

# Personal Deposit Account Application

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This application is to be used for one or more of the following accounts:

- Personal Advantage Account
- Personal \$US Advantage Account
- Personal Guaranteed Investment Certificates (GICs)
- Retirement Savings Plan (Advantage Account & GICs)
- Retirement Income Fund (Advantage Account & GICs)

*For Tax-Free Savings Accounts, please complete Tax-Free Savings Account Application (AB0490E).*

*This application is not to be used for Business accounts. Please complete Deposit Account Application for Trusts and Estates (AB0908E) or for other types of business accounts, Business Deposit Account Application (AB0211E).*

**Manulife Bank of Canada**

500 King Street North  
Waterloo ON N2J 4C6  
Fax: 1-866-840-6425

## Questions?

*If you have questions, please contact  
Manulife Bank at:*

**1-800-567-9170**

## 1 Primary Owner (for registered products, Owner implies Annuitant.)

☐ Mr.
 ☐ Mrs.
 ☐ Miss
 ☐ Ms
 ☐ Other

Owner's name (last, first, middle initial)			Date of birth (mmm/dd/yyyy)		Social Insurance Number <i>Cannot start with a 9 (temporary SIN)</i>
Home address (number, street, apartment) <i>Address cannot be PO Box. Physical address required.</i>					
City	Province	Postal code	Country of residence		
Email address		Home phone number		Mobile phone number	

### Regulatory Information

Are you a tax resident of Canada? ☐ No ☐ Yes

Are you a U.S. citizen or U.S. resident for U.S. tax purposes?  
☐ No ☐ Yes If yes, provide social security number (SSN) or individual taxpayer identification number (ITIN)

SSN or ITIN

Are you a tax resident of a jurisdiction(s) other than Canada or the United States?  
☐ No ☐ Yes If yes, please complete the International Tax Reporting for Individuals form (AB0804E).

Have you or any close relative or close associate ever held a senior position in a government, political party, military or government-owned corporation, or are currently or in the past 5 years, held the position of the head of an international organization?  
☐ No ☐ Yes If yes, please complete the Politically Exposed Person Disclosure form (AB0707E).

**Please provide one valid Canadian government issued photo ID verified in person.** If photo ID is not provided or if the Primary Owner is using this form to add a Joint Owner, please complete the Identification Verification Form and Signature Card (AB0487E).

☐ Canadian Driver's Licence
 ☐ Canadian Passport
 ☐ Canadian Provincial or Territorial Identification
 ☐ Canadian Citizenship Card (issued prior to 2012)
 ☐ Other Canadian photo ID (specify) \_\_\_\_\_

Document number	Issuing Jurisdiction (Province)	Issuing Country <b>Canada</b>	Expiry date (mmm/dd/yyyy)	Date verification was made (mmm/dd/yyyy)
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**Employment status** – Please input the appropriate Industry and corresponding Occupation as outlined in AB0647E.

<input type="radio"/> Employed <input type="radio"/> Unemployed <input type="radio"/> Student <input type="radio"/> Retired	Occupation	Industry
	Employer name	

## 2 Joint Owner (not applicable for registered accounts)

☐ Mr.
 ☐ Mrs.
 ☐ Miss
 ☐ Ms
 ☐ Other

Joint owner's name (last, first, middle initial)			Date of birth (mmm/dd/yyyy)		
Social Insurance Number <i>Cannot start with a 9 (temporary SIN)</i>			Relationship to owner		
Home address (number, street, apartment) <i>Address cannot be PO Box. Physical address required.</i>					
City	Province	Postal code	Country of residence		
Email address		Home phone number		Mobile phone number	

### Regulatory Information

Are you a tax resident of Canada? ☐ No ☐ Yes

Are you a U.S. citizen or U.S. resident for U.S. tax purposes?  
☐ No ☐ Yes If yes, provide social security number (SSN) or individual taxpayer identification number (ITIN)

SSN or ITIN

Are you a tax resident of a jurisdiction(s) other than Canada or the United States?  
☐ No ☐ Yes If yes, please complete the International Tax Reporting for Individuals form (AB0804E).

Have you or any close relative or close associate ever held a senior position in a government, political party, military or government-owned corporation, or are currently or in the past 5 years, held the position of the head of an international organization?  
☐ No ☐ Yes If yes, please complete the Politically Exposed Person Disclosure form (AB0707E).

