

Change request: Plan access authorization

Plan administrator / Company Personnel

Complete this form to add or delete individuals having access to your plan records through the internet, phone and email inquiries.

You can find this form online by signing in to your account with your Manulife ID at manulifeim.ca/retirement. Look for "Tools and resources" in the left-hand navigation menu. From there, select "Plan Resources" and then "Forms."



Don't have a Manulife ID yet?

Sign up now to access your account anytime on our secure website. Go to manulifeim.ca/retirement, click 'Sign in' and follow the instructions to set up your Manulife ID.

Print clearly in the blank boxes. Remember to sign and date the form.

Need help? Contact Customer Service at 1-888-713-7788.

1. Your plan information

Plan Sponsor/Employer	Group policy number(s)
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2. Adding access

Add and extend access to the individual(s) listed in this section.

Plan Administrator: Main contact on plan with full access to plan information. One Plan Administrator assigned unless divisions are applicable.

Company Personnel: Secondary contact on plan with limited access to plan information.

Title: ☐ Plan Administrator ☐ Company Personnel			
Last name		First name	Middle initial
Existing Custom No. (if applicable)		Division (if applicable)	
Business address		City	Province Postal code
Date of birth (dd/mmm/yyyy)	Business phone number	Email	

Title: ☐ Plan Administrator ☐ Company Personnel			
Last name		First name	Middle initial
Existing Custom No. (if applicable)		Division (if applicable)	
Business address		City	Province Postal code
Date of birth (dd/mmm/yyyy)	Business phone number	Email	

Title: ☐ Plan Administrator ☐ Company Personnel			
Last name		First name	Middle initial
Existing Custom No. (if applicable)		Division (if applicable)	
Business address		City	Province Postal code
Date of birth (dd/mmm/yyyy)	Business phone number	Email	

3. Removing access

Remove the following individual(s) from having this access:

Title: ☐ Plan Administrator ☐ Company Personnel		
Last name	First name	Middle initial
Existing Custom No. (if applicable)	Division (if applicable)	

Title: ☐ Plan Administrator ☐ Company Personnel		
Last name	First name	Middle initial
Existing Custom No. (if applicable)	Division (if applicable)	

4. Additional information

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5. Read and sign here



Authorize by obtaining the signature of the Policyholder, Plan Sponsor or current Plan Administrator.

I authorize the above plan access changes and acknowledge these changes affect access to both member(s) personal and plan information hereby request the transfer of my account and its investments as described above.

Print name and title	Date signed (dd/mmm/yyyy)
Signature	

Personal information

We collect, use, and disclose your personal information for the purpose of processing your request. We disclose your personal information to authorized employees, agents, representatives, financial institutions and other parties with whom we deal with in issuing and administering your product(s) and services, now and in the future. Also, we disclose your personal information to service providers who require this information to perform their services for us (for example data processing, programming, data storage, and printing). Unless there are contractual limitations, your personal information may be accessed or transferred within or outside Canada and may be subject to the laws of those jurisdictions. You may withdraw your consent subject to legal and contractual restrictions. You also have the right to access and correct your personal information maintained in our files. For further information you can review our Privacy Policy or email us at Canada_Privacy@manulife.ca.

Send us your documents online



It's faster and safer than email or regular mail.

From your Manulife Mobile app, sign in with your Manulife ID (choose Group Retirement). From the top left menu, select your name to get to your profile, then select **Send documents**.

or

From your desktop or tablet, sign into your account at manulifeim.ca/retirement using your Manulife ID. Look for **Send documents** on your homepage under 'Quick links' or 'Helpful information'.

If you need to mail the form, send it to one of the addresses below.

Outside of Quebec:

Manulife
Group Retirement
P.O. Box 396
Waterloo, ON N2J 4A9
Fax: 1-866-945-5110

Quebec:

Manulife
Group Retirement
2000 Mansfield, Suite 1410
Montréal, QC H3A 3A2
Fax: 1-866-945-5109