

Member Identity Verification Form

Please print clearly in the blank boxes.

Section A - Employee/Member information

This form is to be used when an individual is required to provide proof of identity to Manulife as required by the Proceeds of Crime (Money Laundering) and Terrorist Financing Act and Regulations, and providing such identification in person is not possible or convenient.

First name	Middle initial	Last name
Policy number		Membership number
Occupation (most recent if retired or not employed)		Date of birth (dd/mm/yyyy)
In what industry are you employed? (most recent if retired or not employed)		
Name of company/employer (most recent if retired or not employed)		

Section B - What is the purpose and intended use of this account?

- Emergency Funds
 Short term savings
 Retirement Savings
 Vacation/Leisure
 Operating funds expenses
 Education
 Estate Planning
 Household
 Long term Investment
 Real Estate/Home Purchase
 Other

Section C - Dual Method Identification

In order to satisfy government identification requirements, please provide two separate, original documents in your name to confirm your identity (select two options from the three categories below):

Important note: Please do not submit original documents if you would want the document to be returned. All documents forwarded to Manulife will be destroyed.

Examples of reliable sources of information under the dual process method		
Documents to verify name and address	Documents to verify name and date of birth	Documents to verify name and financial account
Column A	Column B	Column C
<ul style="list-style-type: none"> Utility bill (for example, electricity, water, telecommunications) T4 statement Record of Employment Canadian government statements with the member's name and address 	<ul style="list-style-type: none"> Insurance documents (home, auto, life)* Employer benefits statement Canadian government statements with the member's name and date of birth 	<ul style="list-style-type: none"> Bank statement Loan account statement (for example, mortgage) Cheque that has been processed (cleared, non-sufficient funds) by a financial institution

The documents must be:

- In your name.
- The most recent version of a document.
- Original: received from issuer through posted mail or electronically (received through email or by downloading directly from the issuer's web site). Photocopies, faxes or digitally scanned documents or documents viewed through video conference or other virtual type of application are not acceptable.
- In good condition with no alteration.
- From two different and independent sources; *documents may not be issued by Manulife.

Please note that the list is not exhaustive. If you cannot provide any of the suggested documents, please contact us at 1-888-727-7766 so that we can guide you further.

Section D - Third Party Determination

a. Will anyone other than the member of the group plan be making a deposit to this account? <input type="checkbox"/> No <input type="checkbox"/> Yes		
b. Does the member of the group plan intend to transfer ownership of this account to another individual/entity within the next year? <input type="checkbox"/> No <input type="checkbox"/> Yes		
c. Is there someone else who has indirect control or an interest in this account: for example a power of attorney, guardianship, or assignment? If a third party has power of attorney, please complete the sections below and include a copy of all supporting legal documentation. <input type="checkbox"/> No <input type="checkbox"/> Yes		
If you answered yes to any question in Section D - Third Party Determination a-c, identify all third parties (individuals or entities) who will be involved in this account. Attach additional pages if necessary.		
This third party was identified in question: <input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c		
Name of the third party (individual or entity)		
Address (number, street, and apartment number)		
City	Province	Postal Code
Relationship of this individual or entity to the owner of this account		

If the third party is an entity:

What is the entity's primary industry?	What is the entity's business type?
Is this entity a corporation? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, tell us:	
Jurisdiction of registration <input type="checkbox"/> Federal <input type="checkbox"/> Provincial or territorial (specify province or territory _____)	
Incorporation number	

If the third party is an individual:

Date of birth (dd/mm/yyyy)	In what industry is the individual employed? (most recent if retired or not employed)
Occupation (most recent if retired or not employed)	
Name of the individual's company/employer (most recent if retired or not employed)	

Definitions:

¹A close relative is a spouse; common-law partner, mother, father; child (including in-laws); brother or half-brother; sister or half-sister; spouse's or common-law partner's mother or father.

²A close associate is a person closely associated, for personal or business reasons, to the person described.

³This form lists these foreign and domestic positions later in this section.

⁴The head of an institution that was established by an international organization, was set up by the governments of more than one country and was formed through a formally-signed agreement between the governments of more than one country. The HIO is the primary person who leads the institution; for example, a president or CEO. This PEP also includes a close relative¹ of the person or close associate² of the HIO.

Section E – Politically exposed person

To be completed when a contribution of \$100,000.00 or more is invested in a non-registered account.

A politically exposed person (PEP) is a person, or a close relative¹ or close associate² of a person, who holds, or has held, certain positions³ in or on behalf of the state. A PEP falls into one or more of these categories:

- 1) a politically exposed foreign person (PEFP) holds or has held the position outside Canada
- 2) a politically exposed domestic person (PEDP) holds or has held in the last five years, the position within Canada
- 3) the head of an international organization or an institution established by an international organization⁴ (HIO)

Is the applicant or person contributing the funds, a PEP, or a close relative or close associate of a PEP? <input type="checkbox"/> Yes <input type="checkbox"/> No (If the answer to the question is "YES", please complete information below.)	
Who is politically exposed? <input type="checkbox"/> Self <input type="checkbox"/> Contributor (current or future)	Name of contributor
Name of person who holds or held a political office and/or is the head of an international organization? (first, middle initial, last)	
In what country is/was the position held?	During what time period was the position held? Starting month/year Ending month/year
Name of the organization, agency or government department	
Title of position held	