## 2 Joint Owner (continued)

Please provide one valid Canadian government issued photo ID verified in person. If photo ID is not provided or if the Primary Owner is using this form to add a Joint Owner, please complete the Identification Verification Form and Signature Card (AB0487E).

- ☐ Canadian Driver's Licence    ☐ Canadian Passport    ☐ Canadian Provincial or Territorial Identification    ☐ Canadian Citizenship Card (issued prior to 2012)  
☐ Other Canadian photo ID (specify) \_\_\_\_\_

Document number	Issuing Jurisdiction (Province)	Issuing Country <b>Canada</b>	Expiry date (mmm/dd/yyyy)	Date verification was made (mmm/dd/yyyy)
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**Employment status** – Please input the appropriate Industry and corresponding Occupation as outlined in AB0647E.

<input type="radio"/> Employed <input type="radio"/> Unemployed <input type="radio"/> Student <input type="radio"/> Retired	Occupation	Industry
	Employer name	

### Signing instructions

- ☐ Please check here if you require all applicants to sign. **Note:** Access Card is not available if all applicants must sign.

## 3 Representative Information and Assertions

I confirm that I have seen the authentic, valid and current identity verification documentation presented by the Owner(s). I have completed and attached the Third Party Identification form (AB0321E), if I have reasonable grounds to suspect the Owner(s) is/are opening the Account/Investment on behalf of or for the benefit of a third party. I also undertake to inform Manulife Bank if I become aware that the Account/Investment is being operated for the benefit of a third party. I confirm that I have delivered to the Owner(s) the Account Operating Agreement and the Manulife Bank Services and Fees Guide – Personal Accounts (AB0178E) and Declaration of Trust (for registered products) which sets out the charges applicable to the Account.

**Saskatchewan Deposit Agents Only:** I confirm that I am a Deposit Agent for Guaranteed Investment Certificates and registered products for Manulife Bank in the Province of Saskatchewan. I hereby declare that I hold in trust all funds or certificates delivered or issued under this application for the Owner(s) signing.

Did the individual(s) initiate a new relationship with you for the purpose of opening this account? ☐ No ☐ Yes

If **yes:** ☐ Individual(s) referred by someone I know ☐ Individual(s) came to me directly

Advisor			Manulife Bank Representative	
Agent name (last and first)		Representative code	Representative name (last and first)	Sales code
Telephone number	Ext.	Fax number	Signature	Date (mmm/dd/yyyy)
Email address				
Signature		Date (mmm/dd/yyyy)		

### Next steps:

- Complete the applicable products page(s) for the account(s) your client would like to apply for and submit with the completed *Client Information* page.
- Provide a copy of this application to your client(s) and the Operating Agreement as well as the Declaration of Trust (registered products).
- Follow the appropriate instructions below for the method of the initial deposit:
  - Funds Transfer:** Fax the completed application and a copy of the personalized VOID cheque to the fax number on the cover page.
  - NOTE:** The cheque must be preprinted with the client's full name. If a preprinted cheque is not available, then a Pre-Authorized Debit form or Bank Account Confirmation form completed and stamped by the other Canadian financial institution is required.
  - Cheque:** Mail the completed application and the client's initial deposit cheque to the address on the cover page.
  - Local Area Banking:** Fax the completed application, stamped copy of the NDDS and a photocopy of the cheque you deposited to the fax number on the cover page.
- Ensure you attach any supplementary forms required as indicated throughout this application.
- If a Power of Attorney is signing the application, please include a copy of the Power of Attorney document and complete the Identification Verification Form and Signature Card (AB0487E).

**Visit [manulife.ca/advisors](http://manulife.ca/advisors) for additional assistance and tips including rate guarantees, using local area banking and settling estate accounts.**

## 1 Client(s) (must be completed for existing Manulife Bank clients)

Owner's name (last, first, middle initial)	Manulife Bank account number (for existing clients only)
Joint owner's name (last, first, middle initial)	

## 2 Deposit Accounts – Please select all the products you are applying for. The total of all Deposit Amounts should equal the initial deposit.

