

# Opening a GIC for an existing Manulife Bank client

## Using a Personal 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 client, please submit the [Personal Deposit Account Application Kit - AB0168E](#) for non-registered, RSP and RRIF GICs or the [Tax-Free Savings Account Application – AB0490E](#). To ensure a quick and easy application process, we've listed each requirement and highlighted the required fields within the application below.

### Client Information:

#### 1: Primary Owner

- Owner's full name
- Full home address (cannot be a PO Box)

Manulife Bank		Client Information		
<b>1 Primary Owner</b> <i>(for registered products, Owner implies Annuitant.)</i>				
<input type="radio"/> Mr. <input type="radio"/> Mrs. <input type="radio"/> Miss <input type="radio"/> Ms <input type="radio"/> 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>	
Test, Jane, A.				
Home address (number, street, apartment) <i>Address cannot be PO Box. Physical address required.</i>				
1 Anywhere St.				
City	Province	Postal code	Country of residence	
Waterloo	ON	N1N 1N1	Canada	
Email address		Home phone number	Mobile phone number	
		( )	( )	

#### 1: Regulatory Information

Provide a **yes** or **no** answer for all questions in this section.

- Confirm if the client is a tax resident of Canada.
- Provide a Social Security number (SSN) or Individual taxpayer Identification number (ITIN) if the client is a U.S citizen or U.S. resident.
- Complete the [International Tax Reporting for Individuals Form \(AB0804E\)](#) if the client is a tax resident of a jurisdiction(s) other than Canada or the U.S.
- Complete the [Politically Exposed Person Disclosure Form \(AB0707E\)](#) if the client answers yes to the politically exposed question.

Regulatory Information	
Are you a tax resident of Canada?	<input type="radio"/> No <input checked="" type="radio"/> Yes
Are you a U.S. citizen or U.S. resident for U.S. tax purposes?	<input checked="" type="radio"/> No <input type="radio"/> Yes
If yes, provide social security number (SSN) or individual taxpayer identification number (ITIN)	
Are you a tax resident of a jurisdiction(s) other than Canada or the United States?	<input checked="" type="radio"/> No <input type="radio"/> 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?	<input checked="" type="radio"/> No <input type="radio"/> Yes
If yes, please complete the Politically Exposed Person Disclosure form (AB0707E).	

### 1: Employment Status

- The client must select an employment status.
- Provide the client's Occupation and Industry. For a list of possible options, please refer to the [Industry Occupation List \(AB0647E\)](#).

**Employment status** – Please input the appropriate Industry and corresponding Occupation as outlined in AB0647E.

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

### 2: Joint Owner (if applicable)

- If there is a Joint Owner on the account, please provide all the same information for the joint owner as you did for the primary owner in section 1 (above).

### 3: Representative information and Assertions

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

- Agent name
- Representative code
- Signature and date

**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
Agent, John		123456		
Telephone number	Ext.	Fax number	Signature	Date (mmm/dd/yyyy)
( )		( )		
Email address				
Signature		Date (mmm/dd/yyyy)		
<i>John Agent</i>		Apr/28/2023		

## Next Steps:

After completing the Client Information page, select the desired product page from the application kit.

- Manulife Bank Deposits (non-registered)
- Retirement Savings Plans
- Retirement Income Fund

The same deposit and regulatory information are required for each product. Complete the desired product form(s) for your client and submit with the Client Information pages.

### 1: Client(s)

- Provide the owner's full name and joint owner's full name (if applicable).

		<b>Manulife Bank Deposits (non-registered)</b> Please ensure you attach the completed Client Information page.	
<b>1 Client(s) (must be completed for existing Manulife Bank clients)</b>			
Owner's name (last, first, middle initial) Test, Jane		Manulife Bank account number (for existing clients only)	
Joint owner's name (last, first, middle initial)			

### 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) |   |

<b>2 Deposit Accounts – Please select all the products you are applying for.</b> <i>The total of all Deposit Amounts should equal the initial deposit.</i>						
<input type="radio"/> 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				
<input type="radio"/> Short-Term Guaranteed Investment Certificate (30-364 days – minimum \$25,000) <b>Interest is compounded annually and paid at maturity. Redeemable prior to maturity. For redemptions, a 1.25% rate reduction and \$25 fee applies.</b>						
Deposit Amount	Term (days)	Issue date (mmm/dd/yyyy)	Maturity date (mmm/dd/yyyy)	Fixed interest rate	Maturity instructions	
\$						
<input type="radio"/> Long-Term Guaranteed Investment Certificate (1-5 years – minimum \$2,500) <b>Interest is compounded annually and paid at maturity, non-redeemable prior to maturity.</b>						
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	

## 6: Regulatory Information

- Provide a **yes** or **no** answer - Will this account will be used by or on behalf of a third party? If the answer is yes, provide the [Third Party Identification form \(AB0321E\)](#).
- Select an option for the intended use of the account.

**Tip:** Ensure you complete the specific sections for **Guaranteed Investment Certificates** highlighted below.

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	
No – 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	
Yes – This account will be used under the instruction of someone else.	<input type="radio"/> Yes	<input type="radio"/> Yes	<input checked="" 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 checked="" type="radio"/> Investment <input type="radio"/> Vehicle purchase	<input type="radio"/> Retirement savings <input type="radio"/> Home purchase	<input type="radio"/> Vacation/Leisure

## 8: Signatures

- The Primary and Joint owners (if applicable) sign and date the form.

(Owner(s) signatures are not required if an Advisor is sending the request on the owner's behalf and has completed and signed the *Representative information and Assertions* section on the Client Information form.)

8 Signatures	
<ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> <li>• I/We acknowledge that my/our Representative may receive compensation.</li> <li>• 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.</li> <li>• 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.</li> </ul>	
Primary owner signature	Date (mmm/dd/yyyy)
Joint owner signature	Date (mmm/dd/yyyy)

## Additional options 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 other options. Please find two additional options provided below:

### 1. Letter of Direction

If you prefer to submit a letter of direction, the following information must be included within the letter to meet regulatory requirements. This includes all the information highlighted in the checklist above. Please fax the letter of direction to 1-866-840-6425.

#### Client details:

- Instructions (ex. Please open a non-registered GIC from my existing account #1234567)
- Existing Manulife Bank account number
- Client's full name
- Client's home address including number, street, apt, city, province, postal code, and country of residence.
- Tax resident of Canada? (yes or no)
- U.S. Citizen/resident for U.S. tax purposes? (yes\* or no)
- Tax resident of a jurisdiction other than Canada or U.S.? (yes\* or no)
- Politically exposed? (yes\* or no)
- Client's occupation and industry
- Will the account be used on or behalf of a third party? (yes\* or no)
- What is the intended use of the account? (select a response listed on the form above).

\*Additional information and/or forms are required if the client answers 'yes' to these questions. Please review the full application kit and requirements for details.

#### GIC Details:

- Amount \$
- Term (days)
- Issue date (mmm/dd/yyyy)
- Maturity date (mmm/dd/yyyy)
- Fixed interest rate %
- Interest option (annual, semi-annual, monthly, or compound) – for Long-Term only
- Maturity instructions

#### Advisor Details:

- Advisor Full Name
- Representative code
- Advisor signature and date

### 2. Advisor Support Centre

Requests to open a new GIC for existing Manulife Bank clients can also be made over the phone by contacting the Advisor Support Centre at 1-800-567-9170. For timely processing, please ensure you are prepared with the same information highlighted in the checklist above.

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

## Training Support

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

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