

MANULIFE GLOBAL FUND ACCOUNT OPENING FORM

Notes:

For regulatory or compliance purposes, including but not limited to anti-money laundering and counter-terrorist financing, Foreign Account Tax Compliance Act ("FATCA") and Organization for Economic Cooperation and Development ("OECD") Common Reporting Standard ("CRS"), account holders are required to provide the details as listed below.

Before completing this form, please refer to the "Notes and Instructions" at the end of this form.

For definitions relating to FATCA and CRS, please visit <https://www.irs.gov/> and <http://www.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/> respectively

1. INVESTMENT AMOUNT

A. Are you already an investor in Manulife Global Fund (the "Fund")?

New account opening Subsequent subscription

B. Investment Amount

Sub-Fund Name	Share Class	Currency	Investment Amount

2. ACCOUNT HOLDER DETAILS (FOR INDIVIDUAL ACCOUNT ONLY)

A. First Holder

Mr Mrs Ms

Name in English (as per the account holder's I.D./Passport)

Surname _____

Given Name _____

I.D./Passport No. _____

Country _____

Nationality(ies) _____

Profession _____

Please answer the following question in order to confirm your status under the tax laws and regulations of the United States:

Are you a United States citizen/ United States resident/ United States Permanent Resident Alien (i.e. a so-called U.S. green card holder)?

Yes No

Place of Birth (City, Country) _____

Date of Birth _____ DD / _____ MM / _____ YYYY

Permanent Residential Address (No P.O. Box)

Country _____

Postal/ZIP code _____

Mailing Address (If different from the above)

Country _____

Postal/ZIP code _____

B. Second Holder (only applicable to joint holders account)

Mr Mrs Ms

Name in English (as per the account holder's I.D./Passport)

Surname _____

Given Name _____

I.D./Passport No. _____

Country _____

Nationality(ies) _____

Profession _____

Please answer the following question in order to confirm your status under the tax laws and regulations of the United States:

Are you a United States citizen/ United States resident/ United States Permanent Resident Alien (i.e. a so-called U.S. green card holder)?

Yes No

Place of Birth (City, Country) _____

Date of Birth _____ DD / _____ MM / _____ YYYY

Permanent Residential Address (No P.O. Box)

Country _____

Postal/ZIP code _____

Mailing Address (If different from the above)

NOTE: All correspondence will only be sent to the First Holder

Country _____

Postal/ZIP code _____

Relationship between the First Holder and Second Holder (and Third Holder and Fourth Holder, if applicable), e.g. spouse, father and son: _____
 If there are more than two joint holders, the other names should be attached in full (maximum 4 Joint holders.)

Contact Numbers			
Residential		Office	
Country Name	(Country Code) Number	Country Name	(Country Code) Number
Mobile		Fax	
Country Name	(Country Code) Number	Country Name	(Country Code) Number

Email Address: _____

C. Joint Holders Special Authorization

We authorize the Fund and its agents to act upon instructions by only one of the joint holders in respect of the subscription, redemption or switching of shares in the Fund ("Shares") or any other matter relating to Shares.

Please tick this box only if you do not want this Authorization

3. CORPORATION DETAILS (FOR ENTITY ACCOUNT ONLY)

A. Basic Information for an Company Account

Corporation Partnership/Unincorporated Body Acting as Trustee Other (Please specify) _____

Company Name _____

Ultimate Beneficial Owner* _____

*Please refer to section 12 (i) for definition of "beneficial owner"

Date of Incorporation/Establishment (DD/MM/YYYY) _____ Country of Incorporation/Establishment _____

Registered/Permanent Office Address _____

Country _____ Postal/ZIP code _____

Business Nature _____ Registration/Incorporation Number _____

B. Contact Information

Business Address _____

Country _____ Postal/ZIP code _____

Name of Contact Person _____ Position _____ Department _____

Contact Numbers				
Office		FAX		Email Address
Country Name	(Country Code) Number	Country Name	(Country Code) Number	

4. INSTRUCTIONS BY FACSIMILE

Please tick this box if you want us to accept your subscription, redemption or switching instructions by facsimile subject to the terms stated on the back of this account opening form which, by ticking this box, you confirm that you have read and understood.

5. DIVIDENDS

For "Inc" Share Classes only

Dividends (if any) will not be reinvested unless you indicate otherwise.

Please tick this box only if you wish for dividends (if any) to be reinvested

For all other Share Classes

Dividends (if any) will be reinvested unless you indicate otherwise.

