

Investment direction for future contributions

*This transaction can be processed free of charge on the Internet and Telephone.
See your Plan Administrator to help you complete this form.*

Forward to: Manulife Financial
Attn: GSRS Client Services, KC-6
PO BOX 396 STATION WATERLOO
WATERLOO ON N2J 4A9

This form is also available on the Manulife Web site at www.manulife.ca/GRO

Plan information

Group policy number		Plan Sponsor/Employer			
Member number		Customer number		Reference number Manulife Financial use only	
Last name of member			First name		Middle initial
Mailing address (number, street and apt. number)					
City		Province	Postal code	Telephone number ()	Ext
Email address (if applicable)					

Investment direction

(For future contributions only)

**A minimum of 3% per fund,
whole numbers only**

If you fail to provide other specific instructions, all assets deposited to your account will be allocated according to the instructions provided at right. If you do not complete this section, or the total does not add up to 100%, all amounts will be deposited to the plan default fund.

Please enter the investment code numbers for all the investments in which you wish your contributions to be allocated. (Investment codes are available from your Group Investment Report, Plan Administrator or the Internet). For each applicable contribution type (Plan Sponsor required, Member required, Plan Sponsor voluntary, and Member voluntary), please indicate the percentage to be allocated to each investment.

Investment code	Contribution types				
	All types	Member required	Member voluntary	Sponsor required	Sponsor voluntary
	%	%	%	%	%
	%	%	%	%	%
	%	NOT %	NOT %	NOT %	NOT %
	%	APPLICABLE %	APPLICABLE %	APPLICABLE %	APPLICABLE %
	%	IF "ALL %	IF "ALL %	IF "ALL %	IF "ALL %
	%	TYPES" ARE %	TYPES" ARE %	TYPES" ARE %	TYPES" ARE %
	%	CHOSEN %	CHOSEN %	CHOSEN %	CHOSEN %
	%	%	%	%	%
	%	%	%	%	%
	%	%	%	%	%
Total	100%	100%	100%	100%	100%

The investment performance of amounts directed to a market based fund is not guaranteed.

Signature(s)

Manulife Financial reserves the right to return incomplete forms, or forms that have been filled out incorrectly. In the event that there is an error made processing your transaction, you have thirty days to notify Manulife Financial.

Member's signature	Date signed (dd/mmm/yyyy)
Plan Administrator's signature (if required)	Date signed (dd/mmm/yyyy)