### ☐ Advantage Account (\$CDN)

Deposit Amount	Variable interest rate	Source of deposit
\$	%*	<input type="radio"/> Funds Transfer (complete Section 3) <input type="radio"/> Cheque <input type="radio"/> Local Area Banking

### ☐ \$US Advantage Account

Deposit Amount	Variable interest rate	Source of deposit	Please ensure you attach a personalized cheque that is drawn on your \$US account at a Canadian financial institution.
\$	%*	<input type="radio"/> Funds Transfer (complete Section 3) <input type="radio"/> Cheque	

\* Advantage Account variable annual interest rate(s) applicable to this account(s) is posted at manulifebank.ca, additional terms and conditions may apply. Interest is calculated daily and paid monthly.

### ☐ Short-Term Guaranteed Investment Certificate (30-364 days – minimum \$25,000)

**Interest is compounded annually and paid at maturity. Redeemable prior to maturity. For redemptions, a 1.25% rate reduction and \$25 fee applies.**

Deposit Amount	Term (days)	Issue date (mmm/dd/yyyy)	Maturity date (mmm/dd/yyyy)	Fixed interest rate	Maturity instructions
\$					

### ☐ Long-Term Guaranteed Investment Certificate (1-5 years – minimum \$2,500)

**Interest is compounded annually and paid at maturity, non-redeemable prior to maturity.**

Deposit Amount	Term (years)	Issue date (mmm/dd/yyyy)	Maturity date (mmm/dd/yyyy)	Fixed interest rate	Interest option	Maturity instructions
\$					<input type="radio"/> Annual <input type="radio"/> Semi-annual <input type="radio"/> Monthly <input type="radio"/> Compound	
\$					<input type="radio"/> Annual <input type="radio"/> Semi-annual <input type="radio"/> Monthly <input type="radio"/> Compound	
\$					<input type="radio"/> Annual <input type="radio"/> Semi-annual <input type="radio"/> Monthly <input type="radio"/> Compound	

Your GIC will be issued on the Issue date and the Fixed interest rate specified above only if Manulife Bank receives your payment on or before the Issue date. Investments are non-transferable and non-assignable. Manulife Bank will adjust the Maturity date forward if it falls on a weekend or holiday. Direct deposits will be made to the Manulife Bank account associated with this application. If no Maturity instructions are provided, the investment will be reinvested for the same term at the fixed interest rate offered at that time. A ten (10) business day cancellation option applies.

## 3 Funds Transfer – Complete only for Advantage Accounts (\$CDN and \$US)

Attach a personalized cheque drawn on your account at a Canadian financial institution to this application made payable to yourself or marked VOID. Manulife Bank will link that account so you have the option to transfer funds to and from your new Manulife Bank account. For \$US accounts, you must attach a personalized cheque that is drawn on your \$US account at a Canadian financial institution.

### Transfer Instructions:

Regular fund transfers can help you reach your savings goal faster. Complete the following section to authorize an initial deposit or transfers from the account detailed on the personal cheque included with your application to transfer funds into your Manulife Bank account: (Please leave blank if you do not wish to arrange a transfer at the date of this application.)

Amount	Product Type	Start date (mmm/dd/yyyy)	End date (mmm/dd/yyyy)	<input type="radio"/> One-time transfer <input type="radio"/> Semi-monthly (1 <sup>st</sup> & 15 <sup>th</sup> ) <input type="radio"/> Bi-weekly	<input type="radio"/> Monthly <input type="radio"/> Weekly
\$	<input type="radio"/> \$CDN <input type="radio"/> \$US				
Amount	Product Type	Start date (mmm/dd/yyyy)	End date (mmm/dd/yyyy)	<input type="radio"/> One-time transfer <input type="radio"/> Semi-monthly (1 <sup>st</sup> & 15 <sup>th</sup> ) <input type="radio"/> Bi-weekly	<input type="radio"/> Monthly <input type="radio"/> Weekly
\$	<input type="radio"/> \$CDN <input type="radio"/> \$US				

**Note:** If a personalized cheque is not available, then a Pre-Authorized Debit form or Bank Account Confirmation form completed by your current financial institution is required to verify the account information. Fund transfers can only be set up with a bank account at another Canadian financial institution that offers this service. I/We undertake to inform Manulife Bank, in writing, of any change to the Linked Account information provided in this Application at least five (5) business days prior to the next due date of a fund transfer.

