



Member Employee Statement

- Long Term Disability Claim
- Waiver of Premium Claim for:
 - Basic & Optional Life Benefit
 - AD&D Benefit
 - Survivor Benefit

An incomplete form may result in delays in the adjudication of your disability claim.

Please see page 2 for instructions.

The LTD eligibility process

In assessing eligibility for LTD benefits, we gather information from you, your employer and your physician(s).

We ask you to provide information about what you are capable and incapable of doing, in relation to your job demands.

We ask your employer to tell us about your job demands.

We ask your physicians to provide us with information about your restrictions and limitations.

You are responsible for any fees your doctor charges for completion of the Attending Physician's Statement form and photocopies of file documentation.

All of the above information will be reviewed to determine whether you meet the eligibility criteria and that review cannot be completed until all of the information has been received. In some cases, it may be necessary to gather additional information before a decision can be made. We will notify you if this becomes necessary.

Instructions for this form

Please complete all sections of this form, sign and date it, and return it to your employer for submission to Manulife Financial (or; if you prefer, you can submit it directly to Manulife Financial, Group Disability Benefits, at the address below).

Authorization to attending physician

Please complete, sign and date the "Patient authorization" section at the top of page 3 of the Attending Physician's Statement form before you take it to your physician.

Our approach

Manulife Financial is committed to timely and effective return to work whenever possible. Should your claim for LTD benefits be accepted, we will review your situation and a representative of Manulife Financial will contact you to explore your current circumstances, and, if appropriate, develop a plan for your return to work.

Any questions?

Your employer is the best person to answer any questions you may have about your LTD benefit plan or the application process.

**Manulife Financial Group Benefits
Attention: Disability Claims
PO BOX 1030 STN CENTRAL
HALIFAX NS B3J 2X5
Tel: 1-800-565-0627
(902) 453-4300
Fax: (902) 429-7292**

www.manulife.ca/groupbenefits

Additional information may be submitted on separate pages if there is insufficient space on this form.

1 Plan member/employee information

Your plan number 84560	Your SIN	Employer	
Your job title		Your full name (last, first, initial)	
<input type="radio"/> Mr. <input type="radio"/> Ms. <input type="radio"/> Miss <input type="radio"/> Mrs.	Birthdate (dd/mmm/yyyy)	E-mail address	
Your street address (number, street and apartment)			
City		Province	Postal code
Phone number	Fax number	Number of dependants and ages	
Mailing address (if different from above)			

2 Work information

a) Last day worked?

(dd/mmm/yyyy)

b) Prior to stopping work were you performing your usual job or had your job been modified?

Yes No *If yes, how was it modified?*

c) If your work was modified, why were you unable to continue working?

d) How long were you performing modified work?

e) Since work absence commenced:

Have you attempted to work? <input type="radio"/> Yes <input type="radio"/> No	Dates (dd/mmm/yyyy) (from - to)	Describe

3 Other activities information

a) Since work absence commenced:

Have you returned to school/retraining? <input type="radio"/> Yes <input type="radio"/> No	Dates (dd/mmm/yyyy)	Describe
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Have you done volunteer activity? <input type="radio"/> Yes <input type="radio"/> No	Dates (dd/mmm/yyyy)	Describe
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b) Have you received any money from these activities?

Yes No

4 Injury information

a) Is work absence due to an injury?

Yes No *If no, please go to section 6, Same illness information.*

b) What kind of injury?

Motor vehicle accident Work related Other

c) Describe how and when injury occurred.

Date of injury (dd/mmm/yyyy)	Time of injury <input type="radio"/> a.m. <input type="radio"/> p.m.
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d) Is there any legal action involved?

Yes No *If yes, please provide lawyer's name and address.*

(not required if claim is for waiver of premium benefit only)

Lawyer's name	Lawyer's address
Phone number	

e) Was the occurrence investigated by police?

Yes No *If yes, please provide a copy of the police report.*

(not required if claim is for waiver of premium benefit only)

5 Motor vehicle accident information

(not required if claim is for waiver of premium benefit only)

a) If your work absence is related to a motor vehicle accident, please provide the following information:

Your insurer's name	Your insurance adjuster's name and phone number
Your insurance policy number or claim number	

6 Same illness information

a) Have you ever had the same or a similar illness?

Yes No *If yes, state when and describe. If no, go to section 7, Medical information.*

b) Did the illness result in an absence from work?

