

Member Identification Form

Face-to-face Method to Verify a Member's Identity

Please print clearly in the blank boxes.

This form is to be used when an individual is required to provide proof of identity to Manulife as required by the Proceeds of Crime (Money Laundering) and Terrorist Financing Act and Regulations, and providing such identification in person is not possible or convenient.

Employee/Member information

First name	Middle initial	Last name
Policy number		Membership number
Occupation (if you are retired or unemployed, provide the details of your most recent employment)		Date of birth (dd/mm/yyyy)
In what industry are you employed? (most recent if retired or not employed)		
Name of company/employer (most recent if retired or not employed)		

Purpose and intended use of the account

What is the purpose and intended use(s) of this account?			
☐ Emergency fund	☐ Short term savings	☐ Education	☐ Operating funds
☐ Real estate purchase	☐ Retirement savings	☐ Estate planning	☐ Long term investments
☐ Other (please specify)			

Declaration of Tax Status

Tax residency information must be provided. You should speak to your advisor or tax specialist if you need more information about why it is required.

What is your tax residence(s)? Select all that apply.

☐ I am a tax resident of Canada

SSN or ITIN

☐ I am a U.S. citizen or a U.S. resident for U.S. tax purposes

Provide your social security number (SSN) or individual taxpayer identification number (ITIN). If you do not have a SSN or ITIN you have 90 days to apply for one and 15 days after you receive it to provide it to us.

☐ I am a tax resident of a jurisdiction(s) other than Canada or the U.S.

Provide the information below for each jurisdiction other than Canada or the U.S.

List all non-Canadian jurisdictions of tax residence and provide all taxpayer identification number(s) (TIN)
If you do not provide a Taxpayer identification number (TIN), select the reason for not providing a TIN.

Jurisdiction of tax residence	Taxpayer identification number (TIN)
Reason for not providing a TIN ☐ A ☐ B ☐ C, specify:	
Jurisdiction of tax residence	Taxpayer identification number (TIN)
Reason for not providing a TIN ☐ A ☐ B ☐ C, specify:	
Jurisdiction of tax residence	Taxpayer identification number (TIN)
Reason for not providing a TIN ☐ A ☐ B ☐ C, specify:	

Reasons for not providing a TIN

A - Applied for a TIN but have not yet received it

B - Jurisdiction of tax residence does not issue TINs to its residents

C - Other - Specify the reason

Third Party Determination

A third party could be an individual or an entity that will make deposit(s) into the account or have the use of, or access to, the account value. Types of third party may also include, but are not limited to:

Executor, Attorney (Power of Attorney)

a. Will anyone other than yourself be making a deposit to this account?

☐ No ☐ Yes

b. Does anyone other than yourself have indirect control or an interest in this account? For example, a power of attorney, guardianship or assignment. Please provide all the supporting legal documentation.

☐ No ☐ Yes

If you answered yes to questions a or b above, identify all third parties (individuals or entities) involved in this account. Attach additional pages if necessary.

If the third party is an individual:

Name of the third party		Date of birth (dd/mm/yyyy)
Occupation (most recent, if currently retired or unemployed)		
In what industry is the individual employed? (most recent, if currently retired or unemployed)		
Name of the individual's company/employer (most recent, if currently retired or unemployed)		
Address (number, street, unit number)		
City	Province	Postal Code
Relationship of this individual to yourself		

If the third party is an entity:

Name of the third party		Incorporation number
What is the entity's primary industry?		What is the entity's business type?
Is this entity a corporation? ☐ No ☐ Yes If yes, tell us:		
Jurisdiction of registration ☐ Federal ☐ Provincial or territorial (specify province or territory _____)		
Address (number, street, unit number)		
City	Province	Postal Code
Relationship of this entity to yourself		

If you are completing this form in the presence of an Advisor who is contracted with Manulife, you are required to provide a government issued photo identification document as required by law.

Which document are you showing the Advisor to verify your identity?

Note: We may be in contact with you for further information, if required.

Identity document

Government Issued Identification (choose one):

☐ Canadian Passport	☐ Driver's Licence	☐ Canadian Citizenship Card (issued prior 2012)	☐ Other
Document Number:		Expiry Date (dd/mm/yyyy)	
Jurisdiction		Date identity was verified (dd/mm/yyyy)	

Definitions:

¹A close relative is a spouse; common-law partner; mother; father; child (including in-laws); brother or half-brother; sister or half-sister; spouse's or common-law partner's mother or father.

²A close associate is a person closely associated, for personal or business reasons, to the person described.

³This form lists these foreign and domestic positions later in this section.

⁴The head of an institution that was established by an international organization, was set up by the governments of more than one country and was formed through a formally-signed agreement between the governments of more than one country. The HIO is the primary person who leads the institution; for example, a president or CEO. This PEP also includes a close relative¹ of the person or close associate² of the HIO.

Politically exposed person

To be completed when a contribution of \$100,000.00 or more is invested in a non-registered account.

