Manulife

$US Funds Transfer Pre-Authorized Debit (PAD) Agreement

1 Client information

Manulife Bank Account(s)

◯ Mr. ◯ Mrs. ◯ Miss ◯ Ms ◯ Other ►

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

Manulife Bank account number	Manulife Bank account number	Manulife Bank account number

2 Account(s) information

Attach a personalized cheque drawn on your $US account at a Canadian financial institution to this agreement made payable to yourself or marked VOID. Manulife Bank will link that $US 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 agreement 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 agreement.)

Manulife Bank account number	Amount	Start date (mmm/dd/yyyy)	End date (mmm/dd/yyyy)		
	$			◯ One-time transfer ◯ Semi-monthly (1st & 15th) ◯ Bi-weekly	◯ Monthly ◯ Weekly
Manulife Bank account number	Amount	Start date (mmm/dd/yyyy)	End date (mmm/dd/yyyy)		
	$			◯ One-time transfer ◯ Semi-monthly (1st & 15th) ◯ Bi-weekly	◯ Monthly ◯ Weekly
Manulife Bank account number	Amount	Start date (mmm/dd/yyyy)	End date (mmm/dd/yyyy)		
	$			◯ One-time transfer ◯ Semi-monthly (1st & 15th) ◯ Bi-weekly	◯ Monthly ◯ 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/We undertake to inform Manulife Bank, in writing, of any change to the Linked Account information provided in this agreement at least five (5) business days prior to the next due date of a fund transfer.

3 Authorization

Signatures

I/We acknowledge that this authorization is provided for the benefit of Manulife Bank of Canada and the Other Financial Institution(s) and is provided in consideration of the Bank and the Other Financial Institution(s) agreeing to process funds transfers against my bank accounts, in accordance with the Rules of Payments Canada or the National Automated Clearing House Association.

I/We warrant and guarantee that all persons whose signatures are required to sign on the Account(s) at the Other Financial Institution(s) have signed this Agreement below. If the Account(s) are held in joint names, we hereby jointly authorize the Bank to accept instructions from any one of us in accordance with this Agreement and agree that we each are responsible for transactions authorized by the other person.

Delivery and verification

I/We acknowledge that provision and delivery of this Agreement to the Bank constitutes delivery by me/us to the Other Financial Institution(s). Any delivery of this Agreement to the Bank constitutes delivery by me/us. I/We acknowledge that the Other Financial Institution(s) are not required to verify that a funds transfer has been issued in accordance with the particulars of this Agreement including, but not limited to, the amount. I/We acknowledge that an Other Financial Institution(s) is not required to verify that any purpose of payment for which a funds transfer was issued, which is a debit on an Other Account(s), has been fulfilled by the Bank as a condition to honoring a funds transfer debit issued or caused to be issued by the Bank on the Other Account(s).

3 Authorization (continued)

Electronic transfers

In order to authorize the Bank to arrange electronic funds transfers or to vary or cancel an existing authorization, I/we will contact the Bank by telephone, personal computer or other electronic device as permitted by the Bank. I/We need a password or code to initiate and authorize such transfers or changes, which I/we shall provide to the Bank. By using this password or code, and initiating a funds transfer or change, I/we acknowledge that, I am/we are authorizing the Bank to either transfer funds between the Account(s), as the case may be and as specified by me/us or to cancel or vary an authorization as may be applicable.

Cancellation

This funds transfer may be cancelled provided notice is received five (5) business days before the next due date of the funds transfer. A sample cancellation form, or further information on my/our right to cancel this funds transfer is available from the Bank or by visiting www.payments.ca. Revocation of this authorization does not terminate any contract for goods or services exchanged.

Confidentiality

I/We agree that my/our personal information with respect to the Account(s) and the Agreement may be disclosed to financial clearing institutions, in order to give effect to this Agreement. Any disclosure will follow the rules of Payments Canada or the National Automated Clearing House Association.

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

4 Contact information

Manulife Bank of Canada
500 King Street North
Waterloo, ON N2J 4C6
Tel: 1-877-765-2265
Fax: 1-866-840-6425