Yes No *If yes, state when.*

From (dd/mmm/yyyy)	To (dd/mmm/yyyy)
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7 Medical information

a) Please provide the following information about the family doctor who has your **MEDICAL RECORDS**.

Last name of doctor		First name of doctor		Approximately when did you first seek medical attention for this condition?	(dd/mmm/yyyy)
Address of doctor (number and street)			Suite	Date of first visit (dd/mmm/yyyy)	Date of next visit (dd/mmm/yyyy)
City		Province		Frequency of visits	
Postal code	Telephone number			Type of practitioner	

b) Please provide the following information about ANY OTHER **SPECIALIST OR HEALTH CARE PRACTITIONER** you have seen or are scheduled to see for this condition. (e.g. chiropractor, physiotherapist, psychologist, etc.)

Last name		First name		Approximately when did you first seek attention for this condition?	(dd/mmm/yyyy)
Address (number and street)			Suite	Date of first visit (dd/mmm/yyyy)	Date of next visit (dd/mmm/yyyy)
City		Province		Frequency of visits	
Postal code	Telephone number			Type of practitioner	

Last name		First name		Approximately when did you first seek attention for this condition?	(dd/mmm/yyyy)
Address (number and street)			Suite	Date of first visit (dd/mmm/yyyy)	Date of next visit (dd/mmm/yyyy)
City		Province		Frequency of visits	
Postal code	Telephone number			Type of practitioner	

Last name		First name		Approximately when did you first seek attention for this condition?	(dd/mmm/yyyy)
Address (number and street)			Suite	Date of first visit (dd/mmm/yyyy)	Date of next visit (dd/mmm/yyyy)
City		Province		Frequency of visits	
Postal code	Telephone number			Type of practitioner	

Last name		First name		Approximately when did you first seek attention for this condition?	(dd/mmm/yyyy)
Address (number and street)			Suite	Date of first visit (dd/mmm/yyyy)	Date of next visit (dd/mmm/yyyy)
City		Province		Frequency of visits	
Postal code	Telephone number			Type of practitioner	

8 Income/Benefit information

a) Have you applied for, are you receiving, or have you received any of the following benefits? **If so, please provide copies of pay slips and/or award letters, including decline letters.** (not required if claim is for waiver of premium benefit only)

INCOME/BENEFIT	DATE OF APPLICATION (dd/mmm/yyyy)	REFERENCE OR CLAIM NUMBER	CURRENT STATUS: (Check all that apply)				
			PENDING?	AWARDED?	DECLINED?	TERMINATED?	APPEALED?
QPP			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CPP/S.S.B.			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Workers' compensation*			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other group insurance			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Association plan			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Motor vehicle insurance			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Salary continuation			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Any short term plan			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employment insurance			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Old age security			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Retirement - government			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Retirement - employer			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Severance			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Veteran's allowance			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social services			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Creditor's disability insurance			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employment			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Any other Manulife plan			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

*Includes any type of benefit for work related illness or injury including Workers' Compensation Board (WCB), Workplace Safety and Insurance Board (WSIB) and Commission de la santé et de la sécurité du travail (CSST).

9 Summary of education, training and experience

Please attach a copy of a current résumé, if available. Otherwise, please provide the following information.

a) **Education**

SCHOOL	LOCATION	LEVEL OBTAINED	YEAR	AREAS OF STUDY
Elementary school/ High school				
College or university				
Other (Please include all forms of upgrading, in-service training, training on the job, special interest courses, etc.)				

b) **Work experience**

Begin with most recent but include every job you have had in the last 15 years. If more space is required, please use additional sheets of paper.

DURATION OF EMPLOYMENT		EMPLOYER	JOB TITLE AND DUTIES
FROM	TO		

c) Acquired skills

If not already mentioned in the education section, these may include typing, operation of equipment, supervisory skills, special licenses or designations, etc. Where appropriate, give level, speed or proficiency.

10 Driver's license information

a) Does your job require you to have a professional license or designation? Please explain.

b) Do you have a valid driver's license?

Yes No

Class	Indicate any restrictions

11 Other interests

Hobbies and interests, including any volunteer work.

12 Work capacity evaluation

In this section we are gathering information about your job duties and your ability or inability to do them. Please indicate the extent that you are now able to perform each activity that your job requires. If you have indicated "UNABLE TO DO", please provide primary reason.