#### 4 Additional Services – Complete only for Advantage Account (\$CDN)

Internet, Mobile and Telephone banking are provided to all Advantage Account clients. Select any additional services:

- ☐ **Access Card** (Debit card for ATM and retail purchases)  
Access cards are not available for account owners under the age of 16 unless accompanied by parental consent.
- ☐ **Deposit slips** (please allow 4-6 weeks for delivery.)
- ☐ **Personalized cheques** (Fee applies. Please contact us for current pricing.)  
☐ 50   ☐ 50 Duplicate   ☐ 100   ☐ 100 Duplicate

#### 5 Statements – Complete only for Advantage Accounts (\$CDN and \$US)

Please indicate how you'd like to receive your statements (select one):

**e-Statements**   ☐ Monthly   ☐ Semi-annually

I/We consent to receiving e-Statements and agree to the terms and conditions available online at [manulifebank.ca/estatemnts](http://manulifebank.ca/estatemnts).

I/We understand that if an email address(es) is/are provided on this application, an email notification will be sent when the e-Statement is ready.

**Paper statements**   ☐ Monthly (fee applies)   ☐ Semi-annually

I/We would like to receive paper statements.

#### 6 Regulatory Information

Will this account be used by or on behalf of a third party?

	Advantage Account (\$CDN)	\$US Advantage Account	Guaranteed Investment Certificate
<b>No</b> – This account will be used under the instruction of the account owner(s).	<input type="radio"/> No	<input type="radio"/> No	<input type="radio"/> No
<b>Yes</b> – This account will be used under the instruction of someone else.	<input type="radio"/> Yes	<input type="radio"/> Yes	<input type="radio"/> Yes

If yes, you must complete the Third Party Identification form (AB0321E), and attach/submit it with your application.

What is the intended use of the account?

Advantage Account (\$CDN)	<input type="radio"/> Daily banking <input type="radio"/> Emergency fund <input type="radio"/> Education	<input type="radio"/> Savings <input type="radio"/> Retirement savings <input type="radio"/> Vehicle purchase	<input type="radio"/> Household expenses <input type="radio"/> Vacation/Leisure <input type="radio"/> Home purchase	<input type="radio"/> Investment
\$US Advantage Account	<input type="radio"/> Savings <input type="radio"/> Vacation/Leisure	<input type="radio"/> Investment <input type="radio"/> Education	<input type="radio"/> Emergency fund <input type="radio"/> Vehicle purchase	<input type="radio"/> Retirement savings <input type="radio"/> Home purchase
Guaranteed Investment Certificate	<input type="radio"/> Savings <input type="radio"/> Education	<input type="radio"/> Investment <input type="radio"/> Vehicle purchase	<input type="radio"/> Retirement savings <input type="radio"/> Home purchase	<input type="radio"/> Vacation/Leisure

#### 7 Quebec Residents Only

I/We acknowledge that I/we were provided with the French version of this application. I/We have expressly requested that this application be drawn up in English. I/We further acknowledge pursuant to Quebec laws, I/we will receive all documents provided as part of this application or required to fully complete this application in English and French and all further related documentation will be sent exclusively in English.

#### 8 Signatures

- I/We hereby acknowledge that I/we have received an Account Operating Agreement and the Manulife Bank Services and Fees Guide – Personal Accounts (AB0178E) that sets out the charges applicable to my/our Account and agree to be bound by the terms and conditions governing these services as set out in the Operating Agreement and consent to the collection, use and disclosure of my/our personal information, in accordance with the terms of the Personal Information Statement.
- I/We agree that Manulife Bank may refer to my/our credit file, for identification purposes, when they are unable to satisfy their identification requirements with the information provided in this form.
- I/We acknowledge that my/our Representative may receive compensation.
- An acknowledgement of my/our Account will be sent to me/us within 15 days of receipt by Manulife Bank. If I/we do not receive such acknowledgement, I/we should make further inquiries.
- I/We certify that the information provided is true and complete and in order to keep my/our file current, I/we will advise Manulife Bank of any changes to the information provided in the application within 30 days.

