

# Opening a GIC for an existing Manulife Bank Business client

## Using a Business Deposit Account Application

Manulife Bank's Guaranteed Investment Certificates (GICs) are a secure and simple investment option for your clients. This document describes what is required when an existing Manulife Bank client requests to open a GIC. Legislation such as Anti-Money Laundering (AML) and the Foreign Account Tax Compliance Act (FATCA) may require us to confirm existing client information to ensure we meet current regulatory requirements. Below you'll find a helpful checklist to ensure your requests are submitted In-Good-Order for timely processing.

When opening a new GIC for an existing Manulife Bank business client, please submit the [Business Deposit Account Application Kit - AB0211E](#). To ensure a quick and easy application process, we've listed each requirement and highlighted the required fields within the application below.

### Business Information:

#### 1: Business Information

- Legal name of the business
- Full mailing address (cannot be a PO Box)
- Provide the primary function or activity of the business. For a list of options, review the [Business function list \(AB0648E\)](#)

Manulife Bank		Business Information	
<b>1 Business Information</b>			
Legal name of business <b>ABC Company</b>	Operating As	For Quebec companies, provide the Quebec Enterprise Number (QEN) if available. QEN:	
Mailing address (number, street, apartment) <i>Address cannot be PO Box. Physical address required.</i> <b>1 Anywhere St.</b>			
City <b>Waterloo</b>	Province <b>ON</b>	Postal code <b>N1N 1N1</b>	Business phone number ( )
Email address		Fax number ( )	
Business Website/URL			
<b>Please indicate the type of business and submit the applicable documentation (as outlined on page 6).</b>			
<b>Note:</b> Business Number (BN) is required for all provinces. It is 9 digits in length and used by the business for federal taxes.			
<input type="checkbox"/> Corporation	Incorporation number	Jurisdiction	BN/CRA
<input type="checkbox"/> Partnership	BN/CRA <b>Note:</b> If you do not have a BN, please provide SIN	<input type="checkbox"/> Sole proprietorship	BN/CRA <b>Note:</b> If you do not have a BN, please provide SIN
<input type="checkbox"/> Association, Society or Lodge	<input type="checkbox"/> Community account (i.e. hockey club, etc.)		
<input type="checkbox"/> Condominium Corporation	<input type="checkbox"/> Trade or Labor Union		
<input type="checkbox"/> Charity, Unincorporated Charitable Organization or Not-for-Profit Organization			
Is the Business a registered charity? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please provide the CRA Registration number.		CRA Registration number	
Does the Business solicit charitable financial donations from the public? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>What is the primary function or activity of the Business?</b>			
<i>Please refer to AB0648E for a list of options and select the one that most accurately describes the primary function of the business.</i>			
<b>Accounting Services</b>			
<b>Please provide details on the expected use of the account.</b> Complete only for Business Advantage Accounts (\$CDN and \$US)			
Estimated dollar amount of the average transaction per month		Estimated number of transactions per month	
\$			

## 2.1: Declaration of Tax Residence

- Answer all applicable tax residency questions.
- If the entity is a tax resident of Canada, provide the Business Number (BN).
- If the entity is a specified U.S person, provide the Employer Identification Number (EIN).
- If the entity is a tax resident of a jurisdiction(s) other than Canada or the U.S., provide additional information in the section below, including the Taxpayer Identification Number (TIN) or reason for not providing.

### 2 International Tax Classification

For more information, please visit [www.canada.ca](http://www.canada.ca) for the definitions of the terms used in this section and to help classify the entity.

#### 2.1 Declaration of Tax Residence

**What is the tax residence(s) of this entity? Answer all questions in this section.**

**Is the entity a tax resident of Canada?**  No  Yes  
 If yes, provide the Business Number (BN)

**Is the entity a U.S. person?**  No  Yes  
 If yes, is the entity a specified U.S. person?  No  Yes  
 If yes, provide Employer Identification Number (EIN).

**Is the entity a tax resident of a jurisdiction(s) other than Canada or the U.S.?**  No  Yes  
 ► If yes, complete the information below for each jurisdiction. If you need more space, attach another page.

Jurisdiction of tax residence	Taxpayer Identification Number (TIN)
Reasons for not providing a TIN: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <i>specify:</i>	
Jurisdiction of tax residence	Taxpayer Identification Number (TIN)
Reasons for not providing a TIN: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <i>specify:</i>	

**Reasons for not providing a TIN:**  
 A: The Business will apply or has applied for a TIN but has not yet received it.  
 B: The Business's jurisdiction of tax residence does not issue TINs to its residents.  
 C: Other (specify the reason).

## 2.2: Entity Classification

- Follow the instructions in section 2.2 a, b & c and provide all information applicable to your client.

### 2.2 Entity Classification – What is the classification of this entity? Complete this section for all entities.

#### 2.2a Is the entity a financial institution?

**No** If no, Go to section 2.2c.  
 **Yes** If yes, provide the entity's Global Intermediary Identification Number (GIIN)

#### 2.2b Does the financial institution meet all of these criteria?

- It is a resident of a non-participating jurisdiction.
- At least 50% of its gross income is from investing or trading in financial assets.
- It is managed by another financial institution.

