

Set up or change a pre-authorized debit plan

Send by mail or fax to:
 Manulife, Individual Insurance
 500 King Street North
 PO BOX 1669
 WATERLOO ON N2J 4Z6
 1-866-257-6207

Use this form to:

- Request a single pre-authorized debit for a first payment.
- Create a new monthly pre-authorized debit plan or change an existing plan.
- *We, us, and our* mean the company that insures the policy identified below.
- *You and your* mean the policy owner unless otherwise defined.
- Should you have any questions about completing this form, contact your advisor or call our customer service centre at 1-888-626-8843 in Quebec, or 1-888-626-8543 in all provinces except Quebec. If you are calling from outside of North America, call us collect at 1-519-747-6600. Visit manulife.ca for more information.

1 General information	Policy number			
	Name of policy owner #1 or full legal name of entity, including "Company", "Limited", "Inc.", etc.		Name of policy owner #2 or full legal name of entity, including "Company", "Limited", "Inc.", etc.	
	Who is paying the premium? <input type="checkbox"/> Policy owner #1 <input type="checkbox"/> Policy owner #2			
	Complete the following if any payor or joint bank account holder is not a policy owner named on this form.			
	Account holder #1			
	Name (first, middle initial, last or full legal name of entity)			Relationship to policy owner
	Address	City or town	Province	Postal code
	Account holder #2			
	Name (first, middle initial, last or full legal name of entity)			Relationship to policy owner
	Address	City or town	Province	Postal code
2 Create a single pre-authorized debit <i>This payment is a one-time payment.</i> <i>Once the payment has been fulfilled, this one-time preauthorized agreement will no longer be valid. Any subsequent pre-authorized payments will require a newly authorized pre-authorized agreement.</i>	Amount of your one-time payment by pre-authorized debit		Amount \$	
	Note: Payment must be in Canadian funds drawn on a Canadian bank or financial institution.			
	What banking information should we use?			
	<input type="radio"/> From the attached void cheque (Attach the cheque to this page) <input type="radio"/> As follows: (Complete this table only if you do not have a void cheque):			
	Name of Canadian bank or financial institution	Transit number	Institution number	Account number
If you also want to make monthly payments by pre-authorized debit, complete both sections 2 and 3.				
3 Create a new monthly pre-authorized debit plan * This date must be at least 4 days before the policy anniversary/ monthly processing day. Your monthly pre-authorized debit plan comes into effect on this date. Deposit option is only available on eligible Performax and Performax Gold and Manulife Par, and Manulife Par with <i>Vitality Plus</i> ™ policies.	Amount of monthly pre-authorized withdrawals		Deposit option amount (if applicable)	
	Preferred monthly pre-authorized withdrawal date (1 through 28)*		First withdrawal date* (dd/mmm/yyyy)	
	Note: Payment must be in Canadian funds drawn on a Canadian bank or financial institution.			
	What banking information should we use?			
<input type="radio"/> From the attached void cheque (Attach the cheque to this page) <input type="radio"/> As follows: (Complete this table only if you do not have a void cheque):				
	Name of Canadian bank or financial institution	Transit number	Institution number	Account number

4 Change an existing monthly pre-authorized debit plan	<input type="radio"/> Add another policy to an existing monthly pre-authorized debit plan	Policy number to be added to a monthly pre-authorized debit plan
	<input type="radio"/> Change amount withdrawn from a monthly pre-authorized debit plan	New amount to be withdrawn from a monthly pre-authorized debit plan
	<input type="radio"/> Make loan repayments from a monthly pre-authorized debit plan	Amount to be added to a monthly pre-authorized debit plan for loan repayments
	<input type="radio"/> Change the date we make monthly pre-authorized debits	New date for monthly pre-authorized debits

