

Group Benefits – Direct Deposit

Please print clearly and retain a photocopy for your files if required.

1 Plan member information


Plan member certificate number	Plan member name (last, first, middle initial) (please print)	Date of birth (dd/mmm/yyyy)	
Address (number, street, apt.)			
City		Province	Postal code

Plan contract number
0001472

2 Direct deposit

Complete the following section or attach a void personal cheque.

Name of financial institution		
Transit number (5 digits)	Institution number	Bank account number

 <p>Manulife Bank 500 KING ST. NORTH WATERLOO, ONTARIO N2J 4C6</p> <p>MEMO _____</p> <p>⑈ 1088 ⑈ ⑆ 0 1 2 2 ⑆ 5 4 0 ⑆ 000 1 000 1 1 1 ⑈</p> <p>Transit number Institution number Account number</p>	<p>The illustration shows the MICR encoding used on standard cheques. The labels help you identify the codes to enter.</p>
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3 Electronic claim statement (Optional)

Complete the following section if you wish to enroll for electronic claim statements. If the email and banking fields are completed, you will receive an electronic claim statement. Electronic claim statements can be sent to the Plan Member's personal email account only; you cannot use another person's email address to receive your claim statement. If you do not have a personal email address, you will receive your claim statement by mail.

Personal email _____

4 Authorization and Consent

If applicable, **I authorize** Manulife to deposit all payments ("Payments") due to me from the above referenced Group Benefits policy ("Policy"), into the bank account ("Account") that I have identified on this form. **I confirm** that this direct bank deposit authorization applies to the financial institution herein named by me and any other financial institution I choose to name in the future; and shall remain valid until revoked in writing by me, or my duly authorized representative. **I understand and agree** that upon the deposit of any Payment(s) into the Account, Manulife is fully discharged from any further liability with respect to such Payment(s). **I also understand and agree** that Manulife may, at any time and without prior notice, discontinue the direct deposit of Payment(s), as requested herein, and require my personal written endorsement relating to future Payment(s). **I also hereby acknowledge and agree** that any Payment(s) made by Manulife into the Account, to which I am not entitled, either by contract or by law, shall not form part of my property, and shall be immediately refunded to Manulife, either by me or by representatives of my estate.

I agree that Manulife is not liable for damages which I may incur as a result of interception by a third party of an email transmission sent by Manulife or by me pursuant to this authorization. **I agree** should the email address identified on this form change that I am responsible for updating the email address maintained by Manulife. **I understand** that I can remove my email address online or by contacting the Customer Service Center.

I understand that any Information provided to or collected by Manulife in accordance with this authorization, will be kept in a Group Benefits life, health or disability file. Access to my Information will be limited to:

- Manulife employees, representatives, reinsurers, and service providers in the performance of their jobs;
- persons to whom I have granted access; and
- persons authorized by law.

I have the right to request access to the personal information in my file, and, where appropriate, to have any inaccurate information corrected.

I acknowledge that more specific details regarding how and why Manulife collects, uses, maintains, and discloses my personal information can be found in Manulife's Privacy Policy and Privacy Information Package, available at www.manulife.ca/planmember, or from my Plan Sponsor.

Plan member signature
Please sign and date here.

Plan member signature	Date signed (dd/mmm/yyyy)
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5 Mailing instructions

Please send the completed form to:
Plan Member Administration
Manulife Financial
PO BOX 11006, STN CENTRE-VILLE
MONTREAL QC H3C 4T8