

Pre-Authorized Cheque Plan (PAC) Request and Authorization

Complete this form if you want to:

- make **regular contributions** to your Registered Savings 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.

Please print clearly in the blank boxes.



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 | | Customer number | |
| Last name | | | | First name | | Middle initial | |
| Mailing address (number, street and apartment number) | | | | | | | |
| City | Province | Country | Postal Code | Telephone number* | | Ext.* | |
| Are you a U.S. citizen or a U.S. resident for U.S. tax purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, provide your Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN): _____ | | | | | | | |

Note: This question is only required if making a contribution to your Non-Registered Savings Account.

**These fields are optional.*

Identity document

Government Issued Identification (choose one):

| | | | | |
|-------------------------------|-------------------|------------------|---------------------------|-------|
| Canadian Passport | Birth Certificate | Driver's Licence | Canadian Citizenship Card | Other |
| Document Number: | | | Expiry Date: | |
| Issued by: (example: Ontario) | | | | |

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

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.

| | | |
|--|----|--|
| 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/mm/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.) |

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

Manulife Bank
500 KING ST. NORTH
WATERLOO, ONTARIO N2J 4C6

MEMO _____

The illustration shows the MICR encoding used on standard cheques. The labels help you identify the codes to enter in the following table.

Transit number

Institution number

Account number

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 I have 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%

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

Please sign here

I request and authorize Manulife to debit my bank account listed on page 1 for a pre-authorized Chequing (PAC) plan (Funds Transfer PAC). I further authorize the financial institution indicated on Page 1 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. My account authorization may be terminated by me upon written notification. Termination will take effect within two business days of receipt of written notification at the following address (as may be amended from time to time):

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

3. If, for any reason, a withdrawal against my account is not honoured, 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).
4. I understand that 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.cdnpay.ca to obtain more information on your recourse rights, or cancellation 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/mm/yyyy) |
| Signature of bank depositor (on bank records) | Date signed (dd/mm/yyyy) |
| Your signature | Date signed (dd/mm/yyyy) |



Got something to send to us?

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Send documents is faster and safer than email.

Not signed up yet?

Access your savings anytime, using our secure website.

Go to Manulife.ca/GRO and click 'Sign in' to get started.

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.