

Please print clearly in the blank boxes.

You may also provide contribution instructions online at www.manulife.ca/GRO or by calling Customer Service at 1-888-727-7766.



Investment direction for future contributions

This form is also available at www.manulife.ca/GRO in the 'Manage your plan' section.

Send us stuff online

Send us your completed form by signing in to your online account at Manulife.ca/GRO. Look for **Send documents** in your homepage under the 'My Account' tab.

Not signed up yet?

Access your savings anytime, using our secure website. Go to Manulife.ca/GRO and click 'Sign in' to get started.

Your personal information

Plan Sponsor/Employer				Group Policy number			
Member number	Customer number	Customer number			Reference number Manulife Use Only		
Last name			First name			Middle initial	
Mailing address (number, str	reet and apartment number)						
City Province (Country	Postal C	Code	Telephone number*		Ext.*
Email address (if applicable)	*	'	,		'		

Your future investment direction

(For future contributions only)

A minimum of 5% per fund, whole numbers only.

If you do not complete this section, or the total does not add up to 100%, all amounts will be deposited to the plan default fund.

If your plan offers Group IncomePlus note this option is intended to provide you with guaranteed retirement income. Before you select Group IncomePlus, review The Bold Print for more information.

Please enter the fund codes, fund names and percentages for all the funds in which you wish your future contributions to be allocated. Fund code names and details appear online at www.manulife.ca/GRO or in the Group Investment Report.

Fund code	Fund name	%
	Your percentages must add up to 100%.	

The investment performance of amounts directed to a market based fund is not guaranteed.

^{*} These fields are optional.

Please sign here

Manulife reserves the right to return incomplete forms, or forms that have been filled out incorrectly. In the event that there is an error made processing your transaction, you have thirty days to notify Manulife.

If I have selected Group IncomePlus, 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 (dd/mmm/yyyy)
Plan Administrator's signature (if required)	Date signed (dd/mmm/yyyy)



Got something to send to us?

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You'll need your unique customer number and social insurance number to join. You can find your unique customer number on your welcome letter or a recent statement.

Mailing instructions

Send your completed forms to the address below.

If you live outside of Quebec:

Manulife

Attn: GRS Client Services P.O. Box 396 Waterloo, ON N2J 4A9 If you live in Quebec:

Manulife

Group Retirement Solutions 2000 Mansfield, Suite 1410 Montréal, QC H3A 3A2