Primary owner signature	Date (mmm/dd/yyyy)
Joint owner signature	Date (mmm/dd/yyyy)

## 1 Client(s) (must be completed for existing Manulife Bank clients)

Owner's name (last, first, middle initial)

Manulife Bank account number (for existing clients only)

## 2 Contribution/Transfer Instructions

RSP contribution/transfer amount

\$

RSP contribution date (mmm/dd/yyyy)

### Contribution/transfer type (check one)

☐ Regular contribution

☐ LIRA/Locked-in RRSP transfer

☐ Retirement allowance

☐ RRSP transfer

☐ Locked-in pension transfer

☐ Locked-in marriage breakdown transfer

☐ Pension transfer

☐ Refund of premium transfer

☐ Marriage breakdown transfer

## 3 Type of Registered Plan

☐ Retirement Savings Plan

☐ Locked-in Plan

☐ Spousal RSP (complete the following)

Contributing spouse's/common-law partner's name (last, first, middle initial)

Social Insurance Number (mandatory)

**Note:** All income tax receipts for Spousal RSP contributions will be issued in the spouse's/common-law partner's name.

## 4 Investment Details – Please select all the products you are applying for.

*The total of all Deposit Amounts should equal the initial deposit.*

☐ Registered Advantage Account

Deposit Amount

Variable interest rate

Source of deposit

\$

%\*

☐ Funds Transfer  
(complete Section 5)

☐ Cheque

☐ Local Area Banking

\* Advantage Account variable annual interest rate(s) applicable to this account(s) is posted at manulifebank.ca, additional terms and conditions may apply. Interest is calculated daily and paid monthly.

☐ Short-Term Guaranteed Investment Certificate (30-364 days – minimum \$25,000)

**Interest is compounded annually and paid at maturity. Redeemable prior to maturity. For redemptions, a 1.25% rate reduction and \$25 fee applies.**

Deposit Amount	Term (days)	Issue date (mmm/dd/yyyy)	Maturity date (mmm/dd/yyyy)	Fixed interest rate	Maturity instructions
\$					
\$					

☐ Long-Term Guaranteed Investment Certificate (1-5 years – minimum \$2,500)

**Interest is compounded annually and paid at maturity, non-redeemable prior to maturity.**

Deposit Amount	Term (years)	Issue date (mmm/dd/yyyy)	Maturity date (mmm/dd/yyyy)	Fixed interest rate	Maturity instructions
\$					
\$					

Your GIC will be issued on the Issue date and the Fixed interest rate specified above only if Manulife Bank receives your payment on or before the Issue date. The terms and investment may not exceed the maturity date for a locked-in plan. Investments are non-transferable and non-assignable. Manulife Bank will adjust the maturity date forward if it falls on a weekend or holiday. Direct deposits will be made to the Manulife Bank account associated with this application. If no Maturity instructions are provided, the investment will be reinvested for the same term at the fixed interest rate offered at that time. A ten (10) business day cancellation option applies.

## 5 Funds Transfer – Complete only for Registered Advantage Accounts

Attach a personalized cheque drawn on your account at a Canadian financial institution to this application made payable to yourself or marked VOID. Manulife Bank will link that account so you have the option to transfer funds to and from your new Manulife Bank account.

### Transfer Instructions:

Regular fund transfers can help you reach your savings goal faster. Complete the following section to authorize an initial deposit or transfers from the account detailed on the personal cheque included with your application to transfer funds into your Manulife Bank account: (Please leave blank if you do not wish to arrange a transfer at the date of this application.)

Amount	Start date (mmm/dd/yyyy)	End date (mmm/dd/yyyy)	<input type="radio"/> One-time transfer	<input type="radio"/> Monthly
\$			<input type="radio"/> Semi-monthly (1 <sup>st</sup> & 15 <sup>th</sup> )	<input type="radio"/> Weekly
			<input type="radio"/> Bi-weekly	

**Note:** If a personalized cheque is not available, then a Pre-Authorized Debit form or Bank Account Confirmation form completed by your current financial institution is required to verify the account information. Fund transfers can only be set up with a bank account at another Canadian financial institution that offers this service. I undertake to inform Manulife Bank, in writing, of any change to the Linked Account information provided in this Application at least five (5) business days prior to the next due date of a fund transfer.

## 6 Statements – Please indicate how you'd like to receive your semi-annual statements (select one):

☐ **e-Statements** I consent to receiving e-Statements and agree to the terms and conditions available online at [manulifebank.ca/estatemnts](http://manulifebank.ca/estatemnts). I understand that if an email address is provided on this application, an email notification will be sent when the e-Statement is ready.