Please tick this box only if you wish to receive dividends (if any) in cash

6. TAX RESIDENCE(S) (REQUIRED FOR BOTH INDIVIDUAL AND ENTITY ACCOUNT)

Please indicate the Account Holder's country of tax residence (if resident in more than one country please detail all countries of tax residence and associated TIN).

NOTE: Provision of a TIN is required unless the Account Holder is tax resident in a jurisdiction that does not issue a TIN.

(For Entity Account) If the Account Holder is not tax resident in any jurisdiction (e.g., because it is fiscally transparent), please provide the place of effective management or country in which its principal office is located.

For joint holders account, please complete the below section for each of the account holder.

Country / Jurisdiction of Tax Residency	TIN	(Individual account – joint holders only) Please specify if you are First Holder or Second Holder
1.		
2.		
3.		
4.		

7. ACCOUNT HOLDER'S CLASSIFICATION UNDER APPLICABLE TAX REGULATIONS (FOR ENTITY ACCOUNT ONLY)

(1). Declaration of U.S. Tax Status

Is the Account Holder a Specified U.S. Person or U.S. Person?

Yes - U.S. Federal Taxpayer Identification Number ("TIN") _____

No

(2). Is the Account Holder an Active Non-Financial Entity?

Active Non-Financial Entity - a corporation the stock of which is regularly traded on one or more established securities markets or a corporation which is a related entity of such a corporation

Name of the established securities market on which stock is regularly traded

If the Account Holder is a related entity of a regularly traded corporation, provide the name of the regularly traded corporation

Active Non-Financial Entity - Governmental entity, Central Bank or International Organisation

Active Non-Financial Entity - others, please specify

If none of the above, please complete the below section A and section B

A. FATCA Classification

Please tick one of the below categories as appropriate

<input type="checkbox"/>	a) Reporting FI in an IGA jurisdiction (please provide GIIN below)																						
<input type="checkbox"/>	b) Participating Foreign Financial Institution in a non-IGA jurisdiction (please provide GIIN below)																						
<input type="checkbox"/>	c) Non-Participating Foreign Financial Institution																						
<input type="checkbox"/>	d) Deemed-Compliant Foreign Financial Institution (please provide GIIN below if you are a registered-deemed compliant foreign financial institution or sponsored entity with a GIIN) For Trustee documented trust or sponsored entity, please provide the name of the trustee or sponsor and associated GIIN																						
<input type="checkbox"/>	Name of trustee(s) or sponsor(s) _____ Global Intermediary Identification Number (GIIN) of the trustee(s) or sponsor(s) <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> <table border="1" style="display: inline-table; vertical-align: middle; margin-left: 20px;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> <table border="1" style="display: inline-table; vertical-align: middle; margin-left: 20px;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> <table border="1" style="display: inline-table; vertical-align: middle; margin-left: 20px;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>																						
<input type="checkbox"/>	e) Exempt Beneficial Owner																						
<input type="checkbox"/>	f) Passive Non-Financial Foreign Entity Please complete "Individual / Controlling Person Self-certification Form (FATCA and CRS)"																						
<input type="checkbox"/>	g) Others, please specify _____																						

Global Intermediary Identification Number (GIIN)

GIIN

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B. CRS Classification

Please tick one of the below categories as appropriate

<input type="checkbox"/>	a) Financial Institution – other than a Professionally Managed Investment Entity (e.g. a fund), tax resident in a Non-Participating Jurisdiction under CRS
<input type="checkbox"/>	b) Professionally Managed Investment Entity, tax resident in a Non-Participating Jurisdiction under CRS Please complete “Individual / Controlling Person Self-certification Form (FATCA and CRS)”
<input type="checkbox"/>	c) Passive Non-Financial Entity Please complete “Individual / Controlling Person Self-certification Form (FATCA and CRS)”

8. METHOD OF PAYMENT

Please refer to Appendix 1.

9. SOURCE(S) OF FUND**This section must be completed**

- Savings Wages Self-Employment Income
 Investment Income Sale of Asset Gift or Inheritance
 Settlement of Insurance
 Other (please specify) _____

10. PAYMENT INSTRUCTIONS

I/We understand that redemption and dividend payment instructions sent by telegraphic transfer to a designated bank account are sent at my/our risk insofar as the onus to provide bank account details rests solely on me/us. Transfer charges will be levied.