5 Signatures	<p>In this section, <i>you</i> and <i>your</i> refer to the holder(s) of the bank account from which withdrawals will be made.</p> <p>By asking us to take payments from your bank account, you agree that you have read and agree to the following information:</p> <p>Authorizing a single pre-authorized debit from your bank account</p> <p>By asking us to make a pre-authorized debit for the first payment, you agree that:</p> <ul style="list-style-type: none"> • You authorize us to make 1 withdrawal from your bank account for the amount of your first payment as shown in Section 2 • This payment may be withdrawn from your bank account as soon as you submit this request to us • If your bank or financial institution does not honour this pre-authorized debit the first time we present it for payment, we may attempt to withdraw that payment again within 30 days • You waive the right to receive 10 days' notice of the pre-authorized debit to be made from your account for your first payment. <p>The pre-authorized debit for your first payment will be treated as a personal pre-authorized debit (PAD) as defined by the Canadian Payments Association in Rule H1 at payments.ca.</p> <p>Authorizing variable amount monthly pre-authorized debits to make your regular monthly payments</p> <p>By asking us to establish a monthly pre-authorized debit plan to make your regular monthly payments, you agree to the following:</p> <ul style="list-style-type: none"> • You authorize us to make monthly pre-authorized debits from your bank account to pay for the policy • Except as otherwise stated in this agreement, the withdrawals will occur on the date that you specified above • If you don't specify a first withdrawal date, we may withdraw the first pre-authorized debit payment from your bank account as soon as you submit this request to us • The withdrawals from your bank account are in variable amounts. This means they may increase as required to administer the policy. (Example: if the premiums for the policy are scheduled to change), and • You waive the right to receive 10 days' notice of the amount and date of each monthly pre-authorized debit to be made from your account. <p>What we will do if your bank or financial institution does not honour a monthly pre-authorized debit</p> <p>If your bank or financial institution does not honour a monthly pre-authorized debit the first time we present it for payment, we may attempt to withdraw that payment again within 30 days. If that withdrawal is not honoured, we may attempt to withdraw that amount again together with your next month's monthly pre-authorized debit.</p> <p>We reserve the right to end the monthly pre-authorized debit plan immediately if a withdrawal is not honoured.</p> <p>Making changes to your monthly pre-authorized debit plan</p> <p>You can request changes, by telephone or in writing, to the amount of the monthly pre-authorized debit or the account from which the monthly pre-authorized debit is being taken. We must receive the request at least 3 days before the monthly pre-authorized debit date. The advisor for this policy can also make these changes on your behalf.</p> <p>We reserve the right to change your monthly pre-authorized debit date to be at least 4 days before your policy processing day.</p>
Single pre-authorized debit for first payment	
Monthly pre-authorized debit plan for regular payments	

5 Signatures (continued)

Information about withdrawals from your bank account

Personal withdrawals

All monthly pre-authorized debits from your bank account will be treated as personal pre-authorized debits (PADs) as defined by the Canadian Payments Association in Rule H1 at payments.ca.

Cancelling this agreement

You or we can end this agreement at any time by giving 10 days' written notice, counted from the date the notice is mailed. For a sample cancellation form or more information about cancelling a monthly pre-authorized debit plan, contact your bank or financial institution or visit payments.ca.

Unauthorized withdrawals

You have certain recourse rights if any withdrawal does not comply with this agreement. For example, you have the right to receive reimbursement for any withdrawal that is not authorized or is not consistent with this agreement. To obtain more information on your recourse rights, contact your bank or financial institution or visit payments.ca.

Your personal information

You authorize us to collect, use, release, and exchange any personal information necessary to fulfill any obligations relating to withdrawals made from your bank account.

For more information about pre-authorized debits from your bank account

If you have any questions or concerns about monthly pre-authorized debits from your bank account, contact us at 1-888-626-8843 in Quebec and at 1-888-626-8543 in all provinces except Quebec.

For more information about your rights, contact your bank or financial institution or the Canadian Payments Association at payments.ca.

Certification

You certify that all people whose signatures are required on this account have signed below, including any required joint account holders or corporate signing officers. The holder of the account from which payments are to be made must sign below to authorize the withdrawals.

If withdrawals are to be made from a joint account and if your bank or financial institution requires both signatures, both account holders must sign.

If withdrawals are to be made from a corporate account we require:

- 2 signing officers' signatures and titles
- or**
- 1 signing officer's signature, title and the corporate seal.

If the corporation does not have a seal and you are the only person authorized to sign on behalf of the corporation, in addition to signing, write your initials in the box provided.

Name of account holder #1 or corporate signing officer #1		Date (dd/mmm/yyyy)
Signature of account holder #1 or corporate signing officer #1 X		Title (if account holder is a signing officer)
Initial here	Write your initials here to confirm that you are the only person authorized to sign on behalf of the corporation and that it does not have a seal. You must also sign above.	
Name of account holder #2 or corporate signing officer #2 (if applicable)		Date (dd/mmm/yyyy)
Signature of account holder #2 or corporate signing officer #2 X		Title (if account holder is a signing officer)