☐ **Paper statements** I would like to receive paper statements.

Internet, Mobile and Telephone banking are all provided when the RSP is set-up.

## 7 Beneficiary Information (where permitted by law)

Your designation of a beneficiary will not be revoked or changed automatically by any future marriage, divorce or relationship breakdown. Should you wish to change your beneficiary you will have to do so by means of a new designation.

Beneficiary name (last, first, middle initial)	Relationship to Account owner	Designated %
Beneficiary name (last, first, middle initial)	Relationship to Account owner	Designated %
Beneficiary name (last, first, middle initial)	Relationship to Account owner	Designated %
Beneficiary name (last, first, middle initial)	Relationship to Account owner	Designated %

If you have not designated exactly 100%, any surplus or shortfall will be shared *pro rata* among your surviving beneficiaries. **Must total 100%**

I, hereby REVOKE any previous designation of beneficiary(ies) which I may have made for the above Account.

I DESIGNATE the person(s) I have named above as beneficiary(ies) to receive the proceeds of the Account upon my death in accordance with the Account terms and the Declaration of Trust and of applicable law.

I DIRECT the Trustee to administer the proceeds in accordance with the Declaration of Trust. If I designate more than one person above, the proceeds will be divided among the persons named above in the percentage of shares I indicated above; if the percentages are not clear, the proceeds will be divided equally among my surviving named beneficiaries; if the percentages do not total 100%, then any surplus or shortfall will be shared *pro rata* amongst my surviving named beneficiaries. Should any named beneficiary not survive me, his/her share will be divided equally among those designated beneficiaries that do survive me. If only one beneficiary survives me or if I designate only one beneficiary, that person will receive all the proceeds. If no person survives me or I make no beneficiary designation, the proceeds will be distributed to my estate. I acknowledge that the Declaration of Trust provides that, prior to making any payments, the Trustee may require evidence satisfactory that this designation has not been subsequently revoked or amended by me and that such evidence may include letters of probate or similar documents.

## 8 Quebec Residents Only

I acknowledge that I was provided with the French version of this application. I have expressly requested that this application be drawn up in English. I further acknowledge pursuant to Quebec laws, I will receive all documents provided as part of this application or required to fully complete this application in English and French and all further related documentation will be sent exclusively in English.

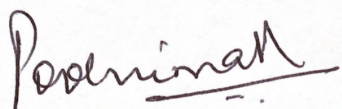
## 9 Signatures

- I hereby acknowledge that I have received an Account Operating Agreement and the Declaration of Trust and agree to be bound by the terms and conditions governing these services as set out in the Operating Agreement and consent to the collection, use and disclosure of my personal information, in accordance with the terms of the Personal Information Statement.
- I agree that Manulife Bank may refer to my credit file, for identification purposes, when they are unable to satisfy their identification requirements with the information provided in this form.
- I acknowledge that my Representative may receive compensation.
- I request The Canada Trust Company (the "Trustee") to act as Trustee of my Manulife Bank of Canada Retirement Savings Plan ("the Plan") and to apply for registration of the Plan under the *Income Tax Act* (Canada) and any applicable provincial income tax legislation. I am aware certain tax consequences may result if I fail to operate my Plan in accordance with the terms and conditions of this Agreement and the Declaration of Trust. If at any time in the future I am no longer a resident of Canada I will notify the Bank as this may affect the status of my Account.
- An acknowledgement of my Account will be sent to me within 15 days of receipt by Manulife Bank. If I do not receive such acknowledgement, I should make further inquiries.
- I certify that the information provided is true and complete and in order to keep my file current, I will advise Manulife Bank of any changes to the information provided in the application within 30 days.
- Any information provided in this application about my spouse/common-law partner is provided with his/her consent.

Owner (Annuitant) signature

Date (mmm/dd/yyyy)

Authorized signature



Poornima Bhattacharyya, VP, Operations, Manulife Bank  
Accepted by Manulife Bank.  
As Agent for The Canada Trust Company, Trustee.

