

**Must be  
Postmarked  
No Later Than  
October 9, 2017**

**Manulife Financial Corporation  
Securities Class Actions  
c/o Crawford & Company  
and Garden City Group, LLC  
Suite 3-505, 133 Weber St N  
Waterloo, ON N2J 3G9  
Canada  
1-844-634-8911**

**MNU**



Claim Number:

Control Number:

Ce document contient des renseignements importants exigeants une attention rapide. Pour obtenir la traduction française de ce document, veuillez visiter le [www.reglementmanuvie.com](http://www.reglementmanuvie.com).

## **CLAIM FORM**

**YOU MUST SUBMIT A CLAIM FORM TO THE ADDRESS ABOVE POSTMARKED NO LATER THAN OCTOBER 9, 2017 TO BE ELIGIBLE FOR COMPENSATION PURSUANT TO THE SETTLEMENT OBTAINED IN CONNECTION WITH THE MANULIFE FINANCIAL CORPORATION SECURITIES CLASS ACTIONS (THE "ACTIONS").**

Please note, your rights under the Personal Information Protection and Electronic Documents Act (PIPEDA) require private-sector organizations, such as ours, to seek your consent to collect, use and disclose your personal information only for the purposes that are stated and reasonable.

To that end, we will collect, use or disclose your personal information in accordance with our privacy notice to determine whether you are an eligible claimant in the Actions. We may share your personal information with our affiliated and third-party Canadian and United States based companies in accordance with our privacy notice for purposes of determining your eligibility to receive an award in the Actions. For more information concerning our collection, use or disclosure of your personal information, please review our privacy notice available at [ca.crawfordandcompany.com/legal-and-privacy.aspx](http://ca.crawfordandcompany.com/legal-and-privacy.aspx).

Unless otherwise provided by federal or provincial law, you may withdraw your consent at any time and that such withdrawal shall be effective upon receipt by the Administrator, but will not have any effect on actions taken by the Administrator before it receives such revocation. If you choose to withdraw your consent the Administrator may be unable to determine your eligibility to receive an award in the Actions.

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**Important** - This form should be completed **IN CAPITAL LETTERS** using **BLACK** or **DARK BLUE** ballpoint/fountain pen. Characters and marks used should be similar in the style to the following:

**A B C D E F G H I J K L M N O P Q R S T U V W X Y Z 1 2 3 4 5 6 7 0**



**SECTION A - CLAIMANT IDENTIFICATION**

**Claimant or Representative Contact Information:**

The Administrator will use this information for all communications relevant to this claim (including the cheque, if eligible for payment). If this information changes, you **MUST** notify the Administrator in writing at the address above.

**Claimant Name(s)** (as you would like the name(s) to appear on the cheque, if eligible for payment):

[Grid for Claimant Name(s)]

**Street Address:**

[Grid for Street Address]

**City:** **Last 4 digits of Claimant SIN/SSN/TIN:<sup>1</sup>**

[Grid for City and Last 4 digits of Claimant SIN/SSN/TIN]

**Province/Territory/State:** **Postal/Zip Code:** **Country** (if Other than Canada):

[Grid for Province/Territory/State, Postal/Zip Code, and Country]

**Name of the Person you would like the Administrator to Contact Regarding This Claim** (if different from the Claimant Name(s) listed above):

[Grid for Name of the Person to Contact]

**Daytime Telephone Number:** **Evening Telephone Number:**

[Grid for Daytime and Evening Telephone Numbers]

**Email Address** (Email address is not required, but if you provide it you authorize the Administrator to use it in providing you with information relevant to this claim.)

[Grid for Email Address]

Place of residence at the time you purchased Manulife common stock:

**Province/Territory/State:** **Country** (if Other than Canada):

[Grid for Province/Territory/State and Country]

If the place of residence indicated above is Québec, and if you are a legal person established for a private interest, partnership or association, indicate whether, at any time during the 12-month period preceding July 24, 2009, more than 50 employees were under your direction or control.

**Yes**  **No**

**NOTICE REGARDING ELECTRONIC FILES:** Certain claimants with large numbers of transactions may request to, or may be requested to, submit information regarding their transactions in electronic files. To obtain the mandatory electronic filing requirements and file layout, please visit the Settlement website at [www.manulifeselement.com](http://www.manulifeselement.com) or you may email the Administrator's electronic filing department at [eClaim@choosegcg.com](mailto:eClaim@choosegcg.com). Any file not in accordance with the required electronic filing format will be subject to rejection. No electronic files will be considered to have been properly submitted unless the Administrator issues an email after processing your file with your claim numbers and respective account information. Do not assume that your file has been received or processed until you receive this email. If you do not receive such an email within 10 days of your submission, you should contact the electronic filing department at [eClaim@choosegcg.com](mailto:eClaim@choosegcg.com) to inquire about your file and confirm it was received and acceptable.

