

# Enrolment Form



## Manulife Financial Corporation Canadian Amended and Restated Dividend reinvestment and Share Purchase Plan

To: AST Trust Company (Canada) ("AST ")

**Please refer to the Plan Offering Circular before enrolling**

Copies are available at:  
[www.astfinancial.com/ca-en](http://www.astfinancial.com/ca-en)

I wish to enrol in Manulife Financial Corporation Canadian Amended and Restated Dividend Reinvestment and Share Purchase Plan (the "Plan") in order to reinvest  all or \_\_\_\_\_ shares of cash dividends received on Manulife Financial Corporation common shares in common shares of Manulife Financial Corporation.

By signing this form, I request to be enrolled in the Plan, acknowledge that I have read the Plan Offering Circular containing and describing the Plan and that my participation in the Plan will be subject to its terms and conditions. I also acknowledge that my enrolment in the Plan will remain in effect until I otherwise notify AST, in writing, in accordance with the Plan.

PLEASE PRINT CLEARLY – To avoid delays and ensure your enrolment, please complete all fields

First Shareholder Name:	Date of Birth (DD/MM/YYYY):	Occupation:	
Second Shareholder Name (if applicable):	Date of Birth (DD/MM/YYYY):	Occupation:	
Third Shareholder Name (if applicable):	Date of Birth (DD/MM/YYYY):	Occupation:	
Address: (street number and name, apartment number or suite):			
City:	Province:	Postal code:	Daytime Telephone: (       )
S.I.N. / T.I.N.:	Shareholder Account/Securityholder Number	Shareholder Email (optional):	

Your Shareholder Account/Securityholder Number is located on your Manulife Financial Corporation dividend cheque.

### Optional Cash Contribution

I enclose my initial payment of \$ \_\_\_\_\_ ( **Min:** \$ \_\_\_\_\_ **Max:** \$ \_\_\_\_\_ ) .

Note: Your cheque should be made payable to "AST Trust Company (Canada)". No interest is payable on funds held prior to reinvestment date.

If you are making an optional cash contribution for the first time, please complete our Participant Declaration Form available at <https://www.astfinancial.com/ca-en/knowledge-centre/forms>.

Shareholder Signature

Second Shareholder Signature  
(if applicable)

Third Shareholder Signature  
(if applicable)

Date (DD/MM/YY)

\_\_\_\_\_

Please see reverse of form for instructions and additional information.

**Instructions:**

1. **IMPORTANT:** If shares are held by a corporation, partnership, association, agency, estate or trust, this form must be signed by a duly authorized signing officer whose title must be provided. AST may require submission of satisfactory evidence of authority of the person executing the form.
2. If shares are jointly held, all shareholders must sign this form.
3. Participation in this plan is limited to Canadian residents.
4. If your shares are held in more than one account, a separate enrolment form must be completed for each account that you wish to participate in the Plan.
5. Non-registered beneficial holders (i.e., shareholders who hold their shares through an intermediary, such as a financial institution, broker or other nominee) should consult with that Intermediary to determine the procedure for participation in the Plan.
6. For inquiries, please contact AST Trust Company (Canada) at 1-800-783-9495 or [inquiries@astfinancial.com](mailto:inquiries@astfinancial.com).
7. Once completed, please return the form to:

AST Trust Company (Canada)  
P.O. Box 4229  
Station A  
Toronto, ON M5W 0G1  
Fax: 1-888-488-1416

**Note:**

AST is soliciting this information in compliance with the Plan and Anti-Money Laundering and Anti-Terrorist Financing legislation. All information will be held in accordance with our Privacy Policy located at <https://www.astfinancial.com/ca-en/privacy-policy>