A politically exposed person (PEP) is a person, or a close relative¹ or close associate² of a person, who holds, or has held, certain positions³ in or on behalf of the state. A PEP falls into one or more of these categories:

- 1) a politically exposed foreign person (PEFP) holds or has held the position outside Canada
- 2) a politically exposed domestic person (PEDP) holds or has held in the last five years, the position within Canada
- 3) the head of an international organization or an institution established by an international organization⁴ (HIO)

Is the applicant or person contributing the funds, a PEP, or a close relative or close associate of a PEP? ☐ Yes ☐ No (If the answer to the question is "YES", please complete information below.)	
Who is politically exposed? ☐ Self ☐ Contributor (current or future)	Name of contributor
Name of person who holds or held a political office and/or is the head of an international organization? (first, middle initial, last)	
In what country is/was the position held?	During what time period was the position held? Starting month/year Ending month/year
Name of the organization, agency or government department	
Title of position held	

Politically exposed person, continued

What office or position is or was held by the person who is or was politically exposed in a foreign country?	
☐ Head of state or head of government	☐ President of a state-owned company or bank
☐ Member of the executive council of government or member of a legislature	☐ Head of a government agency
☐ Deputy minister (or equivalent rank)	☐ Judge of a supreme court, constitutional court or other court of last resort
☐ Ambassador or ambassador's attache or counsellor of an ambassador	☐ Leader or president of a political party represented in a legislature
☐ Military officer with a rank of general or above	☐ Holder of any prescribed office or position
What office or position is or was held by the person who is or was politically exposed in Canada in the last five years?	
☐ Governor General, Lieutenant Governor, or head of government	☐ Head of a government agency
☐ Member of the Senate or House of Commons, or member of legislature	☐ Judge of an appellate court in a province, the Federal Court of Appeal, or the Supreme Court of Canada
☐ Deputy minister or equivalent rank	☐ Leader or president of a political party represented in a legislature
☐ Ambassador or ambassador's attache or counsellor of an ambassador	☐ Holder of any prescribed office or position
☐ Military officer with a rank of general or above	☐ Mayor
☐ President of a corporation that is wholly owned directly by Her Majesty in right of Canada or a province	
☐ The person is the head of an international organization or an institution established by an international organization	
What is the relationship of the person named above to the owner or contributor?	
☐ Self	☐ Brother, sister, half-brother or half-sister
☐ Spouse or common-law partner	☐ Spouse's or common-law partner's parent
☐ Child (including in-laws)	☐ Close associate
☐ Mother or father	

Source of Funds

To be completed only if you have self-disclosed as a PEP in the Section above and made a contribution of \$100,000.00 or more.

☐ Salary/earned income	
☐ Business income/Self-employment income	
☐ Savings	
☐ Investment income	
☐ Proceeds from death benefits or estate	
☐ Proceeds from a legal case or action	
☐ Gift, inheritance	
☐ Pension income	
☐ Sale of property	
☐ Borrowed funds	
☐ Internal transfer from a Manulife contract (please specify)	
☐ Other: (please specify)	

Please sign here

I confirm that I have read, understood and agreed to the information in this form. I also confirm that information in this form is correct to the best of my knowledge.

Your signature	Date signed (dd/mm/yyyy)
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Advisor's statement

To be completed if an advisor is helping with this enrolment form.

In this section, **you** and **your** refer to the advisor.

By signing below, you:

- 1) Certify that you have reviewed the original, valid, and unexpired government-issued photo identification provided by the applicant.
 - a) the photo on the identification document is substantially similar to the client, and the name matches the owner name on the application.
 - b) you have no reason to believe that the person presenting himself or herself was not the individual on the identification document.
- 2) Certify that you believe the information provided on this application is current, correct, and complete.
- 3) Agree to tell us if you suspect that someone who has not been named in this request will be:
 - a) paying for or making deposits to the account
 - b) making decisions about or participating in any way in the account
 - c) expecting to benefit in any way from the account.

Advisor's name	Advisor's signature	Date (dd/mm/yyyy)
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Mailing instructions

Send your completed forms to the address below.

If you live outside of Quebec:

Manulife
Attn: GRS Client Services
P.O. Box 396
Waterloo, ON N2J 4A9
Fax: 1-866-945-5110

If you live in Quebec:

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

For Manulife use

Manulife customer number	Date (dd/mm/yyyy)
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Privacy Statement

At the Manufacturers Life Insurance Company ("we" or "Manulife"), we are committed to maintaining the highest standards of integrity in our business. In the course of our business, it is necessary to collect, record, store, process, transmit, and otherwise handle personal information about individuals. We take these activities seriously and seek to provide fair, secure and appropriate methods for the handling of personal information. All such activities are intended to be consistent with both generally accepted privacy and business practices.

We will establish and maintain a file containing personal information about you, your contract(s), as well as information concerning any insurance claim. Personal information that we collect will be used for the purposes of determining your policy, account or group benefits plans, confirming your identity and the accuracy of the information collected, conducting searches to locate you and update your contact information, obtaining investigation, credit bureau or consumer reports, investigating and assessing claims or complying with legislative requirements. Only our employees and authorized advisors, representatives, distribution partners, agents, and third parties, including affiliates, who are responsible for underwriting, investigations, administration and claims, or any other person whom you authorize, will have access to your file. We may use third parties, including affiliates, to provide services. They will be given only the information needed to perform those services. We hold these third parties to the same high standards of confidentiality by which we are governed. In some cases, Manulife employees, third party service providers, agents, and any of their service providers, may be located in other provinces or territories, or jurisdictions outside of Canada, and your personal information could, therefore, be subject to laws of foreign territories and accessed by foreign authorities. If you have questions about collection, transfer, and use of personal information outside of Canada, you can contact the Privacy Officer at the address below.

To obtain more information about our Privacy Policy please refer to Manulife's web site at www.manulife.ca, or send a request by mail to the address below.

You are entitled to consult the personal information contained in this file and, if applicable, to have it rectified by sending a written request to the following address:

The Manufacturers Life Insurance Company

Att. Privacy Officer
PO Box 11464, STN Centre-ville
Montreal, Quebec, H3C 5M3