Name of Payee			
Name of Bank			
Address			
City		Post Code	
Country			
Telephone No.		Fax No.	
SWIFT/Sort Code		Account No. (IBAN)	
Currency of Account			

11. ACKNOWLEDGEMENTS AND DECLARATIONS

- I/We certify that I am/we are over 18 years of age.
- I/We have received and read and understood the Offering Documents (including the Prospectus) and the latest financial reports of the Fund and undertake to be bound by the terms of the Offering Documents and Articles of Incorporation of the Fund, as amended from time to time.
- I/We acknowledge and understand that the information contained in this form and any reportable account(s) may be reported to the tax authorities of the country/jurisdiction in which this account(s) is/are maintained and exchanged with tax authorities of another country/jurisdiction or countries/jurisdictions in which I/we may be tax resident pursuant to intergovernmental agreements to exchange financial account information.
- (For EU investors) I/We acknowledge that I/we have hereby been notified that the Key Investor Information Document (“KIID”) and the Prospectus can be obtained from the website www.manulife.global/fund.com and I/we further confirm that the medium of a website is appropriate in the context of the business between myself/ourselves and the Fund. I/We consent to being provided with the KIIDs in this form via the website and not being addressed to me/us personally. If I/we require the KIID in physical format, I/we confirm that I/we will contact the Fund for such copy of KIID. I/We confirm that I/we have received, read and understood the latest version of each relevant KIID prior to submitting this and subsequent investment applications.
- I/We am/are not, nor am I/are we acting on behalf of, a U.S. Person(s) (as defined in the Prospectus) or resident(s) of Canada. We understand that the Fund has the right to compulsorily redeem any shares held by a Prohibited Person in accordance with the applicable provision(s) of the Prospectus of the Fund.
- I/I/We, acknowledge that due to anti-money laundering requirements, the Administrator and/or the Fund requires proof of identity as described in the Prospectus before the account opening can be processed and the Fund and/or the Administrator shall be held harmless and indemnified against any loss ensuing due to the failure to process this account opening, if such information as has been required by the parties hereto has not been provided by me/us.
- I/We, hereby confirm that the Fund, the Directors and the Administrator are each authorized and instructed to accept and execute any instructions in respect of this account opening and the Shares to which it relates given by me/us by facsimile. If instructions are given by me/us by facsimile, I/we acknowledge that the onus is on me/us to ensure that such instructions are received in legible form, and I/we undertake to confirm them in writing. I/We hereby indemnify the Fund, the Directors and the Administrator and agree to keep each of them indemnified, against any loss of any nature whatsoever arising to each of them as a result of any of them acting on facsimile instructions. The Fund, the Directors and the Administrator may rely conclusively upon and shall incur no liability in respect of any action taken upon any notice, consent, request, instructions or other instrument believed, in good faith, to be genuine or to be signed by properly authorised persons.
- I/We confirm that I/we am/are the beneficial owner(s) of the account; OR, we, as Corporate Holder (s), confirm that the information on our ultimate beneficial owner(s) as provided in Section 3 above is true and correct. In general, beneficial owner is defined as any natural person who ultimately owns or controls the account holder(s) and/or any natural person on whose behalf a transaction or activity is being conducted.
- I/We hereby confirm that the above acknowledgements and declarations are applicable for each and every subsequent transaction/instruction (including any redemption/switching request) I/we make in respect of the Fund.
- By signing, I/We agree that the information provided is true, accurate and complete, and agree to notify the Fund as soon as practicable and in any event within 30 calendar days in writing if there is a change in any of the information which is provided in this form (including but not limited to any change in the personal particulars of any of the persons mentioned in this form; and/or any change of the person(s) who has/have any legal or beneficial interest in the Fund directly or indirectly) or in any other document provided to any Manulife entity.
- I/We will not, subject to the conditions set forth in the Offering Documents (including the Prospectus), sell or offer to sell or transfer or deliver, directly or indirectly, shares to a U.S. Person. In particular: (a) I/We understand that the Shares have not been and will not be registered under the U.S. Securities Act of 1933 (“Securities Act”) or under the securities laws of any State or other political subdivision of the United States and may not be offered, sold, transferred or delivered, directly or indirectly, in the United States or to or for the account or benefit of, directly or indirectly, any U.S. Person; (b) I am not/I/We are not a U.S. Person (as defined in the Offering Documents); and (c) I am not/I/We are not acquiring Shares for the account or benefit of any U.S. Person or with a view to their offer, sale or transfer within the United States or to or for the account or benefit of any U.S. Person.