## 1 Client(s) (must be completed for existing Manulife Bank clients)

Owner's name (last, first, middle initial)

Manulife Bank account number (for existing clients only)

## 2 Account Type

☐ Individual RIF

☐ Spousal RIF (complete following)

Spouse's/common-law partner's name (last, first, middle initial)

Date of birth (mmm/dd/yyyy)

Social Insurance Number

## 3 Source of Funds

☐ Internal registered transfer

Manulife Bank account number

☐ External registered transfer

Name of financial institution

## 4 Investment Details – Please select all the products you would like to invest your initial deposit in.

The total of all Deposit Amounts should equal the initial deposit.

☐ Retirement Income Advantage Account

Deposit Amount \$

Variable interest rate

%\*

\* Advantage Account variable annual interest rate(s) applicable to this account(s) is posted at manulifebank.ca, additional terms and conditions may apply. Interest is calculated daily and paid monthly.

☐ Short-Term Guaranteed Investment Certificate (30-364 days – minimum \$25,000)

Interest is compounded annually and paid at maturity. Redeemable prior to maturity. For redemptions, a 1.25% rate reduction and \$25 fee apply.

☐ Long-Term Guaranteed Investment Certificate (1-5 years – minimum \$2,500)

Interest is compounded annually and paid at maturity, non-redeemable prior to maturity.

Deposit Amount	Term (years or days)	Issue date (mmm/dd/yyyy)	Maturity date (mmm/dd/yyyy)	Fixed interest rate	Maturity instructions
\$					
\$					
\$					
\$					

Your GIC will be issued on the Issue date and the Fixed interest rate specified above only if Manulife Bank receives your payment on or before the Issue date. Investments are non-transferable and non-assignable. Manulife Bank will adjust the Maturity date forward if it falls on a weekend or holiday. Direct deposits will be made to the Manulife Bank account associated with this application. If no Maturity instructions are provided, the investment will be reinvested for the same term at the fixed interest rate offered at that time. A ten (10) business day cancellation option applies.

## 5 Payment Details

Payments calculated based on: ☐ Age of Annuitant

☐ Age of Spouse or Common-Law Partner

(Please select one of the two options)

(ensure you have completed spouse's/common-law partner's information in section 2)

Payment amount:

☐ Minimum amount

☐ Specified fixed amount

Gross: \$

OR

Net: \$

☐ Indexed \$

(gross) increased by % annually

Withholding Tax: Only complete this if you would like additional taxes withheld.

☐ Client specified amount (must be greater than legislated amount)

Federal %

Provincial (Quebec residents only) %

Payment frequency:

☐ Monthly

☐ Quarterly

☐ Semi-Annually

☐ Annually

Payment date:

First payment

Year

Month

Day

OR

☐ last day of month

Payment method:

☐ Direct deposit to Advantage Account



☐ Existing Manulife Bank account number

☐ Open a new Advantage Account (complete the following questions and include the Client Information page within this application)

1. What is the intended use of the new Advantage Account?

☐ Daily banking

☐ Savings

☐ Household expenses

☐ Investment

☐ Emergency fund

☐ Vacation/Leisure

2. Will this account be used by or on behalf of a third party?

☐ No

☐ Yes

If yes, please complete the Third Party Identification form (AB0321E)

☐ External Funds Transfer (attach a personalized cheque drawn on your account at a Canadian financial institution)

☐ Cheque (only available for annual payment frequency)

**Note:** If a VOID cheque is not available, then a Pre-Authorized Debit form or Bank Account Confirmation form completed by your current financial institution is required to verify the account information. Funds transfers can only be set up with a bank account at another Canadian financial institution that offers this service. I undertake to inform the Bank, in writing, of any change to the Linked Account information provided in this Application at least five (5) business days prior to the next due date of a funds transfer.



## 6 Statements – Please indicate how you'd like to receive your semi-annual statements (select one):

- ☐ **e-Statements** I consent to receiving e-Statements and agree to the terms and conditions available online at [manulifebank.ca/estatements](http://manulifebank.ca/estatements). I understand that if an email address is provided on this application, an email notification will be sent when the e-Statement is ready.
- ☐ **Paper statements** I would like to receive paper statements.

Internet, Mobile and Telephone banking are all provided when the RIF is set-up.

## 7 Successor Annuitant or Beneficiary Information (where permitted by law)

Your designation of a successor annuitant or beneficiary will not be revoked or changed automatically by any future marriage, divorce or relationship breakdown. Should you wish to change your successor annuitant or beneficiary you will have to do so by means of a new designation.

