

Payer authorization for pre-authorized debit plan



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.

fold here

Please print clearly in the blank boxes.

Manulife GRS Client Services PO BOX 396 STN WATERLOO WATERLOO, ON N2J 4A9

fold here

Complete both pages and sign this form and send it to Manulife, along with a blank cheque marked VOID. No contributions will start to your plan until Manulife has received and verified your account information.

Void Cheque						
	Attach void cheque here					
Once completed, mail BOTH	pages of this form to the address abo	ove or fax them to:				
	e - Manulife GRS Client Services					
Fax to: (519) 747-6895						
Your member informat	tion					
Customer number	Policy number	Member number				
Member name		l .				

Note: This document contains confidential information. If you have received it in error, please contact Manulife at 1-888-727-7766 and destroy this document in a secure manner.

Your member information

	Customer number	Policy number	Member number
-	Manufactura		
	Member name		

Your account information

Transit number	Institution number	Account number		
Name of depositors (as on account records)				
Name of depositors (as on account records)				

Authorization

I request and authorize Manulife to make withdrawals against the account listed above. I further authorize the financial institution indicated above to process these withdrawals in accordance with instructions provided by Manulife.

It is understood and agreed that:

- 1. The above account information will apply to contributions after the information has been received and verified by Manulife in accordance with its practices and procedures.
- 2. This account authorization may be terminated by me only 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):

Manulife

GRS Client Services PO BOX 396 STN WATERLOO WATERLOO, ON N2J 4A9 Fax: 519-747-6895

3. If, for any reason, a withdrawal against my account is not honoured, Manulife reserves the right to charge a fee of \$25 for handling these returned items (as may be amended from time to time).

Signature(s)

Signature of account depositor	Date signed (dd/mmm/yyyy)
Signature of account depositor*	Date signed (dd/mmm/yyyy)

^{*} For a joint account where two signatures are required to withdraw funds, both depositors must sign this authorization.



Got something to send us?

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Send documents is faster and safer than email.

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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.