

DIVIDEND REINVESTMENT AND STOCK PURCHASE PLAN
FOR SHARES OF
MANULIFE FINANCIAL CORPORATION

Co. #04658

ENROLLMENT APPLICATION

Please enroll this account as follows:

Check one box only (X).

If you do not check any box, then FULL DIVIDEND REINVESTMENT will be assumed.

FULL DIVIDEND REINVESTMENT - Reinvest all dividends for this account.

PARTIAL DIVIDEND REINVESTMENT- Reinvest dividends on _____ shares

I (We) hereby appoint American Stock Transfer & Trust Company, LLC as my (our) Agent under the terms and conditions of the Plan, as described in the Brochure of the Plan which accompanied this form, to receive cash payments and apply them to the purchase of shares of Manulife Financial Corporation Common Stock as indicated below.

NO INTEREST WILL BE PAID ON THE FUNDS HELD PENDING INVESTMENT.

This form, when completed and signed, should be mailed in the envelope provided. Please affix postage to ensure proper processing. If you do not have the envelope, mail your check and the form to:

MANULIFE FINANCIAL CORPORATION

C/O American Stock Transfer & Trust Company, LLC
P.O. Box 199014, Brooklyn New York 11219
Attn: Plan Administration Department

Please complete the boxes below for the account registration.



SOCIAL SECURITY OR TAXPAYER IDENTIFICATION NUMBER

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I hereby warrant, under penalty of perjury, that the number provided above is correct.

ACCOUNT NUMBER _____

NAME OF REGISTERED HOLDER (s) _____

ACCOUNT ADDRESS _____
STREET CITY STATE ZIP CODE

SIGNATURE(s) _____
All Joint Owners Must Sign

For optional investments in the Share Purchase Plan

ATTACHED IS A CHECK FOR \$

MINIMUM INVESTMENT IS \$50 FOR STOCKHOLDERS OF RECORD AND CURRENT PLAN PARTICIPANTS
MAXIMUM INVESTMENT IS \$250,000 PER CALENDAR YEAR