- l. I/We have read and understood the provisions of the Prospectus of the Fund in relation to the U.S. Foreign Account Tax Compliance Act ("FATCA") and the gathering, storage, use, processing, disclosure and reporting of information provided by me/us in connection with the satisfaction of any governmental and/or regulatory requirements and/or other legal obligations relating to, but not limited to, information sharing and tax reporting and withholding of payments due to shareholders, including pursuant to FATCA and Organization for Economic Cooperation and Development Common Reporting Standard ("CRS"), that may be applicable to the Fund and/or any Sub-Fund from time to time, and agree and undertake to be bound by such terms (as they may be amended from time to time) and to perform all obligations thereunder.
- m. I/We acknowledge that the Fund has issued a Privacy Notice regarding the collection, recording, adaptation, transfer and other processing and use of personal data by and on behalf of the Fund, in accordance with the Luxembourg Law of 2 August 2002 on the Protection of Persons with regard to the Processing of Personal Data (as amended), the European Regulation (EU) 2016/679 on the protection of natural persons with regard to the processing of personal data and on the free movement of such data (General Data Protection Regulation) and any other EU or national legislation which implements or supplements the foregoing. Such Privacy Notice sets out the types of personal data that may be processed, to whom such personal data may relate and how it may be sourced, and the relevant parties who may process or receive such personal data and for what purposes, and otherwise explains certain policies and practices that have been put in place to ensure the privacy of such personal data. The Privacy Notice further describes the rights of Shareholders to request: (i) access to their personal data, (ii) the rectification or erasure of their personal data, (iii) the restriction of the processing of their personal data, and (iv) the transfer of their personal data to third parties; as well as the right of Shareholders to lodge a complaint in relation to data protection related issues with the relevant supervisory authority, the right to withdraw their consent on the processing of personal data and the right to object to the processing of their personal data.
- I/We further acknowledge that I/we may access the Privacy Notice at any time under "Privacy Notice" on the website www.manulifeglobalfund.com.
- I/We understand that I/we will be duly informed by the Fund of any change in relation to the Privacy Notice at least one month prior to the implementation of such change.

Authorised Signatures and / or Company Chop:

First Holder

Second Holder

Date (DD /MM /YYYY): _____

Date (DD /MM /YYYY): _____

Note: All joint holders must sign. A corporation must sign under the hand of a duly authorised person and affix its company stamp or seal, if available. Shares will be issued in registered account form, and certificates will not be issued unless specifically requested.

NOTES AND INSTRUCTIONS

1. General Information

- Manulife Global Fund reserves the right to reject an application in whole or in part, if the application and required documents are incomplete or invalid. Applicant is recommended to contact the custodian to ascertain the documents required for shareholder account opening.
- Suitable certifiers to certify copies of documents include a qualified intermediary (such as a bank branch manager, a certified public accountant, a lawyer, or a notary public), a Justice of the Peace, a member of the judiciary, or an officer of an embassy, consulate or high commission of the country of issue of documentary verification of identity. Self-certification by the applicant is insufficient.

2. Terms Pertaining to Subscription, Redemption or Switching Instructions Sent by Facsimile

1. (a) If the box in Section 4 is ticked, the Shareholder may send instructions for subscription, redemption, or for switching of Shares by facsimile without the need to send further original written instructions.
- (b) If the box in Section 4 is not ticked, all instructions for subscription, redemption or switching of Shares must be received in writing or, if by facsimile, such instructions must be followed immediately by original written instructions.
- (c) A facsimile transmission report disclosing that the facsimile instructions were sent shall not (in the absence of written confirmation of receipt from the Fund) be sufficient proof of receipt by the Fund. The Fund, the Directors and the Administrator will not accept any responsibility for any loss arising from applications sent by facsimile but not received by the Fund.
2. (a) The Fund may, in its absolute discretion, refuse to act upon any facsimile instructions purportedly given by the Shareholder or on the Shareholder's behalf and may require original written instructions instead. The Fund is not obliged to verify the authority or identity of the person giving such instructions as long as it in good faith believes that person to be the Shareholder or someone authorised by the Shareholder.
- (b) The Fund may take any action which it considers appropriate to implement such instructions notwithstanding any error, misunderstanding or lack of clarity in the terms of the instructions. The Fund, the Directors and the Administrator will not be liable for any direct or indirect loss resulting from its acting on such instructions or on the instructions contained in this Account Opening Form including, without limitation, arising from the Fund exercising its discretion given in 2(a) above.

Please return the completed form to:

MANULIFE GLOBAL FUND 31, Z.A. Bourmicht, L-8070 Bertrange, Grand Duchy of Luxembourg

Telephone 00 352 45 14 14 316 Facsimile 00 352 45 14 14 850

Applicant(s) will not have the right to cancel the investment agreement constituted by the acceptance by Manulife Global Fund of an application for shares properly made by the applicant(s) (or on his/their behalf) in this Account Opening Form.

