

**Investment direction for
future contributions for your
Tax-Free Savings Account (TFSA)**

Please print clearly in the blank boxes.

You may also provide contribution instructions
online at www.manulife.ca/GRO or by calling
Customer Service at 1-888-727-7766.

Send your completed form to:
Manulife Financial
Attn: GRS Client Services, KC-6
PO BOX 396 STN WATERLOO
WATERLOO, ON N2J 4A9

This form is also available online at www.manulife.ca/CCCU

Your personal information

Plan Sponsor Coastal Community		Group Policy number 41002708			
Member number	Customer number		Reference number Manulife Financial Use Only		
Last name		First name		Middle initial	
Mailing address (number, street and apartment number)					
City	Province	Country	Postal Code	Telephone number*	Ext.*
Email address (if applicable)*					

**These fields are optional.*

Your future investment direction

(For future contributions only)

**A minimum of 5% per fund,
whole numbers only.**

*If you do not complete this section,
or the total does not add up to
100%, all amounts will be deposited
to the plan default fund.*

Please enter the fund codes, fund names and percentages for all the funds in which you wish your future contributions to be allocated. Fund code names and details appear online at www.manulife.ca/GRO or in the Group Investment Report.

Fund code	Fund name	%
Your percentages must add up to 100%.		100%

The investment performance of amounts directed to a market based fund is not guaranteed.

Please sign here

Manulife Financial reserves the right to return incomplete forms, or forms that have been filled out incorrectly. In the event that there is an error made processing your transaction, you have thirty days to notify Manulife Financial.

Your signature	Date signed (ddd/mm/yyyy)
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