

VIP room website registration and request for access

To be completed and signed by the internet authorized signing officer. **Please print**

Plan set-up/Request for access
 Modifications to current set-up/access
 Cancellation of access

1 - Client information

Client no. RS	Client name
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2 - Plan sponsor information (Internet authorized signing officer)

Last name	Given name
Title	E-mail address

Business address

Address	City		
Province	Postal code	Telephone no.	Fax no.

Plan sponsor VIP room access required Yes No

Access requested for the following plans	Access requested for the following sub-groups
<input type="checkbox"/> Access to all plans	<input type="checkbox"/> Access to all sub-groups
<input type="checkbox"/> Access to specific plan(s) – please specify each plan name	<input type="checkbox"/> Access to specific sub-groups – please specify each sub-group number and name

Member query access required (N/A to defined benefit plans) Yes No

Signature – I agree with the terms of agreement in section 3

Date

Y	Y	Y	Y	M	M	D	D
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3 - Authorization of access to plan sponsor VIP room

The information available to plan sponsors as well as their authorized administrator(s) and/or intermediary(ies), if applicable, in the Manulife group savings and retirement plan sponsor VIP Room will be limited to that of the sub-group(s) and plan(s) authorized by the plan sponsor (internet authorized signing officer).

Terms of agreement for password: I hereby confirm that I will keep my password confidential and will limit the use of such password to authorized business purposes. I will notify Manulife immediately if I know or suspect that someone else knows my user ID or password, or that there has been unauthorized use of my user ID and password.

I accept responsibility and any risk for my access to, and use of, the Manulife group savings and retirement plan sponsor VIP room.

I agree to use and disclose personal information accessed through the plan sponsor VIP room in accordance with applicable privacy laws and regulations and solely for the purposes of the Plan.

Any or all of the Manulife group savings and retirement plan sponsor VIP room services may be cancelled at any time without notice. Manulife will not be held liable for any loss or inconvenience that may occur as a result of this cancellation.

VIP Room access is required for: Administrator Intermediary (Broker or Consultant)

Is access requested for all plans? Yes No

If no, specify for which plan

Is access requested for all sub-groups? Yes No

If no, specify for which sub-groups (sub-group number and name)

Is Member query access required?
(N/A to defined benefit plans) Yes No

Name		First name	
Title		E-mail address	
Business address		City	
Province	Postal code	Telephone no.	Fax no.

Signature – I agree with the terms of agreement in section 3

Date

Y	Y	Y	Y	M	M	D	D
---	---	---	---	---	---	---	---

VIP Room access is required for: Administrator Intermediary (Broker or Consultant)

Is access requested for all plans? Yes No

If no, specify for which plan

Is access requested for all sub-groups? Yes No

If no, specify for which sub-groups (sub-group number and name)

Is Member query access required?
(N/A to defined benefit plans) Yes No

Name		First name	
Title		E-mail address	
Business address		City	
Province	Postal code	Telephone no.	Fax no.

Signature – I agree with the terms of agreement in section 3

Date

Y	Y	Y	Y	M	M	D	D
---	---	---	---	---	---	---	---

3 - Authorization of access to plan sponsor VIP room (continued)

VIP Room access is required for: Administrator Intermediary (Broker or Consultant)

Is access requested for all plans? Yes No

If no, specify for which plan

Is access requested for all sub-groups? Yes No

If no, specify for which sub-groups (sub-group number and name)

Is Member query access required?
(N/A to defined benefit plans) Yes No

Name	First name		
Title	E-mail address		
Business address	City		
Province	Postal code	Telephone no.	Fax no.

Signature – I agree with the terms of agreement in section 3

Date Y Y Y Y M M D D

4 - Signature and authorization - Plan sponsor (Internet authorized signing officer)

As the **internet authorized signing officer**, I hereby authorize the above-stated individual(s) to access all authorized plan and sub-group information provided on the Manulife group savings and retirement plan sponsor VIP Room and I accept responsibility for any misuse of information that may occur as a result of this access.

As the plan sponsor (internet authorized signing officer), I hereby agree and accept the following responsibilities:

- I shall promptly advise Manulife in writing of any changes with respect to any administrator and/or intermediary's authorization to view plan and member information.
- I accept responsibility for any misuse of information by the authorized administrator(s) and/or intermediary(ies), if applicable.
- I accept that Manulife may change any or all of the services provided by the Manulife group savings and retirement plan sponsor VIP Room at any time, with or without notice. The Manulife group savings and retirement plan sponsor VIP room may periodically be unavailable in order to allow for maintenance or other reasonable cause.
- I will only grant access to the plan sponsor VIP room to persons who require access for the purposes of the plan.

Disclaimer: While every effort has been made to ensure the accuracy of the information contained in the VIP room, no warranty is expressed or implied as to the accuracy, adequacy or completeness of the information, and Manulife is not responsible for any errors, omissions or results obtained from the use of such information.

Signature Date Y Y Y Y M M D D

Please retain a copy for your records and forward this document to Manulife.

For more information, please speak with your Manulife group savings and retirement representative.

