

Group Benefits Direct Deposit & Electronic Claim Statements Registration

Visit manulife.ca/planmember to register and sign in to your Plan Member secure site. Then sign up for direct deposit and electronic claim statements under the My Profile menu OR complete and return this form along with your next group benefits claim. You must be registered for your Plan Member secure site to receive electronic claim statements.

Please print clearly and retain a photocopy for your files if required.

1 Plan member information	Plan member certificate number	Plan member name (last, first, middle initial) (please print)	Date of birth (dd/mmm/yyyy)
	Address (number, street, apt.)		Phone number
	City	Province	Postal code

Plan contract number

2 Banking information and email address

By providing your banking information, your claim payments will be deposited directly to your account. Locate your banking information on your personal cheque or bank statement, or contact your branch.

 **Manulife Bank**

500 KING ST. NORTH
WATERLOO, ONTARIO N2J 4C6

The illustration shows the MICR encoding used on standard cheques. The labels help you identify the codes to enter in the following table.

MEMO _____

⑈ 108 ⑈ ⑆ 0 1 2 2 5 4 0 ⑆ 000 1 1 0 0 1 1 1 ⑈

Transit number

Institution number

Account number

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By providing your email address, you will receive an email notification once your claim has been processed, including a link to manulife.ca, where you can sign in to view your electronic claim statements.

Email address (Please print clearly)

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To ensure you can view your electronic claim statements online and your paper claim statements are discontinued, visit manulife.ca/planmember to register for your Plan Member secure site.

3 Authorization and consent

I authorize Manulife to deposit all payments due to me from the above-referenced Group Benefits Plan ("Payments") into the bank account ("Account") that I have identified on this form. **I confirm** that this direct bank deposit authorization applies to the financial institution herein named by me and any other financial institution I choose to name in the future and shall remain valid until revoked in writing by me or by my duly authorized representative.

I understand and agree that upon the deposit of any Payment(s) into the Account, Manulife is fully discharged from any further liability with respect to such Payment(s). **I also understand and agree** that Manulife may, at any time and without prior notice, discontinue the direct deposit of Payment(s) requested herein and require my personal written endorsement relating to future Payment(s). **I also hereby acknowledge and agree** that any Payment(s) made by Manulife into the Account to which I am not entitled, either by contract or by law, shall not form part of my property and shall be immediately refunded to Manulife, either by me, by my duly authorized representatives or by representatives of my estate.

By providing my email address, **I authorize** Manulife to use the email address provided as a means of communication with me related to my group benefits. **I agree** that Manulife is not liable for damages which I may incur as a result of interception by a third party of an email transmission sent by Manulife or by me pursuant to this authorization. **I agree** that should the email address identified on this form change, I am responsible for updating the email address maintained by Manulife. **I understand** that if I do not wish to receive emails from Manulife, I can unsubscribe, remove my email address online or contact the Customer Service Centre at 1-800-268-6195 to have my email address removed.

I understand that any information provided to or collected by Manulife in accordance with this authorization will be kept in a group benefits life, health or disability file. Access to my information will be limited to:

- Manulife employees, representatives, reinsurers, and service providers in the performance of their jobs;
- persons to whom I have granted access; and
- persons authorized by law.

I have the right to request access to the personal information in my file and, where appropriate, to have any inaccurate information corrected.

I acknowledge that more specific details regarding how and why Manulife collects, uses, maintains, and discloses my personal information can be found in Manulife's Privacy Policy and Privacy Information Package, available at www.manulife.ca/planmember, or from my Plan Sponsor.

Please sign here

Signature of plan member	Date signed (dd/mmm/yyyy)
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4 Mailing instructions

Please complete and return this form along with your next group benefits claim.