

Have your claim payments deposited directly into your bank account with **Electronic Funds Transfer (EFT)**

Electronic Funds Transfer (EFT), or direct deposit, is a convenient payment option that allows you to have your claim payments deposited directly into your bank account. Once you have signed up, instead of receiving a claim cheque in the mail, you will receive a payment summary (claim statement) by mail but your claim payments will be transmitted by Manulife Financial electronically to your bank account. It's fast, simple and reliable.

Electronic Funds Transfer Request Form

Please complete the following. Be sure to provide all the information requested. Make a copy of this form for your files, and return the original to your benefits administrator. You may wish to attach a void cheque to this form for verification of bank account information.

Safeguarding Your Personal Banking Information: Your personal bank account information and details of your claim payments will be kept in strictest confidence and will be used only for the purposes we have identified to you, with your permission.

Your Plan Contract Number: _____

This is the number that identifies your group plan to Manulife Financial. Check your benefits card or ask your benefits administrator.

Plan Member Certificate Number: _____

This is the number you use when making claims. It may be your Social Insurance Number or your employee number. If you are unsure of your identification number, check your benefits card or ask your benefits administrator.

Payee Name: _____

Show your first and last name, and a middle name or initial if one is included on your bank account records (should be written as appears on your cheque).

Enter your personal banking information (as shown on the bottom left corner of your cheque) in the next three fields. Please use the sample cheque number pattern as a guide to completing this section.

Sample cheque number pattern:

090 90999 009 0090099

(Cheque #) (Transit #) (Bank Code) (Account #)

Bank Code: _____

All banks have their own code which uniquely identifies them.

Transit #: _____

The transit number identifies the branch with which you deal.

Bank Account #: _____

Indicate to which bank account number you wish to have your claim payments deposited. If your bank account number starts with zero, be sure to include the zero (the bank will need it included in order to properly identify your account). Do not include dashes, hyphens or any other punctuation in the account number.

Authorization (Your Signature): _____ Date: _____

"I am providing my banking information for the purposes of Electronic Funds Transfer (EFT) and authorize Manulife Financial to deposit all claim payments owing to me under my benefits policy to the bank account specified by me."

**Please send the completed form to: Plan Member Administration
Manulife Financial
PO Box 2026
Halifax, NS B3J 2Z1**

Should you wish to discontinue direct deposit and begin receiving your claim payments by cheque please advise your plan administrator who, in turn will advise Manulife Financial.