**No** ► Please go to section 3 – Ownership Details  
 **Yes** ► Please go to section 3 – Ownership Details

#### 2.2c Select the option that best describes the entity and go to Section 3.

- The entity is a corporation with shares that regularly trade on an established securities market or a related corporation.
- The entity is engaged in an active trade or business – less than 50% of its gross income is passive income and less than 50% of its assets produce passive income, other than an entity described in the previous option.
- The entity is a government, a central bank or an international organization (or an agency of one).
- The entity is a Canadian registered plan identified as a non-reporting financial institution by the *Income Tax Act* (Canada), for example an RPP, RRSP, RRIF, DPSP, or TFSA.

### 3: Ownership Details

- Owner's name
- Full home address (cannot be a PO Box)
- Occupation and % Ownership/Interest
- Provide answers (yes or no) for all three questions regarding the Owner's tax residency.
- If the owner is a U.S. citizen or U.S. resident for U.S. tax purposes, provide a social security number (SSN) or Individual Taxpayer Identification Number (ITIN).
- If the owner is a tax resident of a jurisdiction(s) other than Canada or the United States, the [International Tax Reporting for Individuals Form \(AB0804E\)](#).
- Provide the same information for any additional owners (Owners # 2,3,4, etc.)

#### 3 Ownership Details

Please complete the following for individual(s) or business(es) that directly or indirectly own or control 25% or more of the Business.  
If the Business is owned by another business, complete the Business Information Statement (AB0462E).

**For all corporations, attach documentation that shows the ownership (totalling 100%), control and structure of the corporation** (e.g. attach a corporate structure chart that shows the entity's entire chain of ownership and family of companies).

---

##### Owner #1

Name (last, first and middle initial) <b>Jane Test</b>		Date of birth (mmm/dd/yyyy)	
Home address (number, street, apartment) <i>Address cannot be PO Box. Physical address required.</i> <b>2 Anywhere St.</b>		City <b>Waterloo</b>	Province <b>ON</b>
Email address		Postal code <b>N1N 1N1</b>	
Occupation <b>Accountant</b>		Mobile phone number <b>( )</b>	
% Ownership/Interest <b>50</b>			

**Answer the following if the entity:**  
 ▶ answered yes in section 2.2b, or  
 ▶ is a passive non-financial entity as indicated in section 2.2c

**Is Owner #1 a tax resident of Canada?**  
 No  Yes

**Is Owner #1 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).

**Is Owner #1 a tax resident of a jurisdiction(s) other than Canada or the United States?**  
 No  Yes If yes, please complete International Tax Reporting for Individuals form (AB0804E).

### 4: Director information

Please provide information on all applicable directors.

- Director's full name
- Occupation

#### 4 Director information

For corporations, partnerships, condominium corporations or trade/labour unions. For occupation, please be as specific as possible; e.g. manager of sales for a software company.

Please complete the information below for all of the directors of the Business. If additional space is required, please attach a separate sheet.

Name (last, first, middle initial) <b>Doe, John A.</b>	Occupation <b>Accountant</b>
Name (last, first, middle initial)	Occupation
Name (last, first, middle initial)	Occupation

## 5: Authorized signing officer information

Please provide the following information on each applicable signing officer.

- Signing officer's full name
- Occupation
- Full home address (cannot be a PO Box)

5 Authorized signing officer information				
Please complete the information below for each of the Authorized Signing Officers (maximum of three). For verifying identification, please provide one valid Canadian government issued photo ID verified in person. If photo ID is not provided, please complete Identification Verification Form and Signature Card (AB0487E).				
<b>Signing Officer #1</b>				
Name (last, first, middle initial) Test, John, A		Date of birth (mmm/dd/yyyy)	Occupation Accountant	
Home address (number, street, apartment) Address cannot be PO Box. Physical address required. 1 Anywhere St.		City Waterloo	Province ON	Postal code N1N 1N1
Email address		Home phone number ( )	Mobile phone number ( )	
<input type="checkbox"/> Canadian Driver's Licence <input type="checkbox"/> Canadian Passport <input type="checkbox"/> Canadian Provincial or Territorial Identification <input type="checkbox"/> Canadian Citizenship Card (issued prior to 2012) <input type="checkbox"/> Other Canadian photo ID (specify) _____				
Document number	Issuing Jurisdiction (Province)	Issuing Country Canada	Expiry date (mmm/dd/yyyy)	Date verification was made (mmm/dd/yyyy)

## 6: Representative information and Assertions

This section must be completed by you, the advisor. Please provide:

