

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.

Please print clearly in the boxes.

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

--

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	

Mailing instructions

Send your completed forms to the address below.

Outside of Quebec:
Manulife
Attn: GRS Client Services
P.O. Box 396
Waterloo, ON N2J 4A9

In Quebec:
Manulife
Group Retirement Solutions
2000 Mansfield, Suite 1410
Montréal, QC H3A 3A2