**To view Crawford & Company's Privacy Notice, please visit [ca.crawfordandcompany.com/legal-and-privacy.aspx](http://ca.crawfordandcompany.com/legal-and-privacy.aspx)**

<sup>1</sup>The last four digits of the Canadian taxpayer identification number (TIN), consisting of a valid Social Insurance Number (SIN) for individuals, Business Number (BN) for business entities, or Trust Number for trusts; the last four digits of the United States TIN, consisting of a valid Social Security Number (SSN) for individuals or Employer Identification Number (EIN) for business entities, trusts, estates, etc.; and telephone number of the beneficial owner(s) may be used in verifying this claim.



## SECTION B - GENERAL INSTRUCTIONS

A. It is important that you completely read and understand the Notice of Settlement Approval in the Manulife Financial Corporation (“MFC”) Securities Class Actions (the “Notice”), the Settlement Agreement and the Plan of Allocation, which contain the definitions of many of the defined terms (which are indicated by initial capital letters) used in this Claim Form.

B. TO BE ELIGIBLE TO RECEIVE A DISTRIBUTION FROM THE SETTLEMENT FUND CREATED BY THE SETTLEMENT, YOU MUST MAIL YOUR COMPLETED AND SIGNED CLAIM FORM TO THE ADMINISTRATOR, **POSTMARKED ON OR BEFORE OCTOBER 9, 2017**, ADDRESSED AS FOLLOWS:

**Manulife Financial Corporation Securities Class Actions  
c/o Crawford & Company and Garden City Group, LLC  
Suite 3-505, 133 Weber St N  
Waterloo, ON N2J 3G9  
Canada**

C. The Claim Form is directed to the following Class Members:

**Ontario Class Members:** All persons and entities, wherever they may reside or be domiciled, who acquired MFC common shares over the TSX, or under a prospectus filed with a Canadian securities regulator at any time between April 1, 2004 and February 12, 2009, inclusive, and continued to hold the common shares at least until February 12, 2009; but excluding: (1) the Defendants, members of the immediate families of the Individual Defendants, any officers or directors of MFC or of any direct or indirect subsidiary of MFC, any entity in respect of which any such person or entity has a controlling interest, and any legal representatives, heirs, successors or assigns of any such person or entity; and (2) all persons and entities resident or domiciled in the Province of Québec who are not precluded from participating in a class action by virtue of Article 999 of the Québec Code of Civil Procedure, R.S.Q., c. C-25, and who did not opt out of the proposed class action pending in the Québec Superior Court and styled *Comité Syndical National de Retraite Bâtirente Inc. v. Société Financière Manuvie* (Court File No.: 200-06-000117-096).

**Québec Class Members:** All residents of Québec, except legal persons established for a private interest, partnerships or associations which, at all times during the twelve (12) month period preceding the motion for authorization, had more than fifty (50) persons bound to it by contract of employment under their direction or control, which, in the period between January 26, 2004 and February 12, 2009, bought or otherwise acquired shares or other securities of Manulife Financial Corporation and held them through February 12, 2009.

D. If you are a member of one of the Classes, you are bound by the terms of any judgment entered in the Actions, WHETHER OR NOT YOU SUBMIT A CLAIM FORM. The judgment in connection with the Settlement will release and enjoin the filing or continued prosecution of the Released Claims (defined in § 2(42) of the Settlement Agreement) against Defendants and certain parties related to Defendants (i.e., the “Releasees” as defined in § 2(43) of the Settlement Agreement).

E. Submission of this Claim Form, however, does not ensure that you will share in the proceeds of the Settlement Fund created in these Actions. Distribution of the Settlement Fund will be governed by the Plan of Allocation, as approved.

F. Use Section C of this Claim Form to supply all required details of your transaction(s) in Manulife common stock. On the schedules provided, please provide all of the information requested below with respect to all of your holdings, purchases, acquisitions and sales of Manulife common stock, whether such transactions resulted in a profit or a loss. **Failure to report all transactions during the requested periods may result in the rejection of your claim.**

G. You are required to submit genuine and sufficient documentation for all of your transaction(s) in and holdings of Manulife common stock, as requested in Section C of this Claim Form. Documentation may consist of copies of brokerage confirmations or monthly statements. The Releasees and the Administrator do not independently have information about your investments in Manulife common stock. **IF SUCH DOCUMENTS ARE NOT IN YOUR POSSESSION, PLEASE OBTAIN COPIES OR EQUIVALENT CONTEMPORANEOUS DOCUMENTS FROM YOUR BROKER. FAILURE TO SUPPLY THIS DOCUMENTATION COULD DELAY VERIFICATION OF YOUR CLAIM OR COULD RESULT IN REJECTION OF YOUR CLAIM. DO NOT SEND ORIGINAL DOCUMENTS.** Please keep a copy of all documents that you send to the Administrator.



