

Please print clearly in the blank boxes.

Pre-Authorized Cheque Plan (PAC) Request and Authorization

Complete this form if you want to:

- make **regular contributions** to your Registered Savings Plan (RSP), Tax-Free Savings Account (TFSA) or Non-Registered Savings Account (NRSA) directly from your bank account.
- begin, change, or stop contribution deductions from your bank account, or make a one-time, lump sum payment.

Send your completed form to:

M. A. Reuter Benefits Inc.
15 Sheldon Dr, Unit 4, Cambridge, ON, N1R 6R8

Your personal information

Plan Sponsor/Employer Reuters Benefits		Group policy number 41000033	Customer number		
Last name		First name		Middle initial	
Mailing address (number, street and apartment number)					
City	Province	Country	Postal Code	Telephone number*	Ext. *

*These fields are optional.

Note: This section is only required if making a contribution to your Non-Registered Savings Account or Tax-Free Savings Account.

Identity document

Government Issued Identification (choose one):

Canadian Passport	Birth Certificate	Driver's Licence	Canadian Citizenship Card	Other
Document Number:			Expiry Date:	
Issued by: (example: Ontario)				

Your contribution deduction information

Note: A minimum of \$25 per frequency is required.

I would like to: <input type="checkbox"/> Begin deductions <input type="checkbox"/> Change deductions <input type="checkbox"/> Stop deductions		
I hereby authorize Manulife Financial to deduct from my bank account and allocate to my savings account	\$	Please start contributions on (ddd/mm/yyyy)

Tell us how often - Please indicate how frequently you would like to contribute to your Savings account.

<input type="checkbox"/> Weekly (withdraw from my account weekly, beginning on the date specified above.)	<input type="checkbox"/> Every two weeks (withdraw from my account every two weeks, beginning on the date specified above.)	<input type="checkbox"/> Monthly (withdraw from my account monthly, beginning on the date specified above.)
<input type="checkbox"/> Month end (withdraw on the last business day of each month, beginning on the date specified above.)	<input type="checkbox"/> Quarterly (withdraw from my account every three months, beginning on the date specified above.)	<input type="checkbox"/> One-time lump sum contribution (withdraw from my account within 2 business days following receipt by Manulife Financial.)

Your banking information

To verify your banking information, please attach a blank cheque marked VOID. Manulife Financial is hereby authorized to begin deducting contributions from your account once we have received and verified your banking information.

Name of bank (exact name where account is being held)				
Address of bank (where account is being held)				
City/town	Province	Postal code	Telephone number	Ext
Transit number	Account number		Account type	
Name of depositors as on bank records (last, first, middle initial)				
Name of depositors as on bank records (last, first, middle initial)				

The minimum amount you can invest in a fund is 5%.

Percentages must be in whole numbers

If your plan offers Group IncomePlus note, this option is intended to provide you with guaranteed retirement income. Before you select Group IncomePlus, review The Bold Print for more information.

If your one-time lump sum contribution is directed towards Group IncomePlus, please remember that a contribution exceeding 20% of your Guaranteed Income Base will reset your Minimum Five(5) Year Holiday period whether you make one large contribution or a series of smaller transfers and contributions.

Your lump sum contribution

Please process this contribution using the following fund direction:

Same as my current fund direction

OR

As I have indicated below

Total amount of contribution \$ _____

Investment direction(s) for Pre-Authorized Cheque Request

Fund code names and contribution details appear online at www.manulife.ca/GRO or in the Group Investment Report.

Fund code	Fund name	\$	%
		\$	%
		\$	%
		\$	%
		\$	%
		\$	%
		\$	%
		\$	100%

Must equal 100%

For a joint account that requires multiple signatures, all depositors must sign this authorization.

Please sign here

I request and authorize Manulife Financial to debit my bank account listed on page 1 for a pre-authorized Chequing (PAC) plan (Funds Transfer PAC). I further authorize the financial institution indicated on Page 1 to process these withdrawals in accordance with instructions provided by Manulife Financial. It is understood and agreed that:

1. My 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. My account authorization may be terminated by me 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
 Group Savings & Retirement Solutions - Client Services, KC-6
 PO BOX 396 STATION WATERLOO
 WATERLOO ON N2J 4A9

Fax: 1-519-747-6895

3. If, for any reason, a withdrawal against my account is not honoured, I understand Manulife Financial reserves the right to charge a fee of \$25 for handling these returned items (as may be amended from time to time).
4. I understand that I have certain recourse rights if any debit does not comply with this agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAC Agreement. Contact Manulife Financial or visit www.cdnpay.ca to obtain more information on your recourse rights, or cancellation rights.

I hereby certify that the information on this form is correct to the best of my knowledge.

If I have selected Group IncomePlus, I acknowledge that I have read and understand The Bold Print and by signing below, I agree to the terms, conditions and fees applicable to that option.

Signature of bank depositor (on bank records)	Date signed (ddd/mm/yyyy)
Signature of bank depositor (on bank records)	Date signed (ddd/mm/yyyy)
Your signature	Date signed (ddd/mm/yyyy)

Example

