

Financial changes

Guaranteed Interest Contract

- Supplementary deposits
- Reinvestments
- Pre-Authorized Chequing - additions or changes

Instructions for completing this form

Please make two additional copies for the Owner and Representative.

Please complete section 1, Contract details, and the section relating to the transaction you are requesting.

Owner signatures are required on this form in the following situations:

- you are setting up a new PAC plan
- you are changing your banking information

For other transactions, the representative may sign on behalf of the owner as long as the date and time of owner contact are included.

This form may be faxed to us at 1-877-277-3774 if owner signatures are not required. If this form is faxed to us, please do not send the original.

If owner signatures are required, please send the original and do not fax the form.

Send this completed form to:

Manulife Financial
500 KING ST N
PO BOX 1602 STN WATERLOO
WATERLOO ON N2J 4C6

Manulife Investments Guaranteed Interest Contract Financial Changes

In this application, the terms *you* and *your* refer to the person who has policyowner's or policyholder's rights under the contract. The terms *we*, *our* and *us* refer to The Manufacturers Life Insurance Company (Manulife Financial).

1 Contract details

Please complete this section for all transactions.

Name of contract owner #1 (first, middle initial, last)	Contract number(s)
Name of contract owner #2 (first, middle initial, last)	

2 Do you want to request a 30-day rate guarantee?

By signing here you understand and agree that:

- you are transferring the total amount that is listed in Section 6 to Manulife Financial
- the commitment to transfer funds is irrevocable
- for supplementary deposits, Manulife Financial guarantees that if we receive the funds within 30 days after the date of the guarantee request, the rates in effect on the date it receives the guarantee request at its Head Office will apply to the funds
- for reinvestments, if a rate guarantee request is submitted within 30 days of the Account term maturity date, Manulife Financial will guarantee the rates in effect on the date the rate guarantee request is received at Head Office. If a "better-of" rate guarantee program is available, Manulife Financial will guarantee the rate in effect on the date the rate guarantee is received at Head Office or the rate in effect on the reinvestment date, whichever is higher
- the rates quoted will only apply if they are consistent with the rates described in the preceding paragraphs and you may withdraw from this agreement if the rates differ
- if the funds are received more than 30 days after the date of the request the interest rate(s) that apply to the funds will be the lower of (i) the rates described in the preceding paragraph and, (ii) the rates in effect when the funds were received
- if you withdraw funds from the contract prior to this guarantee being honoured, or if the total amount received under this guarantee differs by more than 10% or \$10,000 from the amount shown, Manulife Financial may, at its option, withdraw from the rate guarantee with respect to all or part of the amount received

Rate effective date (dd/mmm/yyyy)	Signature of owner or representative	Date signed (dd/mmm/yyyy)
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You must fax all pages immediately to: 1-877-277-3774.

If the total deposit and/or contract value is more than \$500,000 please contact Manulife Financial's Head Office.

3 Are you making a supplementary deposit?

Please attach the appropriate forms for transfers.

You must also complete section 6 to select your Account. If section 6 is not completed, the deposit will default into your Daily Interest Account.

<input type="radio"/> Cheque made payable to Manulife Financial				\$	
<input type="radio"/> Transfer from another financial institution	Name of institution			\$	
	Name of institution			\$	
<input type="radio"/> Transfer from another Manulife Financial product	Policy number	<input type="radio"/> Full <input type="radio"/> Partial	If partial indicate term maturity date (dd/mmm/yyyy) or fund name	Transfer effective (dd/mmm/yyyy)	\$
	Policy number	<input type="radio"/> Full <input type="radio"/> Partial	If partial indicate term maturity date (dd/mmm/yyyy) or fund name	Transfer effective (dd/mmm/yyyy)	\$
<input type="radio"/> RRSP loan from Manulife Bank	Loan application number			\$	
Total amount of your deposit				\$	

4 Third party contributors and/or politically exposed persons

Complete this section for non-registered contracts only.

Is the person contributing the funds a third party?

- No Yes (Please complete form NN0975E, Client and Third Party Identity Verification.)

Have you or the contributor or any close relative ever held a senior position in government, political party, military, tribunal or government-owned corporation of a foreign country?