## SECTION B - GENERAL INSTRUCTIONS (CONTINUED)

H. Please note: Only Manulife common stock purchased or otherwise acquired during the Class Periods (i.e., April 1, 2004 to February 12, 2009, inclusive, for the Ontario Class, and January 26, 2004 to February 12, 2009, inclusive, for the Québec Class) is eligible to potentially recover under the Settlement. However, because sales or unsold stock held up to the time of your claim will be used for purposes of calculating your Net Loss under the Plan of Allocation, information with respect to your purchases and acquisitions of Manulife common stock after the Class Periods is needed in order to balance your claim. While these purchases and acquisitions will not be used for purposes of calculating your Net Loss pursuant to the Plan of Allocation, the information is necessary in order to process your claim.

I. Separate Claim Forms should be submitted for each such legal entity (e.g., a claim from joint owners should not include separate transactions of just one of the joint owners, and an individual should not combine his or her RRSP or IRA transactions with transactions made solely in the individual's name). Conversely, a single Claim Form should be submitted on behalf of one legal entity including all transactions made by that entity on one Claim Form, no matter how many separate accounts that entity has (e.g., a corporation with multiple brokerage accounts should include all transactions made in all accounts on one Claim Form).

J. All joint beneficial owners must sign this Claim Form. If you purchased or acquired Manulife common stock in your name, you are the beneficial owner as well as the record owner. If, however, you purchased or acquired Manulife common stock and the common stock was registered in the name of a third party, such as a nominee or brokerage firm, you are the beneficial owner of the common stock, but the third party is the record owner.

K. Agents, executors, administrators, guardians, and trustees must complete and sign the Claim Form on behalf of persons represented by them, and they must:

- (a) expressly state the capacity in which they are acting;
- (b) identify the name, account number, Social Insurance Number or Social Security Number (or other taxpayer identification number), address and telephone number of the beneficial owner of (or other person or entity on whose behalf they are acting with respect to) the Manulife common stock; and
- (c) furnish herewith evidence of their authority to bind the person or entity on whose behalf they are acting. (Authority to complete and sign a Claim Form cannot be established by stockbrokers demonstrating only that they have discretionary authority to trade stock in another person's accounts.)

L. By submitting a signed Claim Form, you will be swearing that you:

- (a) own(ed) the Manulife common stock you have listed in the Claim Form; or
- (b) are expressly authorized to act on behalf of the owner thereof.

M. The Administrator will acknowledge receipt of your Claim Form by mail, within 60 days. Your claim is not deemed submitted until you receive an acknowledgement postcard. If you do not receive an acknowledgement postcard within 60 days, please contact the Administrator.

N. If your address changes in the future, or if the Claim Form was sent to an old or incorrect address, please send the Administrator written notification of your new address. If you change your name, please inform the Administrator.

O. If you have questions concerning the Claim Form, or need additional copies of the Claim Form or Notice, you may contact the Administrator, Crawford & Company and Garden City Group, LLC, at the above address or by toll-free phone at 1-844-634-8911 or you may download the documents from [www.manulif settlement.com](http://www.manulif settlement.com).



**SECTION C - SCHEDULE OF TRANSACTIONS IN MANULIFE COMMON STOCK**

1. **CLASS:** Indicate by checking the appropriate box(es) whether you are potentially an Ontario Class Member, Québec Class Member, or both. Note that there is no residency requirement for Ontario Class Members, but you must have purchased or acquired Manulife common stock over the TSX, or under a prospectus filed with a Canadian securities regulator, while to be a Québec Class Member you must have been a resident of Québec at the time of your eligible purchases or acquisitions.

<input type="checkbox"/>	Ontario Class
<input type="checkbox"/>	Québec Class

2. **BEGINNING HOLDINGS:** State the number of shares of Manulife common stock you held as of the opening of trading on **January 26, 2004**. However, if you are an **Ontario Class Member** and **only** selected the Ontario Class box above, state the number of shares of Manulife common stock you held as of the opening of trading on **April 1, 2004**. If none, write "zero" or "0".

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Shares					

3. **PURCHASES/ACQUISITIONS:** Separately list each and every purchase and/or acquisition of Manulife common stock from **January 26, 2004** to **February 12, 2009**, inclusive. However, if you are an **Ontario Class Member** and **only** selected the Ontario Class box above, separately list each and every purchase and/or acquisition of Manulife common stock from **April 1, 2004** to **February 12, 2009**, inclusive.<sup>2</sup> (Must be documented.)