Your guide to completing the form

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Manulife
VIP room website registration and request for access

To be completed and signed by the internet authorized signing officer. **Please print**
 Plan set up/Request for access Modifications to current set-up/access Cancellation of access

1 - Client Information
 Client name: _____ Client name: _____
 IS

2 - Plan sponsor information (Internet authorized signing officer)
 Last name: _____ Given name: _____
 Title: _____ E-mail address: _____

Business address
 Address: _____ City: _____
 Province: _____ Postal code: _____ Telephone no.: _____ Fax no.: _____

Plan sponsor VIP room access required: Yes No

Access requested for the following plans **Access requested for the following sub-groups**
 Access to all plans Access to all sub-groups
 Access to specific plan(s) - please specify each plan name Access to specific sub-groups - please specify each sub-group number and name

Member query access required (N/A to defined benefit plans): Yes No

Signature - I agree with the terms of agreement in section 3 Date: _____

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Select one of the 3 options **1**.

Enter your contact information **2**.

As the plan sponsor, it is possible to limit a user's access to a particular plan type and sub-group by using the *Access to all plans/specific plan(s) and access to all sub-groups/specific sub-group(s)* check boxes **3**.

What is member query access? It allows you to view a member's financial and nonfinancial information **4**.

Please sign **5**.

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3 - Authorization of access to plan sponsor VIP room

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Terms of agreement for password: I hereby confirm that I will keep my password confidential and will limit the use of such password to authorized business purposes. I will notify Manulife immediately if I know or suspect that someone else knows my user ID or password, or that there has been unauthorized use of my user ID and password.

I agree to use and disclose personal information accessed through the plan sponsor VIP room in accordance with applicable privacy laws and regulations and solely for the purposes of the Plan.

Any or all of the Manulife group savings and retirement plan sponsor VIP room services may be cancelled at any time without notice. Manulife will not be held liable for any loss of income/benefit that may occur as a result of this cancellation.

I accept responsibility and any risk for my access to, and use of, the Manulife group savings and retirement plan sponsor VIP room.

VIP Room access is required for: Administrator Intermediary (Broker or Consultant)

Is access requested for all plans? Yes No
 If no, specify for which plan: _____

Is access requested for all sub-groups? Yes No
 If no, specify for which sub-group: _____

Is Member query access required? (N/A to defined benefit plans) Yes No

Name: _____ First name: _____
 Title: _____ E-mail address: _____
 Business address: _____ City: _____
 Province: _____ Postal code: _____ Telephone no.: _____ Fax no.: _____

Signature - I agree with the terms of agreement in section 3 Date: _____

VIP Room access is required for: Administrator Intermediary (Broker or Consultant)

Is access requested for all plans? Yes No
 If no, specify for which plan: _____

Is access requested for all sub-groups? Yes No
 If no, specify for which sub-group: _____

Is Member query access required? (N/A to defined benefit plans) Yes No

Name: _____ First name: _____
 Title: _____ E-mail address: _____
 Business address: _____ City: _____
 Province: _____ Postal code: _____ Telephone no.: _____ Fax no.: _____

Signature - I agree with the terms of agreement in section 3 Date: _____

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Select the *Administrator* or *Intermediary* box and enter the requested information **6**. Space has been provided for up to 3 accesses, as needed.

The administrator or intermediary designated in each section must sign **7**.

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3 - Authorization of access to plan sponsor VIP room (continued)

VIP Room access is required for: Administrator Intermediary (Broker or Consultant)

Is access requested for all plans? Yes No
 If no, specify for which plan: _____

Is access requested for all sub-groups? Yes No
 If no, specify for which sub-group: _____

Is Member query access required? (N/A to defined benefit plans) Yes No

Name: _____ First name: _____
 Title: _____ E-mail address: _____
 Business address: _____ City: _____
 Province: _____ Postal code: _____ Telephone no.: _____ Fax no.: _____

Signature - I agree with the terms of agreement in section 3 Date: _____

4 - Signature and authorization - Plan sponsor (Internet authorized signing officer)

As the **Internet authorized signing officer**, I hereby authorize the above-stated individual(s) to access all authorized plan and sub-group information provided on the Manulife group savings and retirement plan sponsor VIP Room and I accept responsibility for any misuse of information that may occur as a result of this access.

As the plan sponsor (Internet authorized signing officer), I hereby agree and accept the following responsibilities:

a) I shall promptly advise Manulife in writing of any changes with respect to any administrator and/or intermediary's authorization to view plan and member information.

b) I accept responsibility for any misuse of information by the authorized administrator(s) and/or intermediary(ies), if applicable.

c) I accept that Manulife may change any or all of the services provided by the Manulife group savings and retirement plan sponsor VIP Room at any time, with or without notice. The Manulife group savings and retirement plan sponsor VIP room may periodically be unavailable in order to allow for maintenance or other reasonable cause.

d) I will only grant access to the plan sponsor VIP room to persons who require access for the purposes of the plan.

Disclaimer: While every effort has been made to ensure the accuracy of the information contained in the VIP room, no warranty is expressed or implied as to the accuracy, adequacy or completeness of the information, and Manulife is not responsible for any errors, omissions or results obtained from the use of such information.

Signature: _____ Date: _____

Please retain a copy for your records and forward this document to Manulife.
 For more information, please speak with your Manulife group savings and retirement representative.

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As the internet authorized signing officer (plan sponsor), your signature is required **8** in order for us to provide the accesses identified in section 3 (*Authorization of access to plan sponsor VIP room*).