
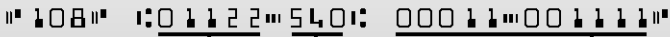

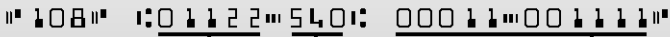

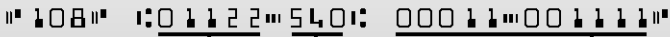


Group Benefits – Direct Deposit

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

1 Plan member information Plan contract number <div style="border: 1px solid black; padding: 2px; width: fit-content;">0001472</div>	<table border="1" style="width: 100%;"> <tr> <td style="width: 25%;">Plan member certificate number</td> <td style="width: 50%;">Plan member name (last, first, middle initial) (please print)</td> <td style="width: 25%;">Date of birth (dd/mmm/yyyy)</td> </tr> <tr> <td colspan="3">Address (number, street, apt.)</td> </tr> <tr> <td>City</td> <td>Province</td> <td>Postal code</td> </tr> </table>	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	
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Address (number, street, apt.)											
City	Province	Postal code									
2 Direct deposit Complete the following section or attach a void personal cheque.	<table border="1" style="width: 100%;"> <tr> <td colspan="3">Name of financial institution</td> </tr> <tr> <td style="width: 33%;">Transit number (5 digits)</td> <td style="width: 33%;">Institution number</td> <td style="width: 33%;">Bank account number</td> </tr> </table> <div style="border: 1px solid black; padding: 10px; margin-top: 10px;"> <table style="width: 100%;"> <tr> <td style="width: 60%; vertical-align: top;">  <p>MEMO _____</p>  </td> <td style="width: 40%; vertical-align: top;"> <p>The illustration shows the MICR encoding used on standard cheques. The labels help you identify the codes to enter.</p> </td> </tr> <tr> <td style="text-align: center;"> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> </div> <p>Transit number Institution number Account number</p> </td> <td></td> </tr> </table> </div>	Name of financial institution			Transit number (5 digits)	Institution number	Bank account number	 <p>MEMO _____</p> 	<p>The illustration shows the MICR encoding used on standard cheques. The labels help you identify the codes to enter.</p>	<div style="display: flex; justify-content: space-around; margin-top: 5px;"> </div> <p>Transit number Institution number Account number</p>	
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3 Electronic claim statement (Optional)	<p>Complete the following section if you wish to enroll for electronic claim statements.</p> <p>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.</p> <p>Personal email _____</p>										
4 Authorization and Consent Plan member signature Please sign and date here.	<p>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.</p> <p>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.</p> <p>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:</p> <ul style="list-style-type: none"> • 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. <p>I have the right to request access to the personal information in my file, and, where appropriate, to have any inaccurate information corrected.</p> <p>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.</p> <table border="1" style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 70%;">Plan member signature</td> <td style="width: 30%;">Date signed (dd/mmm/yyyy)</td> </tr> </table>	Plan member signature	Date signed (dd/mmm/yyyy)								
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5 Mailing instructions	<p>Please send the completed form to:</p> <p>Plan Member Administration Manulife Financial PO BOX 11006, STN CENTRE-VILLE MONTREAL QC H3C 4T8</p>										