Guarantee and Death Benefit Guarantee will be transferred intact;
 - For Manulife Private Investment Pools – MPIP Segregated Pools contracts – the Maturity Guarantee and the Death Benefit Guarantee will be transferred intact.
 - For Ideal Segregated Funds – the Annuity Commencement Date, Maturity Benefit Guarantee or Payout Benefit Guarantee, and Death Benefit Guarantee will be transferred intact.
 - For Ideal Segregated Funds Signature Series – the Series Anniversary Date, Series Maturity Date, Maturity Benefit Guarantee or Payout Benefit Guarantee, and Death Benefit Guarantee of each Series will be transferred intact. The Income Series Guaranteed Withdrawal Balance (GWB), Guaranteed Bonus Base (if applicable), Life Income Date (LID), Lifetime Guarantee Withdrawal Amount (LGWA), and LGWA percentage will be transferred intact.
 - For Ideal Segregated Funds Signature 2.0 – the Series Anniversary Date, Series Maturity Date, Maturity Benefit Guarantee or Payout Benefit Guarantee, and Death Benefit Guarantee of each Series will be transferred intact.
 - For Ideal Signature Select – the Series Anniversary Date, Series Maturity Date, Maturity Benefit Guarantee or Payout Benefit Guarantee, and Death Benefit Guarantee of each Series will be transferred intact.
- the owner(s)/beneficial owner(s), annuitant, Joint Life (if applicable), fund and fund allocations, Series, and Dollar-Cost Averaging Fund (DCAF) instructions are transferred intact. Beneficiary, successor annuitant and successor owner designations, and your SWP, PAC, and scheduled fund switch instructions, Guarantee Guard, and any other instructions (other than the LWA payout percentage, Income Benefit payout percentage, Deposit Income Rate(s), Transition Income Rate(s), Total Income Amount, if applicable) made on your transferring contract, are not transferred intact.

Further, if you are transferring to a new contract:

- you have received a copy of this form and the applicable Information Folder and Contract and Fund Facts for the product and all applicable Series to which you are transferring and that your advisor has explained the contents of the material
- you, the Joint Life, if applicable, and the annuitant if different from the owner, have read and understand the terms of the Personal Information Statement in the Information Folder and that the personal information you have provided in this form is complete and accurate and you will tell us if any of the information changes
- you request that this application and all documents and correspondence relating to the contract be in English. Vous demandez aussi que la demande de souscription et tous les documents et la correspondance afférents au contrat soient en anglais
- you are applying for an individual variable insurance contract
- if you are applying for a registered contract, you have asked us to register it under the *Income Tax Act* (Canada) and any applicable provincial income tax legislation
- you understand that your contract will be effective on the valuation date of your first deposit
- you authorize us to deliver the contract and other documents to the Distributor, if applicable
- you understand that some product benefits are affected by the date of birth and sex of the annuitant and, where applicable, the Joint Life
- for GIF Select contracts, you understand that Guarantee Guard will be placed on the IncomePlus Series to ensure that you do not withdraw amounts in excess of your Lifetime Withdrawal Amount (LWA) (excluding Version 1) or Guaranteed Withdrawal Amount (GWA) (Version 1), unless otherwise elected. This service can be changed, removed or added by you, or by your representative based on your instructions
- for Manulife PensionBuilder contracts, you understand that Guarantee Guard will be placed on your contract to ensure that you do not withdraw any amounts that are requested prior to the Election of the Total Income Amount or prior to the Election of the Income Benefit or that would Exceed the Total Income Amount or the Income Benefit, as applicable, unless otherwise elected. This service can be changed, removed or added by you, or by your representative based on your instructions.
- for Manulife RetirementPlus contracts, you understand that Guarantee Guard will be placed on your contract to ensure that you do not withdraw any amounts from the Guaranteed Income Fund that are requested prior to the Election of the Total Income Amount or that would Exceed the Total Income Amount, unless otherwise elected. This service can be changed, removed or added by you, or by your representative based on your instructions.