

## Advisor VIP Room website registration and request for access

Group Savings & Retirement

Section 1 - Agent of record (principal firm or individual named on your license)				GE11986B
Select one code:				
Firm advisor	☐ Individual a	advisor		
Manulife sales office				
Calgary Halifax London	Montréal Québec 🔲	Toronto		
Principal firm (Note: The firm primary contact is	as specified in section 2.)			
Individual – Last name	First name			
Gender	Language of corresp	pondence	ch 🗖 English	
Title	Organization			
Business address (no., street, suite)				
City	Province	Postal code		
Telephone no.	Fax no.	Email		
retephone no.	rax no.	Lillali		
Firm OR individual Advisor code	Firm name	Last name	First name	Please indicate any alternative individual or firm licenses that
				you use to place group savings
				and retirement business, and require access within the adviso
				VIP Room.
Section 2 - Designated representati	ve with primary Web access	(advisor Internet aut	horized	Full access to the VIP Room provides consolidated view of
signing officer)				asset under management and
Same as individual agent of record named u	nder section 1 (Web access can only b	e provided to an individual p	person and not a firm.)	commissions paid to the firm or individual agent. The following
Last name	First name			primary contact is authorised to assign access to other parties within the firm or the individual
Gender	Language of corres	pondence	h 🔲 English	agent's employ.
Title	Organization			
Business address (no., street, suite)				
City	Province	Postal code		
Telephone no.	Fax	Email		

(continued on next side)

## Section 3 - Manulife Group Savings & Retirement client listing

Access to the advisor VIP Room will be granted to all clients for which the firm or individual is the agent on record. Please note that the advisor VIP Room only displays high-level client information. Access to client and member specific information must be authorized by the plan sponsor for each client. If you do not currently have access to the detailed information for a specific client, you must have the plan sponsor sign an authorization form to grant you permission.

Client no.	Client name
RS	

Please include below any additional clients for whom you provide services but for which you may not necessarily be the agent on record. You must also include a plan sponsor authorization form for these clients.

Section 4 - Additional Web access				
Access to all clients under section 3 <b>OR</b> Access to specific clients – please specify each client				
Last name	First name	First name		
Gender ☐ Male ☐ Fer	Language			
Gender Male Fer	nale Languag	Language of correspondence		
Title	Organizatio	on		
☐ Same address as under section	11			
Business address (no., street, suit	te)			
City	Province	Postal	code	
Telephone no.	Fax	Email		
Type of access – Please sele	ect all that apply:			
Advisor basic – Allows user to access clients assets under management, promotional material and useful tools and links				
Commission – Allows user to access commission reports and details on accrued commissions				
Plan sponsor for advisor basic* – Allows user access to download and view client specific reports				
Account query (not applicable for DB plans)* – Allows user to view personal information on members				
Client access				
Client no.	Client name	Plan sponsor for advisor b	asic Accoun	nt query
RS				
RS				

Please indicate any additional Web access that is required for your firm. This representative is NOT authorised to assign access to others. It's important to note that access to member's personal information should be limited to persons for whom the information is necessary to perform their duties. In certain circumstances, such information may be nice to have, but this is not sufficient reason to allow access to it. Before you grant access to other users, you must determine whether they would still be able to perform their duties should they not have access to this site. If this is the case, we strongly recommend you do not grant them access. It is also your responsibility to promptly advise us of any modifications including removal of access.

\* Access will only be given for clients for whom the plan sponsor has granted authorization to the agent of record.

Section 4 - Additional Web acc	ess				
Access to all clients under section 3	OR Access to specific clie	nts – please specify each c	lient:		
Last name	First name				
Gender ☐ Male ☐ Female	Languago	of correspondence	☐ French	☐ English	
Title	Organization	·	☐ French	L English	
Titte	Organization	'			
Same address as under section 1					
Business address (no., street, suite)					
City	Province	Posta	l code		
Telephone no.	Fax no.	Email			
Type of access − Please select al  Advisor basic − Allows user to access  Commission − Allows user to access  Plan sponsor for advisor basic* − Allow  Account query (not applicable for DB  Client access	s clients assets under manageme commission reports and details o ows user access to download and	on accrued commissions I view client specific reports	5	nd links	* Access will only be giv for clients for whom th plan sponsor has gran authorization to the a
	ent name	Plan sponsor for advisor l	basic Acco	ount query	of record.
RS				. ,	
RS					
Signature					Disclaimer: While ever has been made to ensu
As the advisor Internet authorized authorized clients' plan and sub plan sponsor and member VIP Raresult of this access.  As the primary contact (advisor I	group information provide ooms and I accept respons	d on the Manulife Gro sibility for any misuse	oup Savings 8 of informatio	Retirement advisor, n that may occur as	accuracy of the information of the VIP Rosenow in the VIP Rosenow in warranty is express implied as to the accuradequacy or completer the information, and Mais not responsible for a

- a) I shall promptly advise Manulife in writing of any changes with respect to any advisor's authorization to view plan and member information.
- b) I accept responsibility for any misuse of information by the authorized advisor(s), if applicable.
- c) I accept that Manulife may change any or all of the services provided by the Manulife GS&R VIP Rooms at any time, with or without notice. The Manulife GS&R VIP Rooms may be periodically be unavailable in order to allow for maintenance or other reasonable cause.
- d) I will only grant access to the advisor, plan sponsor and member VIP Rooms to persons who require access for the purpose of the plan.

Signature of advisor Internet authorized officer		
Title	Name (please print)	
Signed at		Date Y Y Y Y M M D D

ort of errors, omission or results obtained from the use of such information.

## manulife.ca