Trade Date(s) List Chronologically (Month/Day /Year)	Number of Shares Purchased or Acquired	Price Per Share	Aggregate Cost (Including brokerage commissions)	Currency Type CAD/USD/ Other ("OTH")
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<sup>2</sup> Please note: Do not list the shares received in your account as a result of the June 2006 stock split.

IF YOU NEED ADDITIONAL SPACE TO LIST YOUR TRANSACTIONS YOU **MUST**  
 PHOTOCOPY THIS PAGE AND CHECK THIS BOX   
 IF YOU DO NOT CHECK THIS BOX THESE ADDITIONAL PAGES WILL **NOT** BE REVIEWED





## SECTION D – RELEASE OF CLAIMS

**YOU MUST READ THE RELEASE AND CERTIFICATION BELOW AND SIGN ON THE NEXT PAGE.**

I (we) hereby acknowledge that as of the Effective Date of the Settlement, I (we) forever and absolutely release and forever discharge the Releasees (as that term is defined in the Settlement Agreement) from the Released Claims (as that term is defined in the Settlement Agreement) that any of them, whether directly, indirectly, derivatively, or in any other capacity, ever had, now have, or hereafter can, shall or may have. Furthermore, I (we) shall not now or hereafter institute, continue, maintain or assert, either directly or indirectly, whether in Canada or elsewhere, on my (our) own behalf or on behalf of any class or any other Person, any action, suit, cause of action, claim or demand against any Releasee and their insurers, or any other Person who may claim contribution or indemnity or other claims over relief from any Releasee, in respect of any Released Claim or any matter related thereto.

## SECTION E – CERTIFICATION

By signing and submitting this Claim Form, the Claimant(s) or the person(s) who represents the Claimant(s) certifies (certify), as follows:

1. that I (we) have read the Notice, the Plan of Allocation and the Claim Form, including the releases provided for in the Settlement;
2. that the Claimant(s) is (are) members of the Class, as defined in the Notice, and is (are) not one of the individuals or entities excluded from the Settlement Class (as set forth in the Notice and above in Section B, paragraph C);
3. that the Claimant(s) owns(ed) the Manulife common stock identified in the Claim Form and (has) have not assigned the claim against the Releasees to another, or that, in signing and submitting this Claim Form, the Claimant(s) has (have) the authority to act on behalf of the owner(s) thereof;
4. that the Claimant(s) has (have) not submitted any other claim covering the same purchases, acquisitions, sales, or holdings of Manulife common stock and knows of no other person having done so on his/her/its/their behalf;
5. that the Claimant(s) submits (submit) to the jurisdiction of the Courts with respect to his/her/its/their claim and for purposes of enforcing the releases set forth herein;
6. that I (we) agree to furnish such additional information with respect to this Claim Form as the Administrator or the Courts may require; and
7. that I (we) consent to the Administrator's collection, use and disclosure of my (our) personal information to its affiliated Canadian and US based companies in accordance with the Administrator's privacy notice for purposes of determining my (our) eligibility to receive an award in the Actions.



## SECTION E – CERTIFICATION (CONTINUED)

UNDER THE PENALTIES OF PERJURY, I (WE) CERTIFY THAT ALL OF THE INFORMATION PROVIDED BY ME (US) ON THIS FORM IS TRUE, CORRECT, AND COMPLETE, AND THAT THE DOCUMENTS SUBMITTED HEREWITH ARE TRUE AND CORRECT COPIES OF WHAT THEY PURPORT TO BE.

\_\_\_\_\_  
Signature of Claimant

\_\_\_\_\_  
Print Name of Claimant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Joint Claimant, if any

\_\_\_\_\_  
Print Name of Joint Claimant, if any

\_\_\_\_\_  
Date

***If Claimant is other than an individual, or is not the person completing this form, the following also must be provided:***

\_\_\_\_\_  
Signature of Person Completing Form

\_\_\_\_\_  
Print Name of Person Completing Form

\_\_\_\_\_  
Date

\_\_\_\_\_  
Capacity of person signing on behalf of Claimant, if other than an individual, e.g., executor, president, custodian, etc.

THIS CLAIM FORM MUST BE MAILED, POSTAGE PREPAID, TO THE ADMINISTRATOR,  
**POSTMARKED NO LATER THAN OCTOBER 9, 2017**, ADDRESSED AS FOLLOWS:

**Manulife Financial Corporation Securities Class Actions  
c/o Crawford & Company and Garden City Group, LLC  
Suite 3-505, 133 Weber St N  
Waterloo, ON N2J 3G9  
Canada**

A Claim Form received by the Administrator shall be deemed to have been submitted when posted, if mailed by October 9, 2017 and if a postmark is indicated on the envelope, and addressed in accordance with the above instructions. In all other cases, a Claim Form shall be deemed to have been submitted when actually received by the Administrator.