



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.

Plan Sponsor/Employer information

Plan sponsor/Employer (the "Payor")		Group policy number	
Plan number		Plan group/Division	
Payor's address (number, street)			
City or town	Province	Country	Postal Code
Telephone number		Email address	

Payor's banking information

<input type="checkbox"/> New PAD agreement <input type="checkbox"/> Change existing PAD agreement		Effective date (dd/mmm/yyyy)
<input type="checkbox"/> Void cheque is attached		
Name of Financial Institution (Processing Institution)		
Address		
Transit number	Bank number	Account number

Attach "VOID" cheque and mail to Manulife along with the original of this form.

Acknowledgement

The Payor acknowledges that this Authorization is provided to The Manufacturers Life Insurance Company ("Manulife"), and the Processing Institution and is provided in consideration of the Processing Institution agreeing to process debits against the Payor's account set out above (the "Account") in accordance with the rules of the Canadian Payments Association.

- The Payor acknowledges that provision and delivery of this Authorization to Manulife constitutes delivery by the Payor to the Processing Institution.
- The Payor agrees to inform Manulife in writing of any change in the Account Information 5 days prior to the contribution being submitted.
- The Payor warrants and guarantees that all person(s) whose signatures are required to sign on this Account have signed this Authorization and that all person(s) signing this Authorization are authorized signing officers empowered to enter into this agreement.
- The Payor hereby authorizes Manulife to issue Pre-Authorized Debits drawn on this Account with the Processing Institution, for the following purpose:
 - Payment of Group Savings Plan contributions, as submitted by the Plan Sponsor for the Group Policy number noted in Section 1.
 - The Payor authorizes the Processing Institution to deal with these withdrawals as if they were signed by the Payor.
- The Payor and Manulife agree that the amount of the PAD may vary from month to month according to the contribution information submitted by the Payor.
- The Payor acknowledges that the Processing Institution is not required to verify that a PAD has been issued in accordance with this Authorization including, but not limited to, the amount; nor is the Processing Institution required to verify that any purpose of payment for which the PAD was issued has been fulfilled by Manulife.
- This Authorization may be revoked by the Payor upon 10 days' written notice. Revocation does not terminate the Group Policy. This Authorization applies only to the method of payment and does not otherwise have any bearing on the Group Policy.
- This PAD may be disputed by the Payor if:
 - the debit was not drawn in accordance with this Authorization; or
 - this Authorization was revoked prior to the debit.

The Payor must provide a declaration to the Processing Institution that either i) or ii) has taken place within a delay of 10 business days from the date on which the debit in dispute was posted to the Payor's Account. The Payor acknowledges that a claim on the basis that this Authorization has been revoked, or any other reason, is a matter to be resolved solely between the Payor and Manulife when disputing any PAD after such 10-day delay.
- The Payor consents to the disclosure of any information contained in this Authorization to Manulife's bank, but only as far as any such disclosure is directly related to and necessary for the proper application and processing of the Pre-Authorized Debit.
- The Payor acknowledges receipt of a copy of this Authorization, and understanding, acceptance and participation of this Pre-Authorized Debit.

Signature

Signed at _____ this _____ day of _____, _____ Year		
Per (payor signature, cheque signing authorization)	Name	Title
Per (second payor signature, if required)	Name	Title



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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