

## Manulife Investments Client Signature Requirements for Segregated Funds, GICs/Term Funds and Annuities

TRANSACTION TYPE		DATE AND TIME** OF CLIENT CONTACT	CLIENT SIGNATURE(S) (FAX ACCEPTABLE)
Address Change		✓	
	Address is c/o someone else's address		✓
Advisor Change			$\checkmark$
Application (New Contract)****			$\checkmark$
Beneficiary*, Annuity Settlement Option*, Successor Annuitant* or Successor Owner Designation			✓
Contract Maturity Extension			<b>√</b>
Deposit		✓	
Dollar Cost Averaging Fund (DCAF)		<b>√</b>	
Election Form			<b>√</b>
Fund Switch		<b>√</b>	
Guarantee Guard		✓	
Guarantee Reset		<b>√</b>	
MPIP Segregated Pools Contract Householding		✓	
Name Change			<b>√</b>
Owner Change*, RESP Subscriber or Student Beneficiary Change			✓
PAC	Set up		✓
(Pre-Authorized Chequing)	Increase or decrease amount, change allocation, stop Banking change (with 'personalized blank cheque marked void' or copy of bank statement)	<b>√</b>	
Rate Guarantee		$\checkmark$	
Reinvestment		<b>√</b>	
RESP Grant form			✓
SWP (Scheduled Withdrawal Payments)	Set up*, increase*, decrease, change allocation Banking change (with personalized blank cheque marked 'void' or copy of bank statement)	✓	
Transfers (cash)— Internal*, Fee Option Changes (Between Manulife Investment products only)	ALL PRODUCTS EXCEPT RESP AND UNLOCKING Up to and including \$150,000 AND Owner is same on 'from' and 'to' contracts and no charges incurred	✓	
	Greater than \$150,000 OR Owner different and/or charges incurred		<b>√</b>
	RESP Any Amount		<b>√</b>
Transfer to GIF Select*			✓



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Transfers - External* (Out of Manulife Investments)			<b>✓</b>
Transfer to RRIF/LIF/PRIF/RLIF*	Amendment of existing contract to an income plan		✓
Transfers-in-Kind*			✓
Unlocking***			✓
Withdrawal*  If banking instructions for direct deposit are changing, a faxed copy of a personalized blank cheque marked 'void' is also required.	ALL PRODUCTS EXCEPT RESP AND UNLOCKING Up to and including \$150,000	<b>√</b>	
	Greater than \$150,000		✓
	RESP Any amount		✓
	NON-INDIVIDUAL OWNER (e.g. estate, trust)  Any amount		✓
	PAYABLE TO A THIRD PARTY  Any amount		✓

<sup>\*</sup>Where there is an IRREVOCABLE BENEFICIARY named on the contract, the irrevocable beneficiary and witness signature is required to authorize the transaction

 $<sup>^{**} \ \</sup>mathsf{Date} \ \mathsf{and} \ \mathsf{time} \ \mathsf{for} \ \mathsf{each} \ \mathsf{owner/Subscriber} \ \mathsf{is} \ \mathsf{required} \ \mathsf{if} \ \mathsf{more} \ \mathsf{than} \ \mathsf{one} \ \mathsf{owner/Subscriber} \ \mathsf{is} \ \mathsf{on} \ \mathsf{the} \ \mathsf{contract}$ 

<sup>\*\*\*</sup>Original signature may be required for some pension department forms

<sup>\*\*\*\*</sup>Please refer to the Dual Method Identification Form (NN1663) for non-face to face sales