

This Pre-Authorized Cheque Plan Authorization is for Personal Purposes. Complete this form if you want to:

- This Pre-Authorized Cheque Plan Authorization is for Personal Purposes. Plan (RSP), Tax-Free Savings Account (TFSA) or Non-Registered Savings Account (NRSA) directly from your bank account.
- begin, change, or stop contribution deductions from your bank account, or make a one-time, lump sum payment.

You can find this form online by signing into your account with your Manulife ID at manulifeim.ca/retirement. Look for Forms under 'Quick links' or 'Helpful information' on your homepage.



Don't have a Manulife ID yet?

Sign up now to access your account anytime on our secure website. Go to manulifeim.ca/retirement, click 'Sign in' and follow the instructions to set up your Manulife ID.

Please print clearly in the blank boxes. Remember to sign and date the form.

Need help? Contact Customer Service at 1-888-727-7766.

1. Plan Sponsor/Employer information

Plan Sponsor/Employer		Group policy number		Customer number	
Last name		First name		Middle initial	
Mailing address (number, street, and apartment)					
City	Province	Country	Postal Code	Telephone number*	Ext.*
<p>Note: This question is only required if making a contribution to your Non-Registered Savings Account.</p> <p>Are you a U.S. citizen or a U.S. resident for tax purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, provide your Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN): _____</p>					

*These fields are optional.

2. Identify document

Note: This section is only required if making a contribution to your Non-Registered Savings Account or Tax-Free Savings Account.

Government Issued Identification (choose one):

Canadian Passport <input type="checkbox"/>	Birth Certificate <input type="checkbox"/>	Driver's License <input type="checkbox"/>	Canadian Citizenship Card <input type="checkbox"/>	Other <input type="checkbox"/>	
Document Number:		Expiry Date:			
Issued by: (example: Ontario)					

3. Your contribution deduction information

Note: A minimum of \$25 per frequency is required.

Exception: For one-time lump sum contributions, a minimum amount of \$100.00 is required.

Pre-notification: You acknowledge that you have waived your right to receive pre-notification of the amount of the PAD and agree that you do not require advance notice of the amount of PADs before the debit is processed.

I would like to: <input type="checkbox"/> Begin deductions <input type="checkbox"/> Change deductions <input type="checkbox"/> Stop deductions		
I hereby authorize Manulife to deduct from my bank account \$ _____ and allocate to my savings account		Please start contributions on (dd/mmm/yyyy)
Tell us how often – Please indicate how frequently you would like to contribute to your Savings account.		
<input type="checkbox"/> Weekly (withdraw from my account weekly, beginning on the date specified above.)	<input type="checkbox"/> Every two weeks (withdraw from my account every two weeks, beginning on the date specified above.)	<input type="checkbox"/> Monthly (withdraw from my account monthly, beginning on the date specified above.)

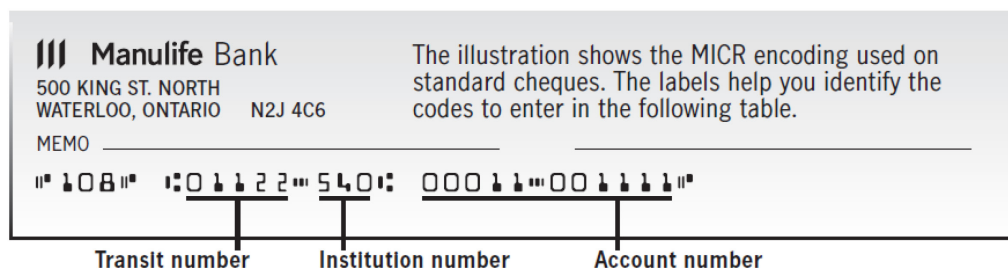
<input type="checkbox"/> Month end (withdraw on the last business day of each month, beginning on the date specified above.)	<input type="checkbox"/> Quarterly (withdraw from my account every three months, beginning on the date specified above.)	<input type="checkbox"/> One-time lump sum contribution (withdraw from my account within 2 business days following receipt by Manulife.)
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4. Your banking information

To verify your banking information, please attach a blank cheque marked VOID. Manulife is hereby authorized to begin deducting contributions from your account once we have received and verified your banking information.

