

Deposit Details

Send your completed form to:

Manulife

Attn: GRS Client Services

PO Box 396

Waterloo, ON N2J 4A9

Fax number: 1-866-945-5110

Please print clearly in the blank boxes.

Plan information

Policyholder		Policy number	
Plan number	Plan group	Customer number	
Last name of member (as listed currently)		First name	Middle initial

Deposit details

Period ending date (dd/mmm/yyyy)

Cheque amount
\$

Deposit to policy*
\$

Please ensure the total equals the Cheque amount above.

Please specify breakdown

The breakdown will be reported on the annual report.
(*Breakdown must equal Deposit to policy)

Sponsor current service	\$	
Sponsor past service	\$	
Sponsor going-concern	\$	
Sponsor solvency payment	\$	
Member current service	\$	
Member past service	\$	
Member voluntary	\$	
IPP qualifying transfer	\$	

This section is not applicable to Non registered Savings Plan

Bill payments
\$

Other (please specify)
\$

Total
\$

Your fund direction

Deposits will be allocated according to your default deposit fund direction unless otherwise specified.

Please refer to the Corporate Investment Report for investment codes.

Investment Code	Allocation
	%
	%
	%
	%

Investment Code	Allocation
	%
	%
	%
	%
Total (must add up 100%)	100%

Your signature

Authorized signature		Date signed (dd/mmm/yyyy)
Name and title	Specified company if not Policyholder	
Authorized signature		Date signed (dd/mmm/yyyy)
Name and title	Specified company if not Policyholder	