



Payer authorization for pre-authorized debit plan

Manulife Financial
Canadian Pensions Operations - Customer Service
P.O. Box 386, Stn. Waterloo
Waterloo, ON N2J 4A9

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

fold here

fold here

Void cheque

Attach void cheque here

Once completed, mail BOTH pages of this form to the address above or fax them to:

Attention: Customer Service - Manulife Financial Canadian Pensions Operations
Fax to: (519) 747-6895

Member information

Customer number: _____

Policy number: _____

Member number: _____

Member name: _____

Note: This document contains confidential information. If you have received it in error, please contact Manulife Financial at 1-888-245-5558 and destroy this document in a secure manner.

Payer authorization for pre-authorized debit plan - Page 2

Member information

Customer number: _____

Policy number: _____

Member number: _____

Member name: _____

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 Financial 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 Financial.

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 Financial, 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 Financial
 Canadian Pensions Operations - Customer Service
 P.O. Box 386, Stn. Waterloo
 Waterloo, ON N2J 4A9
 Fax: 519-747-6895

3. If, for any reason, a withdrawal against my account is not honoured, Manulife Financial 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.

Sign this page then mail/fax both pages.