

# VIP room website registration and request for access

To be completed and signed by the interr  ☐ Plan set-up/Request for access		officer. <b>Please print</b> ns to current set-up/access	☐ Cancellation of access			
1 - Client information						
Client no.		Client name				
2 - Plan sponsor information (Internet au	thorized signing officer	)				
Last name		Given name				
Title E-mail add	lress					
Business address						
Address		City				
Province Postal cod	е	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 d	efined benefit plans) 【	Yes 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

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			
le conserve was to defend all out was use?	□ Vas	□ No	
Is access requested for all sub-groups?  If no, specify for which sub-groups (sub-group number and	☐ Yes I name)	⊔ NO	
Is Member query access required?		<b></b>	
(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 M M D D
VIP Room access is required for:	☐ Administrator	☐ Intermediary (Broker or Consu	ıltant)
Is access requested for all plans?	☐ Administrator☐ Yes	☐ Intermediary (Broker or Consu	ıltant)
· ·			ıltant)
Is access requested for all plans?			ıltant)
Is access requested for all plans?  If no, specify for which plan	☐ Yes	□ No	ıltant)
Is access requested for all plans?  If no, specify for which plan  Is access requested for all sub-groups?  If no, specify for which sub-groups (sub-group number and	☐ Yes	□ No	ıltant)
Is access requested for all plans? If no, specify for which plan Is access requested for all sub-groups?	☐ Yes	□ No	ıltant)
Is access requested for all plans?  If no, specify for which plan  Is access requested for all sub-groups?  If no, specify for which sub-groups (sub-group number and list)  Is Member query access required?	☐ Yes☐ Yes☐ name)	□ No	ıltant)
Is access requested for all plans?  If no, specify for which plan  Is access requested for all sub-groups?  If no, specify for which sub-groups (sub-group number and lambda)  Is Member query access required?  (N/A to defined benefit plans)	☐ Yes☐ Yes☐ name)	□ No □ No	ıltant)
Is access requested for all plans?  If no, specify for which plan  Is access requested for all sub-groups?  If no, specify for which sub-groups (sub-group number and lambda)  Is Member query access required?  (N/A to defined benefit plans)	☐ Yes☐ Yes☐ name)	□ No □ No First name	ıltant)
Is access requested for all plans?  If no, specify for which plan  Is access requested for all sub-groups?  If no, specify for which sub-groups (sub-group number and sub-group)  Is Member query access required?  (N/A to defined benefit plans)  Name  Title	☐ Yes☐ Yes☐ name)	□ No □ No First name E-mail address	rltant)
Is access requested for all plans?  If no, specify for which plan  Is access requested for all sub-groups?  If no, specify for which sub-groups (sub-group number and sub-group)  Is Member query access required?  (N/A to defined benefit plans)  Name  Title  Business address	☐ Yes ☐ Yes ☐ name) ☐ Yes	□ No □ No □ No First name E-mail address City	

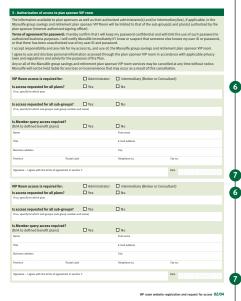
3 - Authorization of access to plan sponsor	/IP room (continued)				
VIP Room access is required for:	☐ Administrator	☐ Intermediary (Broker or Consu	iltant)		
Is access requested for all plans?	☐ Yes	□ No			
If no, specify for which plan					
Is access requested for all sub-groups?	☐ Yes	□ No			
If no, specify for which sub-groups (sub-group number an	d 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.		
4 - Signature and authorization - Plan sponsor (Internet authorized signing officer)					
As the internet authorized signing officer, sub-group information provided on the Marany misuse of information that may occur at As the plan sponsor (internet authorized signal). I shall promptly advise Manulife in writing view plan and member information.  b) I accept responsibility for any misuse of c). I accept that Manulife may change any of VIP Room at any time, with or without not be unavailable in order to allow for main d). I will only grant access to the plan sponsomisclaimer: While every effort has been matexpressed or implied as to the accuracy, and errors, omissions or results obtained from the Signature.	nulife group savings as a result of this accests a result of this accests are sult of this accests are sult of the services provided to ensure the accuracy or completeness are sultered to ensure the accuracy or completeness are sultered.	nd retirement plan sponsor VIP Rooss.  y agree and accept the following rent respect to any administrator and/ thorized administrator(s) and/or in ovided by the Manulife group saving savings and retirement plan sponable cause.  Is who require access for the purpowary of the information contained it ess of the information, and Manulifess.	sponsibilities:  for intermediary's authorization to entermediary(ies), if applicable.  fings and retirement plan sponsor onsor VIP room may periodically eses of the plan.  In the VIP room, no warranty is		
Please retain a copy for your records and forward this document to Manulife.					

# Your guide to completing the form

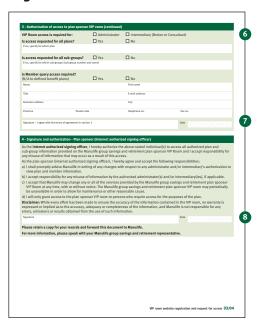
# Page 1



#### Page 2



#### Page 3



# Page 1

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.

# Page 2

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.

# Page 3

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

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