3. Provision and Update of Information

For regulatory or compliance purposes, including but not limited to anti-money laundering and counter-terrorist financing ("AML/CTF"), FATCA and CRS, shareholders are required to notify Manulife Global Fund any changes of particulars (e.g. change of address and change of name) and furnish to Manulife Global Fund the requisite supporting documents for verification. Shareholders may be required to provide further documents (including but not limited to identification documents) to Manulife Global Fund from time to time. Failure to notify Manulife Global Fund on such changes or failure to provide the requisite documents may result in delays in executing any dealing instructions or redemption requests from the shareholders, who have the responsibility to bear any possible losses arising from such delays.

In addition, Manulife Global Fund is obliged to identify the source of the funds received from a financial institution which is not subject to a compulsory identification procedure equivalent to that required under the laws of Luxembourg. Dealing may be temporarily suspended until identification of the source of the funds is provided. It is generally accepted that member jurisdictions and organizations of the Financial Action Task Force ("FATF/GAFI") are deemed to have an identification obligation equivalent to that required by the laws of Luxembourg.

Appendix 1 – Payment Details

No cash or third party payment will be accepted. Payment should be made as follows:

(i) For payment via telegraphic transfer:

USD
 Intermediary Bank: Citibank New York - CITIUS33
 ABA: 021000089
 Account: 10957463
 Beneficiary: CITIBANK LUXEMBOURG - CITILULX
 Beneficiary Account: 0280151005 (CIPL RE MGF SUB/RED ACCOUNT)
 Quoting: [Name of Investor and Name of Sub-Fund]

HKD
 Intermediary Bank: Citibank Hong Kong - CITIHKHX
 Account: 5889719003
 Beneficiary: CITIBANK LUXEMBOURG - CITILULX
 Beneficiary Account: 0280151009 (CIPL RE MGF SUB/RED ACCOUNT)
 Quoting: [Name of Investor and Name of Sub-Fund]

CAD
 Intermediary Bank: Citibank Canada - CITICATT
 Account: 2184382019
 Beneficiary: CITIBANK LUXEMBOURG - CITILULX
 Beneficiary Account: 0280151002 (CIPL RE MGF SUB/RED ACCOUNT)
 Quoting: [Name of Investor and Name of Sub-Fund]

SGD
 Intermediary Bank: Citibank Singapore - CITISGSG
 Account: 703363008
 Beneficiary: CITIBANK LUXEMBOURG - CITILULX
 Beneficiary Account: 280151010 (CIPL RE MGF SUB/RED ACCOUNT)
 Quoting: [Name of Investor and Name of Sub-Fund]

AUD
 Intermediary Bank: Citibank Sydney - CITIAU2X
 Account: 912057003
 Beneficiary: CITIBANK LUXEMBOURG - CITILULX
 Beneficiary Account: 280151610 (CIPL RE MGF SUB/RED ACCOUNT)
 Quoting: [Name of Investor and Name of Sub-Fund]

RMB
 Receiver's Correspondent Bank: CITIBANK NA HONG KONG
 Intermediary Bank: CITIBANK NA LONDON
 Beneficiary's Bank: CITILULX
 Account: 13175529
 Beneficiary: Citibank Europe plc Luxembourg Branch
 Beneficiary Account: 280151858
 Quoting: [Name of Investor and Name of Sub-Fund]

GBP
 Intermediary Bank: CITIBANK LONDON
 Account: 557935
 Beneficiary: Citibank Europe plc Luxembourg Branch - CITILULX
 Beneficiary Account: 0280151004 (CEP RE MGF SUB/RED ACCOUNT)
 Quoting: [Name of Investor and Name of Sub-Fund]

EUR
 Intermediary Bank: Citibank Dublin BIC: CITIIE2X
 Account: IBAN : IE24 CITI 9900 5123 9470 05
 Beneficiary: Citibank Europe plc Luxembourg Branch - CITILULX
 Beneficiary Account: 0280151001 (CEP RE MGF SUB/RED ACCOUNT)
 Quoting: [Name of Investor and Name of Sub-Fund]

CHF
 Intermediary Bank: CITIBANK LONDON - CITIGB2L
 Account: 10570451
 Beneficiary: CITIBANK LUXEMBOURG - CITILULX
 Beneficiary Account: 0280151003 (CEP RE MGF SUB/RED ACCOUNT)

(ii) In the case of cheques or banker drafts:

Cheques and bankers draft should be payable to "Manulife Global Fund" (crossed "ACCOUNT PAYEE ONLY NOT NEGOTIABLE") with the name(s) of the Sub-Fund and the applicant written on the back.