- No Yes (Please complete form NN0975E, Client and Third Party Identity Verification.)

For more information regarding politically exposed persons, see form NN0975E.

5 For which Account are you providing re-investment instructions?

You must complete section 6 to purchase your Account.

Account number	Maturity date (dd/mmm/yyyy)	Maturity value (if available) or Daily Interest Account value	Amount to reinvest
		\$	<input type="radio"/> All <input type="radio"/> Specified amount \$
		\$	<input type="radio"/> All <input type="radio"/> Specified amount \$
		\$	<input type="radio"/> All <input type="radio"/> Specified amount \$

6 In which Account are you investing?

Maturity date should only be completed for Basic Accounts if the term period is not entered. If both term period and maturity date are indicated, then the default will be the term period.

Account type ¹	Amount	Term period (yr) or Maturity date (dd/mmm/yyyy)	Interest option ²	Posted rate	Interest rate adjustment	Final rate
	\$					
	\$					
	\$					
	\$					

¹ Account type
Cashable
 C - Basic
 L - Laddered
 E - Escalating Rate*
 D - Daily Interest Account
 * Not available for non-registered or RIF/LIF/LRIF/PRIF contracts.
 ** Not available for RIF/LIF/LRIF/PRIF contracts.

Non-cashable (if available)
 N - Basic**
 M - Market Growth*

² Interest options (Non-registered contracts only)
 The interest option selection is only applicable to Basic or Laddered Account terms.
 C - Compound
 A - Annual simple
 S - Semi-annual simple
 Q - Quarterly simple
 M - Monthly simple

The Interest Option for all registered contracts will be compound. Interest rates may be negotiated between the Owner and the Representative within the parameters set by Manulife Financial.

7 Do you want to initiate or change monthly deposits to the Daily Interest Account?

Applicable to RRRSP or Non-registered contracts only.

Complete this section to set up, change or stop a Pre-Authorized Chequing (PAC) plan.

If you do not specify a date, we will default to the end of month.

The minimum amount you may deposit each month is \$100.

Set up new PAC plan (attach a personalized blank cheque marked "VOID" and complete banking details below)

Change your banking information (attach a personalized blank cheque marked "VOID" or complete banking details below)

Change the amount or date of deposit on your current PAC plan

Stop your current PAC plan

Amount of your monthly deposit: \$

Month of your first deposit: _____

Day of your monthly deposit: end of month other day, please specify

Name of your bank or financial institution: _____

Transit number: _____ Bank number: _____ Account number: _____

If the account belongs to someone other than you, please have that person authorize the PAC plan by signing here. By signing here, the account holder acknowledges that all deposits made become the property of the owner of the contract and that no rights are extended to the account holder.

Name of account holder: _____ Signature of account holder: _____

8 Please sign here

By signing below, you confirm that you understand and agree that:

- you authorize us to act on the financial transactions you have requested
- if you have indicated in Section 3 that funds are coming from another Manulife Financial policy your signature constitutes authorization to withdraw the fund as described in that section
- compound rates are quoted as an effective annual rate. Interest accrues based on a daily compounding rate which produces the effective annual rate. Annual, Semi-Annual, Quarterly and Monthly Simple rates are quoted as a nominal annual rate
- if you have asked us to debit your bank account for a Pre-Authorized Chequing (PAC) plan, you authorize the bank or other financial institution you have named to honor your instructions. You or Manulife Financial may terminate a PAC plan by giving 10 days written notice, beginning on the date the notice is mailed

Signature of contract owner #1: _____ Signature of contract owner #2: _____ Date signed (dd/mmm/yyyy): _____

9 Representative information

If an owner signature is not required, please provide date and time of owner instructions.

By signing here, representatives confirm that they are appropriately licensed and that they will receive compensation, if applicable, if the deposit or reinvestment is accepted by Manulife Financial.

Name of representative (first, middle initial, last): _____ Representative code: _____ Branch: _____

Date of owner instructions (dd/mmm/yyyy): _____ Time of owner instructions (00:00): AM PM

Signature of representative: _____ Contact phone number: _____ Date signed (dd/mmm/yyyy): _____

If the representative is submitting the owner's deposit to a Manulife Financial bank account, please attach a copy of the deposit slip with this form.