Activity	N/A	SELDOM	INFREQUENT	OCCASIONAL	FREQUENT	CONSTANT	UNABLE TO DO	
		(< 1 hr.)	(1 - 2 hrs.)	(2 - 4 hrs.)	(4 - 6 hrs.)	(> 6 hrs.)	(Please explain)	
Sitting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Standing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Walking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Climbing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Kneeling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Bending/Squatting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Crouching	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Crawling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Pushing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Pulling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Fine manipulation; fingers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Simple grasping	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Fine manipulation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Fine manipulation; hands	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Repetitive body motions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Driving	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Reaching - above shoulder	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Reaching - at shoulder level	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Reaching - below shoulder	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Reaching - side to side	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Reaching - up and down	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Lifting / Carrying	N/A	0 - 10 lbs	11 - 20 lbs	21 - 50 lbs	> 50 lbs	FREQUENCY		
Lifting - floor to waist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Infrequent	<input type="radio"/> Frequent	<input type="radio"/> Constant
Lifting - waist to shoulder	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Infrequent	<input type="radio"/> Frequent	<input type="radio"/> Constant
Lifting - above shoulder	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Infrequent	<input type="radio"/> Frequent	<input type="radio"/> Constant
Carrying	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Infrequent	<input type="radio"/> Frequent	<input type="radio"/> Constant

PHYSICAL ACTIVITIES

PHYSICAL	Are you able to work in any of the following conditions?	Yes	No	If "No", please explain
	Exposure to marked changes in temperatures and humidity	<input type="radio"/>	<input type="radio"/>	
	Being around moving machinery	<input type="radio"/>	<input type="radio"/>	
	Unprotected heights	<input type="radio"/>	<input type="radio"/>	
	Exposure to dust, fumes and gases	<input type="radio"/>	<input type="radio"/>	
	Driving automobile equipment	<input type="radio"/>	<input type="radio"/>	

In this section we are gathering information about your job duties and your ability or inability to do them. For each activity that your job requires of you, please indicate the extent to which you are able to do it. If you have indicated "UNABLE TO DO", please provide primary reason.

PSYCHOLOGICAL ACTIVITIES	A. Understanding and memory	N/A	SELDOM	INFREQUENT	OCCASIONAL	FREQUENT	CONSTANT	UNABLE TO DO (Please explain)
	Remember locations and routine procedures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Understand and remember short and simple instructions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Understand and remember detailed instructions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	B. Sustained concentration and persistence	N/A	SELDOM	INFREQUENT	OCCASIONAL	FREQUENT	CONSTANT	UNABLE TO DO (Please explain)
	Carry out short and simple instructions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Carry out detailed instructions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Maintain attention and concentration for extended periods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Perform activities within a schedule	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Sustain an ordinary routine without supervision	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Make simple decisions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Solve simple straightforward problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Solve complex problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
C. Social interaction	N/A	SELDOM	INFREQUENT	OCCASIONAL	FREQUENT	CONSTANT	UNABLE TO DO (Please explain)	
Interact with the general public	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Ask questions or request assistance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Accept instructions and feedback	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Get along well with others without distracting them	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Get along well with others without being distracted by them	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
D. Adaptation	N/A	SELDOM	INFREQUENT	OCCASIONAL	FREQUENT	CONSTANT	UNABLE TO DO (Please explain)	
Respond to frequent changes in the environment or tasks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Aware of normal hazards and take appropriate precautions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Travel in unfamiliar places or use public transportation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Set realistic goals or make plans independently of others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Juggle tasks and prioritize	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

E. Responsibility and accountability	Yes	No
Is work pace without the pressure of deadlines?	<input type="radio"/>	<input type="radio"/>
Does the work involve occasional pressure to meet deadlines?	<input type="radio"/>	<input type="radio"/>
Does the work involve periodic pressure to meet deadlines?	<input type="radio"/>	<input type="radio"/>
Does the work involve significant pressures?	<input type="radio"/>	<input type="radio"/>

13 Other information

Please provide any additional information that you believe should be considered in assessing your claim.

14 When to contact Manulife Financial

NOTIFY MANULIFE FINANCIAL PROMPTLY IN THE FOLLOWING CASES.

I acknowledge I must notify Manulife Financial immediately if:

- a) my medical condition improves, even though I have not yet returned to work,
- b) I start work either as an employee or a self-employed person,
- c) I apply for benefits under any workers' compensation law or plan as defined in Section 8,
- d) I apply for benefits under Canada/Quebec Pension Plan,
- e) I receive any benefits or income from any other source,
- f) I am discharged from hospital if I am now hospitalized,
- g) I receive any other benefits/income related to my disability.
- h) I am leaving the country.