Section E – Politically exposed person, continued

What office or position is or was held by the person who is or was politically exposed in a foreign country?	
<input type="checkbox"/> Head of state or head of government	<input type="checkbox"/> President of a state-owned company or bank
<input type="checkbox"/> Member of the executive council of government or member of a legislature	<input type="checkbox"/> Head of a government agency
<input type="checkbox"/> Deputy minister (or equivalent rank)	<input type="checkbox"/> Judge of a supreme court, constitutional court or other court of last resort
<input type="checkbox"/> Ambassador or ambassador's attache or counsellor of an ambassador	<input type="checkbox"/> Leader or president of a political party represented in a legislature
<input type="checkbox"/> Military officer with a rank of general or above	<input type="checkbox"/> Holder of any prescribed office or position
What office or position is or was held by the person who is or was politically exposed in Canada in the last five years?	
<input type="checkbox"/> Governor General, Lieutenant Governor, or head of government	<input type="checkbox"/> Head of a government agency
<input type="checkbox"/> Member of the Senate or House of Commons, or member of legislature	<input type="checkbox"/> Judge of an appellate court in a province, the Federal Court of Appeal, or the Supreme Court of Canada
<input type="checkbox"/> Deputy minister or equivalent rank	<input type="checkbox"/> Leader or president of a political party represented in a legislature
<input type="checkbox"/> Ambassador or ambassador's attache or counsellor of an ambassador	<input type="checkbox"/> Holder of any prescribed office or position
<input type="checkbox"/> Military officer with a rank of general or above	<input type="checkbox"/> Mayor
<input type="checkbox"/> President of a corporation that is wholly owned directly by Her Majesty in right of Canada or a province	
<input type="checkbox"/> The person is the head of an international organization or an institution established by an international organization	
What is the relationship of the person named above to the owner or contributor?	
<input type="checkbox"/> Self	<input type="checkbox"/> Brother, sister, half-brother or half-sister
<input type="checkbox"/> Spouse or common-law partner	<input type="checkbox"/> Spouse's or common-law partner's parent
<input type="checkbox"/> Child (including in-laws)	<input type="checkbox"/> Close associate
<input type="checkbox"/> Mother or father	

Section F – Source of Funds

To be completed when a contribution of \$100 000.00 or more is invested in a non-registered account.

<input type="checkbox"/> Salary/earned income	
<input type="checkbox"/> Business income/Self-employment income	
<input type="checkbox"/> Savings	
<input type="checkbox"/> Investment income	
<input type="checkbox"/> Proceeds from death benefits or estate	
<input type="checkbox"/> Proceeds from a legal case or action	
<input type="checkbox"/> Gift, inheritance	
<input type="checkbox"/> Pension income	
<input type="checkbox"/> Sale of property	
<input type="checkbox"/> Borrowed funds	
<input type="checkbox"/> Internal transfer from a Manulife contract (please specify)	<input type="text"/>
<input type="checkbox"/> Other: (please specify)	<input type="text"/>

Section G - Member signature and authorization (mandatory)

I certify that the information supplied is true, correct and complete, to the best of my knowledge. Furthermore, I understand that the personal information provided herein will be kept strictly confidential and will only be used, exchanged and retained for the purpose of this plan. In addition, I authorize Manulife and any other concerned parties to consult my credit file as required for compliance with the Proceeds of Crime (Money Laundering) and Terrorist Financing Act and Regulations.

By signing this application/form, I hereby consent to my personal information being collected, held, used, and disclosed by Manulife and their authorized agents (including third party providers), inside or outside Canada, as required in order to administer my account and in accordance with Manulife's Privacy statement, a copy of which is below. A photocopy of this authorization is as valid as the original. This authorization is valid as long as my account is active or until I revoke it in writing.

Employee/Member's signature	Date signed (dd/mm/yyyy)
<input type="text"/>	<input type="text"/>

Mailing instructions

Send your completed forms to the address below.

If you live outside of Quebec:

Manulife
Attn: GRS Client Services
 P.O. Box 396
 Waterloo, ON N2J 4A9
 Fax: 1-866-945-5110

If you live in Quebec:

Manulife
 Group Retirement Solutions
 2000 Mansfield, Suite 1410
 Montréal, QC H3A 3A2
 Fax: 1-866-945-5109

Privacy Statement

At the Manufacturers Life Insurance Company ("we" or "Manulife"), we are committed to maintaining the highest standards of integrity in our business. In the course of our business, it is necessary to collect, record, store, process, transmit, and otherwise handle personal information about individuals. We take these activities seriously and seek to provide fair, secure and appropriate methods for the handling of personal information. All such activities are intended to be consistent with both generally accepted privacy and business practices.

We will establish and maintain a file containing personal information about you, your contract(s), as well as information concerning any insurance claim. Personal information that we collect will be used for the purposes of determining your policy, account or group benefits plans, confirming your identity and the accuracy of the information collected, conducting searches to locate you and update your contact information, obtaining investigation, credit bureau or consumer reports, investigating and assessing claims or complying with legislative requirements. Only our employees and authorized advisors, representatives, distribution partners, agents, and third parties, including affiliates, who are responsible for underwriting, investigations, administration and claims, or any other person whom you authorize, will have access to your file. We may use third parties, including affiliates, to provide services. They will be given only the information needed to perform those services. We hold these third parties to the same high standards of confidentiality by which we are governed. In some cases, Manulife employees, third party service providers, agents, and any of their service providers, may be located in other provinces or territories, or jurisdictions outside of Canada, and your personal information could, therefore, be subject to laws of foreign territories and accessed by foreign authorities. If you have questions about collection, transfer, and use of personal information outside of Canada, you can contact the Privacy Officer at the address below.

To obtain more information about our Privacy Policy please refer to Manulife's web site at www.manulife.ca, or send a request by mail to the address below.

You are entitled to consult the personal information contained in this file and, if applicable, to have it rectified by sending a written request to the following address:

The Manufacturers Life Insurance Company

Att. Privacy Officer
PO Box 11464, STN Centre-ville
Montreal, Quebec, H3C 5M3