

# Change Form: Plan Access Authorization Plan Administrator / Company Personnel

Please print clearly in the boxes.

Please complete and return this form in order to add or delete individuals having access to your plan records through the internet, phone and email inquiries.

For inquiries regarding this form please contact our Plan Sponsor Call Center at 1-888-713-7788.



This form is also available at [www.manulife.ca/GRO](http://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](http://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](http://Manulife.ca/GRO) and click 'Sign in' to get started.

## Section 1 Your plan information

Plan Sponsor/Employer
Group policy number(s)

## Section 2 Adding access

Please add and extend access to the individual(s) listed in this section.

**Plan Administrator:**

Main contact on plan with full access to plan information.

One Plan Administrator assigned unless divisions are applicable.

**Company Personnel:**

Secondary contact on plan with limited access to plan information.

1. Title:  Plan Administrator  Company Personnel

Name	
Existing Customer No. (if applicable)	Division (if applicable)
Business address	
Date of birth (dd/mmm/yyyy)	Business phone number
Email	

2. Title:  Plan Administrator  Company Personnel

Name	
Existing Customer No. (if applicable)	Division (if applicable)
Business address	
Date of birth (dd/mmm/yyyy)	Business phone number
Email	

3. Title:  Plan Administrator  Company Personnel

Name	
Existing Customer No. (if applicable)	Division (if applicable)
Business address	
Date of birth (dd/mmm/yyyy)	Business phone number
Email	

4. Title:  Plan Administrator  Company Personnel

Name	
Existing Customer No. (if applicable)	Division (if applicable)
Business address	
Date of birth (dd/mmm/yyyy)	Business phone number
Email	

## Section 3 Removing access

Please remove the following individual(s) from having this access:

1. Title:  Plan Administrator  Company Personnel

Name	
Existing Customer No. (if applicable)	Division (if applicable)

2. Title:  Plan Administrator  Company Personnel

Name	
Existing Customer No. (if applicable)	Division (if applicable)

## Section 4 Additional information

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## Section 5 Please sign here

*Please authorize by obtaining the signature of the Policyholder, Plan Sponsor or current Plan Administrator.*

I authorize the above plan access changes and acknowledge these changes affect access to both member(s) personal and plan information.

Print name and title	Date signed (dd/mmm/yyyy)
Signature	



### Got something to send us?

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### 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