

Submit the completed form to Manulife by mail or fax:

	English (Outside of Quebec)	French and Quebec
Mail	Manulife Investments 500 King St. N. Waterloo ON N2J 4C6	Manulife 2000 Mansfield St., Suite 1310 Montreal QC H3A 3A1
Fax	Segregated fund contracts 1-877-277-3774 Mutual fund accounts 1-866-581-8427	Segregated fund contracts 1-800-360-6492 Mutual fund accounts 1-866-581-8427
Questions? Contact Customer Service	Segregated fund contracts 1-888-790-4387 Mutual fund accounts 1-888-588-7999	Segregated fund contracts 1-800-355-6776 Mutual fund accounts 1-877-426-9991

Manulife Online Access – Identification Form

- In this form, authorized individual(s) refers to trustees, power of attorneys, corporate resolution signing officers, and executors.
- This form aids in the protection of confidential information relating to contracts/accounts by collecting required information to enable authorized individual(s) to register for online access.
- Only the authorized individual(s) identified below will be given a verification code.
- For security reasons, Manulife cannot accept this form via email as the security of email communication cannot be guaranteed.
- All personal information provided will be kept according to our privacy policy. For further information regarding our privacy policy, go to manulife.ca.

Registered for Manulife online access and want to add an account

To add a contract/account to your existing access, complete and submit this form (see the instructions on the left side of the form). Allow 3-5 business days from when the form is received by Manulife for processing. Once processed, the contract/account will be accessible to you.

Not registered for Manulife online access – obtain your verification code

To register for Manulife online access, complete and submit this form to obtain a verification code (see the instructions on the left side of the form). Allow 3-5 business days from when the form is received by Manulife for processing to contact the Customer Service Centre to receive your verification code. Once you receive your verification code, input it during the online registration process.

1 Account/contract details

Please provide the details of the account/contract to be accessed.

Product/Investment type:

<input type="radio"/> Segregated fund contract		<input type="radio"/> Mutual fund account	
Contract number	Contract holder	Account number	Account holder
Contract number	Contract holder	Account number	Account holder
Contract number	Contract holder	Account number	Account holder
Contract number	Contract holder	Account number	Account holder
Advisor's name (can be found on your Manulife statement)			

2 Authorized individual's information and second authorized individual's information (if applicable)

Please provide information about the authorized individual to be granted access.

Authorized individual's information

Name (first and last)			Date of birth (dd/mmm/yyyy)	
Personal mailing address (unit/suite/apartment number)		City	Province	Postal code
Role <input type="radio"/> Power of attorney <input type="radio"/> Executor <input type="radio"/> Trustee <input type="radio"/> Signing officer				

Second authorized individual's information (if applicable)

Name (first and last)			Date of birth (dd/mmm/yyyy)	
Personal mailing address (unit/suite/apartment number)		City	Province	Postal code
Role <input type="radio"/> Power of attorney <input type="radio"/> Executor <input type="radio"/> Trustee <input type="radio"/> Signing officer				

3 Authorized signatures and date

By signing below, you the authorized individual:

- confirm the information provided is complete and accurate; and
- consent to the collection and use of your personal information on this form for the purpose of confirming your identity and allowing you to register for online access.

Authorized individual's signature	Date signed (dd/mmm/yyyy)
Second authorized individual's signature (if applicable)	Date signed (dd/mmm/yyyy)

4 Nominee/intermediary authorization (to be completed by the nominee/intermediary)

FOR NOMINEE/INTERMEDIARY USE ONLY

Name of authorizing agent	
By signing below, you are confirming the identity of the authorized individual, their authority to sign on behalf of the contracts/accounts listed above, and that you will notify us of any changes.	
Signature	Date signed (dd/mmm/yyyy)