

Instructions

Please complete this form and submit *along with a VOID cheque* to:

Mail: Manulife

Distributor Services
500 King Street North
PO Box 1602
Waterloo ON N2J 4C6

Email: Comp_MFC@manulife.com

(NOTE – please scan a copy of your VOID cheque and send it as an attachment with this form.)

Fax: 1-866-222-2963

(NOTE – please write “Attn: Distributor Services” on your fax cover sheet.)

1 Payee information	Advisor/Corporation selling code	Branch	Effective date of change (dd/mmm/yyyy)
	Advisor/Corporation name (please print)		
	Does this change apply to all selling codes receiving payment for the above named advisor/corporation? <input type="radio"/> Yes <input type="radio"/> No If <i>no</i> , list applicable codes below.		
2 Authorization	I authorize and direct Manulife Financial and any of its affiliates, and any representatives, to pay all my compensation to the account represented by the cheque or deposit information attached hereto. I agree that a photocopy, fax or scanned email of this authorization and direction shall be valid as the original. <input type="radio"/> I confirm that I am the account holder (or authorized corporate signer) of the attached account information.		
	Date (dd/mmm/yyyy)	Telephone number	
3 Direct deposit information	Transit number	Institution/Bank number	Account number

Please attach your VOID cheque here.

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**We will only accept personalized void cheques.*

Version française au verso.