

## Notice of termination or retirement facsimile transmission

PO Box 11464, Succ. Centre-ville, Montréal (QC) H3C 5M3  
Tel.: 1-800-242-1704 Fax: 1-866-499-4480

This form is to be completed by the plan administrator/plan sponsor and returned to Customer Services, at Manulife (see address above).

Client no.

Client name

Subgroup no.

RS

### Section 1 – Notice of termination or retirement

| Employee name | Address | SIN | Certificate no. | Home telephone | Date of last contribution (YYYY/MM/DD) | Date of cessation (YYYY/MM/DD) | Retirement               | Termination              |
|---------------|---------|-----|-----------------|----------------|--|--------------------------------|--------------------------|--------------------------|
|               |         |     |                 |                |  |                                | <input type="checkbox"/> | <input type="checkbox"/> |
|               |         |     |                 |                |  |                                | <input type="checkbox"/> | <input type="checkbox"/> |
|               |         |     |                 |                |  |                                | <input type="checkbox"/> | <input type="checkbox"/> |
|               |         |     |                 |                |  |                                | <input type="checkbox"/> | <input type="checkbox"/> |
|               |         |     |                 |                |  |                                | <input type="checkbox"/> | <input type="checkbox"/> |
|               |         |     |                 |                |  |                                | <input type="checkbox"/> | <input type="checkbox"/> |
|               |         |     |                 |                |  |                                | <input type="checkbox"/> | <input type="checkbox"/> |
|               |         |     |                 |                |  |                                | <input type="checkbox"/> | <input type="checkbox"/> |
|               |         |     |                 |                |  |                                | <input type="checkbox"/> | <input type="checkbox"/> |
|               |         |     |                 |                |  |                                | <input type="checkbox"/> | <input type="checkbox"/> |
|               |         |     |                 |                |  |                                | <input type="checkbox"/> | <input type="checkbox"/> |
|               |         |     |                 |                |  |                                | <input type="checkbox"/> | <input type="checkbox"/> |
|               |         |     |                 |                |  |                                | <input type="checkbox"/> | <input type="checkbox"/> |
|               |         |     |                 |                |  |                                | <input type="checkbox"/> | <input type="checkbox"/> |
|               |         |     |                 |                |  |                                | <input type="checkbox"/> | <input type="checkbox"/> |
|               |         |     |                 |                |  |                                | <input type="checkbox"/> | <input type="checkbox"/> |
|               |         |     |                 |                |  |                                | <input type="checkbox"/> | <input type="checkbox"/> |
|               |         |     |                 |                |  |                                | <input type="checkbox"/> | <input type="checkbox"/> |
|               |         |     |                 |                |  |                                | <input type="checkbox"/> | <input type="checkbox"/> |
|               |         |     |                 |                |  |                                | <input type="checkbox"/> | <input type="checkbox"/> |
|               |         |     |                 |                |  |                                | <input type="checkbox"/> | <input type="checkbox"/> |

### Section 2 – Plan administrator/plan sponsor authorization

I understand that the personal information provided will be kept strictly confidential and will only be used, exchanged and retained for the purpose of this plan. I certify that the information is true, correct and complete, to the best of my knowledge.

Signature

Print name

Home telephone

Date (YYYY/MM/DD)