

# Application Form

## Group Retirement Savings Plan (RSP)

Check one:

- This RSP is for you as a Member (i.e. employee)
- This RSP is for you as a Spousal Member



This form is also available at [www.manulife.ca/GRO](http://www.manulife.ca/GRO) in the 'Manage your plan' section.

**Send us stuff online**

Send us your completed form by signing in to your online account at [Manulife.ca/GRO](http://Manulife.ca/GRO). Look for **Send documents** in your homepage under the 'My Account' tab.

**Not signed up yet?**

Access your savings anytime, using our secure website. Go to [Manulife.ca/GRO](http://Manulife.ca/GRO) and click 'Sign in' to get started.

**For Quebec residents only:** As per Quebec law, forms are available to you in both French and English. If you do not indicate your preferred language, we will continue to communicate with you in French or English, as per your previous language preference selection.

**Please print clearly in the blank boxes.**

**Important:** If this application is for a spousal RSP, the spouse (ie. Spousal Member) must complete the form.

### Tell us about the plan

If you are not sure how to complete any of these boxes, your Plan Administrator can help you or you can call Customer Service at 1-888-727-7766.

Plan Sponsor/Employer <b>Manulife Personal Plan</b>		Group annuity policy number
Member number	Division	Member Class
Date you are joining the plan (dd/mmm/yyyy)		Date you started with your employer (dd/mmm/yyyy)

### Your personal information

Gender	First name	Middle initial	Last name	
Mailing address (number, street and apartment number)				
City	Province	Country	Postal Code	Your preferred language
Date of birth (dd/mmm/yyyy)	Social Insurance Number (SIN)	Marital status	Home telephone number	
Work telephone number	Ext.	Personal email address		

### Tell us about your spouse

\*By providing your spouse's Manulife customer number, Manulife will link your accounts and your spouse's accounts together which may allow you to enjoy a better Member Reward Program (MRP) rate.

First name	Middle initial	Last name	Customer number*
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If this is a Spousal RSP, your spouse will be making contributions to the account. Complete the following:

Date of birth (dd/mmm/yyyy)	Social Insurance Number (SIN)
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A **revocable** beneficiary can be changed at anytime.

An **irrevocable** beneficiary can only be changed with written consent from that beneficiary. You will also need your beneficiary's consent to withdraw or transfer money from your account. A parent or guardian cannot provide consent on behalf of a minor who has been named as irrevocable beneficiary.

If you want to name more than three beneficiaries, attach a separate page with the names and the percentage of proceeds for each beneficiary.

If you have locked-in money in your RSP and you have a spouse on the date of your death, the law may require any death benefit be paid to your spouse, regardless of other beneficiaries you've named.

A copy, fax, scan or image of the beneficiary designation in this form is as valid as the original.

If you die while your beneficiary is still a minor, the trustee you name on this form will act on the child's behalf.

### Name your beneficiary (or beneficiaries)

If you do not name a beneficiary, proceeds will be paid to your estate.

Check here if you have attached a separate page listing your beneficiaries. Please sign and date.

Name	Relationship	Percentage of proceeds
<b>The total must equal 100%</b>		

The above beneficiary designations are considered revocable unless you write "irrevocable" in the chart above.

**For Quebec only:**

The designation of a spouse as a beneficiary is deemed to be irrevocable unless specified here:  Revocable

**Trustee for a minor beneficiary named above** (not applicable in Quebec)

Any payment to a beneficiary who is a minor will be paid in trust to the trustee named below.

**In Quebec**, the proceeds will be paid in trust to the minor child's tutor.

Trustee name	Relationship
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If you do not complete this section, or the total does not add up to 100%, your contributions will be invested in the plan default fund.

You can go online at anytime to change the funds you have chosen.

The minimum amount you can invest in a fund is 5%.

Percentages must be whole numbers.

**Note: The investment performance of a market-based fund is not guaranteed.**

## Your investment instructions

Specify the 4-digit fund code of each fund you select below, along with the percentage of contributions you want to invest in each fund. Your percentages must add up to 100%.

If your plan offers Group IncomePlus note this option is intended to provide you with guaranteed retirement income. Before you select Group IncomePlus, review The Bold Print for more information.

Fund code	Fund name	%
<b>Your percentages must add up to 100%.</b>		

Check here to leave your money invested in the current funds

Note: Company Stock and customized funds are not available in the Manulife Personal Plan.

**I hereby authorize you to transfer my group:**

- Registered Pension Plan Policy No. \_\_\_\_\_
- Registered Retirement Savings Plan Policy No. \_\_\_\_\_
- Deferred Profit Sharing Plan Policy No. \_\_\_\_\_

To the Manulife Personal Plan RRSP.

