



# Tax-Free Savings Account Application

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This application is used for the Tax-Free Advantage Account and Tax-Free Guaranteed Investment Certificates (GIC).

**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 Account Holder Information *(all Manulife Bank correspondence will be sent to this address)*

Last name, Date of birth and Social Insurance Number must match what is on file with Canada Revenue Agency in order for your TFSA to be registered. The Social Insurance Number cannot start with a 9 (temporary SIN).

☐ Mr. ☐ Mrs. ☐ Miss ☐ Ms ☐ Other ▶

Account Holder's name (last, first and middle)	Date of birth (mmm/dd/yyyy)	Social Insurance Number (mandatory)
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Home address (number, street, apartment) **(Address cannot be PO Box. Physical address required)**

City	Province	Postal code
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Email address	Country of residence	Home phone number	Mobile phone number
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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, 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 Contribution/Transfer Instructions

Contribution/transfer amount \$	<b>Contribution/transfer type (check one)</b> <input type="radio"/> Contribution <input type="radio"/> Marriage breakdown transfer <input type="radio"/> TFSA transfer <input type="radio"/> Spousal transfer (at death)
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## 3 Investment Details – The total of all Deposit Amounts should equal the initial deposit.

If the deposit is coming from someone other than yourself, please complete the Tax-Free Savings Account Third Party Declaration form (AB0865E).

☐ Tax-Free Advantage Account

Deposit Amount \$	Variable interest rate %*	Source of deposit <input type="radio"/> Funds Transfer <input type="radio"/> Cheque <input type="radio"/> Local Area Banking
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\* Advantage Account variable annual interest rate applicable to this account is posted at manulifebank.ca, additional terms and conditions may apply. Interest is calculated daily and paid monthly.

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

**Interest is compounded annually and paid at maturity. Redemption prior to maturity is subject to market value adjustment and expense recovery fees.**

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. 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.

### Early Redemption fees for GICs

Manulife Bank Guaranteed Investment Certificates are locked-in for 1-year to 5-year terms. Early redemption of Tax-Free GICs prior to maturity is subject to market value adjustment and expense recovery fees. GICs must be redeemed in full; partial redemptions are not permitted. The market value adjustment fee is calculated as follows: market value adjustment fee = amount redeemed × (days to maturity / 365) × (current interest rate for the remaining GIC term length – the locked-in GIC interest rate). If interest rates have declined, the market value adjustment fee will be zero; no market value credit will be applied. The expense recovery fee is calculated as follows: expense recovery fee = amount redeemed × (days to maturity / 365) × 1%.

#### 4 Funds Transfer – Complete only for Tax-Free 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. Use the following section to authorize 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.

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

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

- ☐ **e-Statements** I consent to receiving e-Statements and agree to the terms and conditions available online at [manulifebank.ca/estatements](https://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.

#### 6 Successor Holder or Beneficiary Designation (where permitted by law)

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

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

☐ **Successor Holder designation (where permitted by law)**

In Quebec, the designation of a Successor Holder can only be made in a will or marriage contract.

☐ Mr. ☐ Mrs. ☐ Miss ☐ Ms ☐ Other ▶

Successor Holder (last, first, middle initial)

☐ **Beneficiary designation (where permitted by law)**

In Quebec, the designation of a beneficiary can only be made in a will or marriage contract.

If the beneficiary is a minor, please complete the Beneficiary and Successor Holder Designation form (AB0805E) to name a trustee.

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 Holder and/or beneficiary which I may have made for the above Account.

I DESIGNATE the person(s) I have named above as Successor Holder/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. Among other things, this means that upon my death, and if I do not designate a Successor Holder 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 shares I indicated above; if the percentages are unclear, 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 probate or similar documents.

#### 7 Regulatory Information

What is the intended use of this account?

☐ Investment ☐ Other (please be as specific as possible, i.e. saving for a vacation or living expenses)

Details

(Manulife Bank is required by law to determine the use of the Account; answers of “unknown” or “not applicable” are unacceptable and will result in processing delays.)

#### 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.

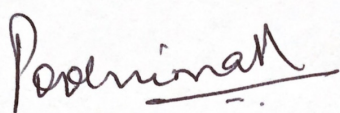
## 9 Signatures

- 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 and Declaration of Trust.
- 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 request The Canada Trust Company (the "Trustee") to act as Trustee of my Manulife Bank of Canada Tax-Free Savings Account (the "Account") and to file an election with the Minister of National Revenue to register the qualifying arrangement as a Tax-Free Savings Account under section 146.2 of the *Income Tax Act* (Canada) and any applicable provincial income tax legislation. If at any time in the future I am no longer a resident in Canada I will notify Manulife Bank as this may affect the status of my Account.
- 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.
- I acknowledge that my Representative may receive compensation.
- 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.

Account Holder 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.

## 10 Representative Information and Assertions

I confirm that I have seen the authentic, valid, and current identity verification documentation presented by the Account Holder. I have completed and attached the Third Party Identification (AB0321E), if I have reasonable grounds to suspect the Account Holder is 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 Account Holder the Account Operating Agreement and Declaration of Trust.

**Saskatchewan Deposit Agents Only:** I confirm that I am a Deposit Agent for Guaranteed Investment Certificates 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 Account Holder 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

Agent name (last and first)

Representative code

Telephone number

Fax number

Email address

Signature

Date (mmm/dd/yyyy)

### Manulife Bank Representative

Representative name (last and first)

Sales code

Signature

Date (mmm/dd/yyyy)

### Next steps:

- Submit the completed application to Manulife Bank for processing.
- Provide a copy of this application to your client along with the Operating Agreement and the Declaration of Trust.
- 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 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](https://manulife.ca/advisors) for additional assistance and tips including rate guarantees, an example of the early redemption fee calculation for GICs, using local area banking and settling estate accounts.**

### Note:

- If the source of the initial deposit is from another TFSA, please complete the Transfer Authorization for Registered Investments form (AB0164E) and send the original to the relinquishing institution.