

Pre-Authorized Cheque Plan (PAC) Request and Authorization

Complete this form if you want to:

- make **regular contributions** to your Tax-Free Savings Account (TFSA) directly from your bank account.
- begin, change, or stop contribution deductions from your bank account, or make a one-time, lump sum payment.

Please print clearly in the blank boxes.

Your personal information

Plan Sponsor Coastal Community		Group policy number 41002708	Customer number		
Last name		First name		Middle initial	
Mailing address (number, street and apartment number)					
City	Province	Country	Postal Code	Telephone number*	Ext.*

*These fields are optional.

Your contribution deduction information

Note: A minimum of \$25 per frequency is required.

I would like to: <input type="checkbox"/> Begin deductions <input type="checkbox"/> Change deductions <input type="checkbox"/> Stop deductions		
I hereby authorize Manulife Financial to deduct from my bank account and allocate to my savings account	\$	Please start contributions on (mmm/dd/yyyy)

Tell us how often - Please indicate how frequently you would like to contribute to your Savings account.

<input type="checkbox"/> Weekly (withdraw from my account weekly, beginning on the date specified above.)	<input type="checkbox"/> Every two weeks (withdraw from my account every two weeks, beginning on the date specified above.)	<input type="checkbox"/> Monthly (withdraw from my account monthly, beginning on the date specified above.)
<input type="checkbox"/> Month end (withdraw on the last business day of each month, beginning on the date specified above.)	<input type="checkbox"/> Quarterly (withdraw from my account every three months, beginning on the date specified above.)	<input type="checkbox"/> One-time lump sum contribution (withdraw from my account within 2 business days following receipt by Manulife Financial.)

Your Coastal Community Credit Union banking information

To verify your banking information, please attach a blank cheque marked VOID. Manulife Financial is hereby authorized to begin deducting contributions from your account once we have received and verified your banking information.

Name of bank (exact name where account is being held)					
Address of bank (where account is being held)					
City/town	Province	Postal code	Telephone number	Ext	
Transit number	Coastal Community Credit Union account number			Account type	
Name of depositors as on bank records (last, first, middle initial)					
Name of depositors as on bank records (last, first, middle initial)					

The minimum amount you can invest in a fund is 5%.

Percentages must be in whole numbers

Your lump sum contribution

Please process this contribution using the following fund direction:

Same as my current fund direction

OR

As I have indicated below

Total amount of contribution \$ _____

Investment direction(s) for Pre-Authorized Cheque Request

Fund code names and contribution details appear online at www.manulife.ca/GRO or in the Group Investment Report.

Fund code	Fund name	\$	%
		\$	%
		\$	%
		\$	%
		\$	%
		\$	%
		\$	100%

Must equal 100%

For a joint account that requires multiple signatures, all depositors must sign this authorization.

Please sign here

I request and authorize Manulife Financial to debit my bank account listed on page 1 for a pre-authorized Chequing (PAC) plan (Funds Transfer PAC). I further authorize the financial institution indicated on Page 1 to process these withdrawals in accordance with instructions provided by Manulife Financial. It is understood and agreed that:

1. My account information will apply to contributions after the information has been received and verified by Manulife Financial, in accordance with its practices and procedures.
2. My account authorization may be terminated by me upon written notification. Termination will take effect within two business days of receipt of written notification at the following address (as may be amended from time to time):

Manulife Financial

Group Retirement Solutions - Client Services, KC-6
 PO BOX 396 STATION WATERLOO
 WATERLOO ON N2J 4A9

Fax: 1-519-747-6895

3. If, for any reason, a withdrawal against my account is not honoured, I understand Manulife Financial reserves the right to charge a fee of \$25 for handling these returned items (as may be amended from time to time).
4. I understand that I have certain recourse rights if any debit does not comply with this agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAC Agreement. Contact Manulife Financial or visit www.cdnpay.ca to obtain more information on your recourse rights, or cancellation rights.

I hereby certify that the information on this form is correct to the best of my knowledge.

Signature of bank depositor (on bank records)	Date signed (mmm/dd/yyyy)
Signature of bank depositor (on bank records)	Date signed (mmm/dd/yyyy)
Your signature	Date signed (mmm/dd/yyyy)


Example


JANE SMITH
 123 ABC St.
 Anytown, BC

018

DATE 2 0
 Y Y Y Y M M D D

PAY TO THE ORDER OF _____ \$

/100 DOLLARS  Details on back.

 **COASTAL COMMUNITY CREDIT UNION**
www.cccu.ca
 COURTENAY FOURTH ST. COMMUNITY BRANCH
 291 - 4TH STREET
 COURTENAY, B.C. V9N 1G7

MEMO _____ **MP**

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