

Advisor Direct Deposit Information

Affinity Markets

Instructions

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

Mail: Manulife

Affinity Contracting 500 King Street North PO Box 1602 Waterloo, ON N2J 4C6

Email: AffinityContract@manulife.com

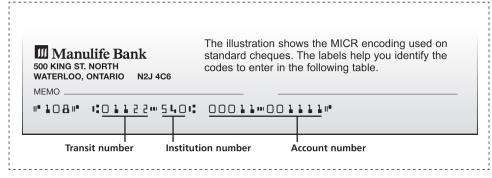
(NOTE – please scan a copy of your VOID cheque and send it as an attachment with this form.)

Fax: 1-866-222-2963

(NOTE – please write "Attn: Affinity Contracting" on your fax cover sheet.)

1	Payee information	Advisor/Corporation selling code			Effective date of change (dd/mm/yy)			
		Advisor/Corporation name (please print)						
		Email			Telephone Number			
		Address	City			Province	Postal Code	
2	Authorization	my compensation to the accou hereto. I agree that a photocop shall be valid as the original.	nfirm that I am the account holder (or authorized corporate signer) of the attached					
		Date (dd/mm/yy)	Signature					
3	Direct deposit information	Transit number	Institution/Bank nu	mber	Account	t number		

Please attach your VOID cheque here.



We will only accept VOID cheques.