Name of bank (exact name where account is being held)				
Address of bank (where account is being held)				
City or town	Province	Postal Code	Telephone number	Ext
Transit number			Account number	Account type
Name of depositors as on bank records (last, first, middle initial)				
Name of depositors as on bank records (last, first, middle initial)				

Example



5. Your lump sum contribution

The minimum amount you can invest in a fund is 5%.

Percentages must be in whole numbers.

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.

If your one-time lump sum contribution is directed towards Group IncomePlus, please remember that a contribution exceeding 20% of your Guaranteed Income Base will reset your Minimum Five (5) Year Holiday period whether you make one large contribution or a series of smaller transfers and contributions.

Please process this contribution using the following fund direction:

Same as my current fund direction **OR** As indicated below

Total amount of contribution \$ _____

Investment direction(s) for Pre-Authorized Cheque Request

Fund code names and contribution details appear online at www.manulife.ca/GRO or in the Group Investment Report.

Fund code	Fund name	\$	%
		\$	%
		\$	%
		\$	%
		\$	%

		\$		%
				Must equal 100%

6. Please sign here

For a joint account that requires multiple signatures, all depositors must sign this authorization.

I request and authorize Manulife to debit my bank account listed above for a pre-authorized Cheque (PAC) plan. I further authorize the financial institution indicated above to process these withdrawals in accordance with instructions provided by Manulife. It is understood and agreed that:

1. My account information will apply to contributions after the information has been received and verified by Manulife, in accordance with its practices and procedures.
2. **Pre-notification: You acknowledge that you have waived your right to receive pre-notification of the amount of the PAD and agree that you do not require advance notice of the amount of PADs before the debit is processed.**
3. My account authorization may be terminated by me upon written notification. Termination will take effect within 30 business days of receipt of written notification at the address at the end of this form (as may be amended from time to time). A sample cancellation form, or further information on my right to cancel this PAC is available from Manulife or by visiting www.payments.ca.
4. If, for any reason, a withdrawal against my account is not honored, I understand Manulife reserves the right to charge a fee of \$25 for handling these returned items (as may be amended from time to time).
5. I have certain recourse rights if any debit does not comply with this agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAC Agreement. Contact Manulife or visit www.payments.ca to obtain more information on your recourse rights.

I hereby certify that the information on this form is correct to the best of my knowledge.

If I have selected Group IncomePlus, I acknowledge that I have read and understand The Bold Print and by signing below, I agree to the terms, conditions and fees applicable to that option.

Signature of bank depositor (on bank records)	Date signed (dd/mmm/yyyy)
Signature of bank depositor (on bank records)	Date signed (dd/mmm/yyyy)
Your signature	Date signed (dd/mmm/yyyy)

Send us your documents online



It's faster and safer than email or regular mail.

From your Manulife Mobile app, sign in with your Manulife ID (choose Group Retirement). From the top left menu, select your name to get to your profile, then select **Send documents**.

or

From your desktop or tablet, sign into your account at manulifeim.ca/retirement using your Manulife ID. Look for **Send documents** on your homepage under 'Quick links' or 'Helpful information'.

If you need to mail the form, send it to one of the addresses below.

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

Fax: 1-866-945-5110

If you live in Quebec:

Manulife

Attn: Group Retirement Solutions

2000 Mansfield, Suite 1410

Montréal, QC H3A 3A2

Fax: 1-866-945-5109

We collect, use and disclose your personal information for the purpose identified in this form. Unless there are contractual limitations, your personal information may be accessed or transferred within or outside Canada and may be subject to the laws of those jurisdictions. You may withdraw your consent, subject to legal and contractual restrictions. You also have the right to access and correct your personal information maintained in our files. For more information you can review our Canadian Privacy Policy at www.manulife.ca.