

For your future™

Please print clearly in the blank boxes.

You may also provide contribution instructions online at www.manulife.ca/GRO or by calling Customer Service at 1-888-727-7766.

Investment direction for future contributions for your Tax-Free Savings Account (TFSA)

Send your completed form to:

Manulife Financial

Attn: GRS Client Services, KC-6 PO BOX 396 STN WATERLOO WATERLOO, ON N2J 4A9

This form is also available online at www.manulife.ca/GRO

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Plan Sponsor/Employer				Group Policy number			
Member number	Customer number	Customer number			Reference number Manulife Financial Use Only		
Last name			First name	ne		Middle initial	
Mailing address (number, stree	et and apartment number)				l		
City	Province	Country	Postal Co	de Teleph	none number*	Ext.*	
Email address (if applicable)*							

Your future investment direction

(For future contributions only)

A minimum of 5% per fund, whole numbers only.

to the plan default fund.

If you do not complete this section, or the total does not add up to 100%, all amounts will be deposited Please enter the fund codes, fund names and percentages for all the funds in which you wish your future contributions to be allocated. Fund code names and details appear online at www.manulife.ca/GRO or in the Group Investment Report.

Fund code	Fund name	%
	Your percentages must add up to 100%.	100%

The investment performance of amounts directed to a market based fund is not guaranteed.

Please sign here

Manulife Financial reserves the right to return incomplete forms, or forms that have been filled out incorrectly. In the event that there is an error made processing your transaction, you have thirty days to notify Manulife Financial.

Your signature	Date signed (ddd/mm/yyyy)
Plan Administrator's signature (if required)	Date signed (ddd/mm/yyyy)

^{*}These fields are optional.