Plan member/employee's signature

15 Assignment, certification and authorization

I certify that the information in this form is true and complete, to the best of my knowledge.

I agree to refund any monies which may be due to Manulife Financial as a result of payment of disability benefits from any source listed above and/or in accordance with the provisions of the Nova Scotia Public Service Long Term Disability Plan Trust Fund administered by Manulife Financial.

I understand Manulife Financial may investigate this claim. I authorize any employer, physician, practitioner, health care professional, hospital, health care institution, medical organization, clinic and any other medical or medically-related facility, insurance organization, the Medical Information Bureau, any type of workers' compensation board or commission, group employer, or any other corporation, organization, institution, association or person to release and exchange with Manulife Financial any medical or benefit payment information, or any other information or records that may be requested by Manulife Financial to process or manage my claim.

I authorize the use of my Social Insurance Number for the purpose of tax reporting. I authorize its use for the identification and administration of my group benefits.

I understand and agree that Manulife Financial is administering this claim on behalf of the Nova Scotia Public Service LTD Plan Trust Fund (the Plan Sponsor) and that any information or records that Manulife Financial possesses in relation to my claim, are the property of the Plan Sponsor. I irrevocably authorize Manulife Financial to release this information or these records to the Plan Sponsor.

I agree that a photocopy of this authorization shall be as valid as the original.

Plan member/employee's signature

Date signed (dd/mmm/yyyy)

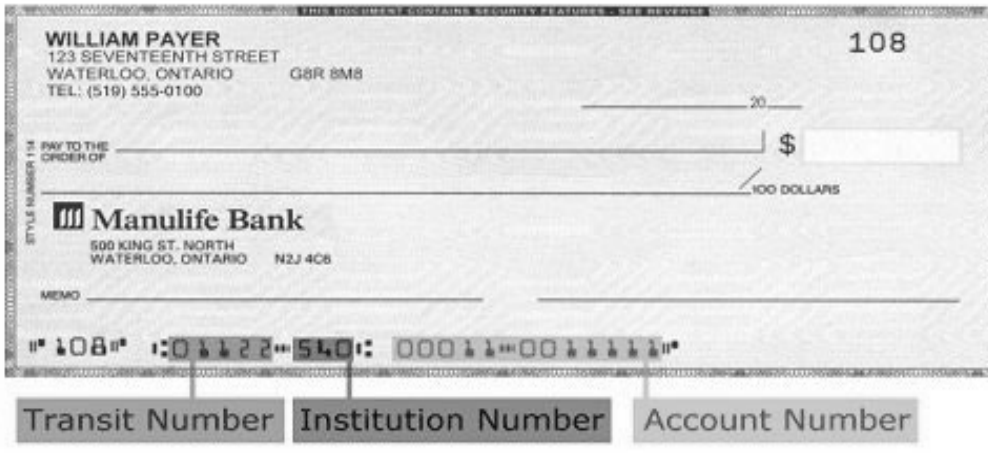
At Manulife financial, we know that confidentiality of personal information is important. Any information you provide to us will be kept in a group life and health benefits file. Access to your information will be limited to:

- our employees and representatives in the performance of their jobs;
- persons to whom you have granted access; and
- persons authorized by law.

You have the right to request access to the personal information in your file, and, if necessary, correct any inaccurate information.

Manulife Financial Group Benefits Tel: 1-800-565-0627
 Attention: Disability Claims (902) 453-4300
 PO BOX 1030 STN CENTRAL Fax: (902) 429-7292
 HALIFAX NS B3J 2X5

Plan number 84560	Name (first, last)		
Account holder name or name of person receiving payment (first, last)			Social Insurance Number
Address (number, street)	City	Province	Postal code



PLEASE DEPOSIT PAYMENT ON THEIR DUE DATE(S) TO THE ACCOUNT DESCRIBE BELOW

Transit number	Institution number	Account number	
Name of financial institution			
Address (number, street)	City	Province	Postal code

Please attach a void cheque.

I hereby authorize the Manufacturers Life Insurance Company ("Manulife Financial") to deposit, until further notice, payments due to me from the above plan, into my bank account. I agree that Manulife Financial will have no further liability with respect to any payment as requested herein and require my personal endorsement.

I authorize the use of my Social Insurance Number when applicable, for the purpose of my request for Direct Bank Deposit and for the identification and administration of my benefits under the above-mentioned plan, number 84560.

The above request and authorization apply to any other account in this financial institution or any other financial institution subsequently named by me.

Authorized signature	Date (dd/mmm/yyyy)
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