- Agent name
- Representative code
- Signature and date

6 Representative Information and Assertions				
I confirm that I have seen the authentic, valid and current identity verification documentation presented by the Authorized Signing Officers. I have completed and attached the Third Party Identification form (AB0321E), if I have reasonable grounds to suspect the Business 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 Business the Account Operating Agreement and the Manulife Bank Services and Fees Guide - Business Accounts (AB0855E) which sets out the charges applicable to the Account.				
<b>Saskatchewan Deposit Agents Only:</b> 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 Business signing.				
Did the individual(s) initiate a new relationship with you for the purpose of opening this account? <input type="checkbox"/> No <input type="checkbox"/> Yes				
If yes: <input type="checkbox"/> Individual(s) referred by someone I know <input type="checkbox"/> Individual(s) came to me directly				
<b>Advisor</b>			<b>Manulife Bank Representative</b>	
Agent name (last and first) Agent, John		Representative code 123456	Representative name (last and first)	
Sales code		Signature		
Telephone number ( )	Ext.	Fax number ( )	Date (mmm/dd/yyyy)	
Email address				
Signature <i>John Agent</i>		Date (mmm/dd/yyyy) Apr/28/2023		

# Manulife Bank Deposits

## 1: Business

Provide the Business name.

		<b>Manulife Bank Deposits</b>
<b>1 Business – Must be completed if the Business is an existing Manulife Bank client.</b>		
Business's name ABC Company	Manulife Bank account number (for existing clients only)	

## 2: Deposit Accounts

Complete the Guaranteed Investment Certificate information (Short-Term and/or Long-Term) in full.

- |  |   |
|--|---|
| <input type="checkbox"/> Deposit amount              | <input type="checkbox"/> fixed interest rate                  |
| <input type="checkbox"/> Term (days)                 | <input type="checkbox"/> Interest option (for long-term only) |
| <input type="checkbox"/> Issue date (mmm/dd/yyyy)    | <input type="checkbox"/> Maturity instructions                |
| <input type="checkbox"/> Maturity date (mmm/dd/yyyy) |   |

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.**

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 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 interest rate offered at that time. A ten (10) business day cancellation option applies.

## 6: Regulatory Information

Advise if this account will be used by or on behalf of a third party. If the answer is yes, provide the [Third Party Identification form \(AB0321E\)](#).

**Tip:** Complete the specific section for **Business GICs** highlighted below.

6 Regulatory Information			
Will this account be used by or on behalf of a third party?			
	Business Advantage Account (\$CDN)	\$US Business Advantage Account	Business GICs
No – This account will be used under the instruction of the account owner(s).	<input type="radio"/> No	<input type="radio"/> No	<input checked="" type="radio"/> No
Yes – This account will be used under the instruction of someone else.	<input type="radio"/> Yes	<input type="radio"/> Yes	<input type="radio"/> Yes
If <b>yes</b> , you must complete Third Party Identification form (AB0321E), and attach/submit it with your application.			



## 8: Signatures

- Provide the City/Town and the date on which this form was certified.
- Indicate how many signatures are required to transact on the account.
- Authorized Signing Officer's signature, full name, and title (this is required for each signing officer).

Authorized Signing officer's signatures are not required if an Advisor is submitting the request on behalf of the business owner and has completed and signed the *Representative information and Assertions* section on the Client Information form.

### 8 Signatures

The undersigned Authorized Signing Officer(s) of the applicant Business agrees, acknowledges and certifies, by signing this Application, that:

- The information provided is true and complete.
- In order to keep the Business file current, the Business will advise Manulife Bank of any changes to the information provided in the Application within 30 days.
- The Business hereby acknowledges that the Business has received a Business Account Operating Agreement and the Manulife Bank Services and Fees Guide - Business Accounts (AB0855E) that sets out the charges applicable to the Business's Account and agree to be bound by the terms and conditions governing these services as set out in the Operating Agreement and any individual who has provided their personal information consents to the collection, use and disclosure of the information, in accordance with the terms of the Personal Information Statement.
- Any individual agrees that Manulife Bank may refer to their credit file, for identification purposes, when they are unable to satisfy their identification requirements with the information in this Application.
- Cheques and other vouchers will not be returned to the Business.
- The Business acknowledges that the Advisor on the account may receive compensation.
- The Bank is entitled to rely on this executed application as duly and validly authorized and binding on the Business. For businesses other than Corporations, the Bank does not need to make any further inquiry into the authority of the Authorized Officers to bind the Business.
- The Business requests that the Bank open the Account for the Business.
- An acknowledgement of the account will be sent to the Business within 15 days of receipt by Manulife Bank. If the Business does not receive such acknowledgement, the Business should make further inquiries.

Certified at  this  day of ,

Please indicate how many signatures are required to transact on the Account

Authorized Signing Officer's signature	Name (last and first)	Title
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

### Additional option to submit this request:

When working with existing Manulife Bank clients on new Manulife Bank GIC's, we recommend using our applications to ensure requests are received In-Good-Order. However, we recognize you or your client may prefer another option.

#### Advisor Support Centre

Requests to open a new GIC for existing Manulife Bank business clients can also be made over the phone by contacting the Advisor Support Centre at 1-800-567-9170. During the call you will be required to provide the same information as highlighted in the form above.

Existing Manulife Bank clients may also contact the Customer Support Centre to make the request directly.

### Training Support

For your personal clients, please review [Opening a GIC for an existing Manulife Bank client – Using a personal Deposit Account Application](#).

For more information on how to do business with Manulife, please visit the [Bank Training Corner](#) within Advisor Portal (login required).