**Successor annuitant:** Only your spouse or common-law partner, as defined by the *Income Tax Act* (Canada), can be a Successor Annuitant. In the event of your death, the name on the Account is changed to the name of the Successor Annuitant, who will continue to hold and operate the RIF as their own.

**Successor annuitant designation** ☐ Mr. ☐ Mrs. ☐ Miss ☐ Ms ☐ Other ▶

Successor Annuitant (last, first, middle initial)

### Beneficiary designation

Beneficiary name (last, first, middle initial)	Relationship to Account holder	Designated %
Beneficiary name (last, first, middle initial)	Relationship to Account holder	Designated %

If you have not designated exactly 100%, any surplus or shortfall will be shared *pro rata* among your surviving beneficiaries. **Must total 100%**

I hereby REVOKE any previous designation of successor annuitant and/or beneficiary which I may have made for the above Account.

I DESIGNATE the person(s) I have named above as successor annuitant/beneficiary(ies) to receive the proceeds of the Account upon my death in accordance with the Account terms and Declaration of Trust and of applicable law.

I DIRECT the Trustee to administer the proceeds in accordance with the Declaration of Trust. Among other things, this means that upon my death, and if I do not designate a successor annuitant who survives me, the Trustee will distribute the net proceeds of the Account in accordance with the operative beneficiary designation, if any. If I designate more than one person above, the proceeds will be divided among the persons named above in the percentage of the shares I indicated above; if the percentages are unclear, the proceeds will be divided equally among my surviving name beneficiaries; if the percentages do not total 100%, then any surplus or shortfall will be shared *pro rata* amongst my surviving beneficiaries. Should any named beneficiary not survive me, his/her share will be divided equally among those designated beneficiaries that do survive me. If only one beneficiary survives me or if I designate only one beneficiary, that person will receive all the proceeds. If no person survives me or I make no beneficiary designation, the proceeds will be distributed to my estate. I acknowledge that the Declaration of Trust provides that, prior to making any payments, the Trustee may require evidence satisfactory that this designation has not need revoked or amended by me and that such evidence may include letters probate or similar documents.

## 8 Quebec Residents Only

I acknowledge that I was provided with the French version of this application. I have expressly requested that this application be drawn up in English. I further acknowledge pursuant to Quebec laws, I will receive all documents provided as part of this application or required to fully complete this application in English and French and all further related documentation will be sent exclusively in English.

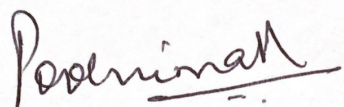
## 9 Signatures

- I hereby acknowledge that I have received an Account Operating Agreement and the Declaration of Trust and agree to be bound by the terms and conditions governing these services as set out in the Operating Agreement and consent to the collection, use and disclosure of my personal information, in accordance with the terms of the Personal Information Statement.
- If I requested a new non-registered Advantage Account with this application I acknowledge that I have received the Manulife Bank Services and Fees Guide - Personal Accounts (AB0178E) and confirm I am opening this account for myself; no one else will use or benefit from this account.
- I agree that, if the information provided in this form does not satisfy their requirements, Manulife Bank may refer to my credit file for additional information needed to confirm my identity.
- I acknowledge that, if currently served by a Representative, he/she may receive compensation.
- I request The Canada Trust Company (the "Trustee") to act as Trustee of my Manulife Bank of Canada Retirement Income Fund (the "Fund") and to apply for registration of the Fund under the *Income Tax Act* (Canada) and any applicable provincial income tax legislation. I am aware certain tax consequences may result if I fail to operate my Fund in accordance with the terms and conditions of this Agreement and the Declaration of Trust. If at any time in the future I am no longer a resident of Canada I will notify the Bank as this may affect the status of my Account.
- An acknowledgement of my account will be sent to me within 15 days of receipt by Manulife Bank. If I do not receive such acknowledgement, I should make further inquiries.
- I certify that the information provided is true and complete and in order to keep my file current, I will advise Manulife Bank of any changes to the information provided in the Application within 30 days.
- Any information provided in this Application about my spouse/common-law partner is provided with his/her consent.

Owner (Annuitant) signature

Date (mmm/dd/yyyy)

Authorized signature



Poornima Bhattacharyya, VP, Operations, Manulife Bank  
Accepted by Manulife Bank. As Agent for The Canada Trust Company, Trustee.