## Please sign here

I confirm that I have read, understood and agreed to the information in this form, including the *Enrolment and Registration Authorization* section below, and the *Personal Information Statement*. I also confirm that information in this form is correct to the best of my knowledge.

### Enrolment and Registration Authorization

I request that Manulife enrol me as a Member in this plan and register me in a Retirement Savings Plan (RSP) under the Income Tax Act (Canada).

I understand that any withdrawals from my RSP will be taxed according to the rules outlined in the *Income Tax Act* (Canada) or the *Taxation Act* (Quebec), as applicable. I understand that withdrawals may be restricted under the terms of the plan.

I authorize the Plan Sponsor (my employer or my spouse's employer if I am a Spousal Member) to remit contributions and to deliver directions to Manulife on my behalf.

I request that Manulife accept a transfer of locked-in funds into the plan, if applicable, according to the terms described in the Lock-in Retirement Account (LIRA) or locking-in addendum. I understand that with respect to such funds, these terms will override the group RSP contract.

If I have selected Group IncomePlus, I acknowledge that I have read and understood The Bold Print and by signing below, I agree to the terms, conditions and fees applicable to that option.

Your signature (as the annuitant)	Date signed (dd/mmm/yyyy)
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## Got something to send us?

Send us your completed form online by signing in to your online account at [Manulife.ca/GRO](http://Manulife.ca/GRO).

Look for **Send documents** in your homepage under the 'My Account' tab.

**Send documents** is faster and safer than email.

## Not signed up yet?

Access your savings anytime, using our secure website. Go to [Manulife.ca/GRO](http://Manulife.ca/GRO) and click 'Sign in' to get started.

You'll need your unique customer number and social insurance number to join. You can find your unique customer number on your welcome letter or a recent statement.

## Mailing instructions

Send your completed forms to the address below.

**If you live outside of Quebec:**

**Manulife**  
**Attn:** GRS Client Services  
 P.O. Box 396  
 Waterloo, ON N2J 4A9  
 Fax: 1-866-945-5110

**If you live in Quebec:**

**Manulife**  
 Group Retirement Solutions  
 2000 Mansfield, Suite 1410  
 Montréal, QC H3A 3A2  
 Fax: 1-866-945-5109

## For Manulife use

Manulife customer number	Date (dd/mmm/yyyy)	Advisor name	Manulife Advisor code
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## *Personal* **Information Statement**

In this Statement, “you” and “your” refer to the plan member or holder of rights under the contract, the insured and the parent or guardian of any child named as insured who is under the legal age for providing consent. “We”, “us”, “our” and “the Company” refer to The Manufacturers Life Insurance Company and our affiliated companies and subsidiaries.

Updates to this Statement and further information about our privacy practices are posted to [www.manulife.ca](http://www.manulife.ca).

We collect, use, verify and disclose your personal information for identified purposes, and only with your consent, or as permitted or required by law. By signing the application, you give your consent for us to collect, use, and disclose your personal information, as set out in this Personal Information Statement. Any alterations to the consent must be agreed to in writing by the Company.

### **What personal information do we collect?**

Depending on the product you have applied for, we collect specific personal information about you such as:

- Identifying information such as your name, address, telephone number(s), email address, date of birth, Social Insurance Number (SIN)
- Information about how you use our products and services, and information about your preferences, demographics, and interests
- Other personal information we may require to administer our business relationship with you
- Banking and employment data to administer products and services
- We use fair and lawful means to collect your personal information.

### **Where do we collect your personal information from?**

- Your completed applications and forms
- Other interactions between you and the Company,
  - Other sources, such as:
  - Your advisor or authorized representative(s)
  - Third parties with whom we deal in issuing and administering your plan/contract/account/policy now, and in the future
  - Public sources, such as government agencies, and internet sites
  - Your Employer/Plan Sponsor
  - Other insurance carriers and financial institutions

### **What do we use your data for?**

We will use your personal information to:

- Help us properly administer the products and services that we provide and to manage our relationship with you
- Confirm your identity and the accuracy of the information you provide
- Evaluate your application, and issue and administer the rights under the plan/contract/account/policy
- Comply with legal and regulatory requirements
- Understand more about you and how you like to do business with us
- Analyze data to help us make decisions and understand our customers better so we can improve the products and services we provide
- Determine your eligibility for, and provide you with details of, other products or services that may be of interest to you
- Perform audits and Investigations

## Who do we disclose your information to?

- Persons, financial institutions and other parties with whom we deal in issuing and administering your plan/contract/account/ policy now, and in the future
- Authorized employees, agents and representatives
- The plan advisor, as appointed by your employer/plan sponsor and any agency which has entered into an agreement with us and has supervisory authority, directly or indirectly, over the plan advisor, and their employees
- Any person or organization to whom you gave consent
- People who are legally authorized to view your personal information
- Service providers who require this information to perform their services for us (for example data processing, programming, data storage, market research, printing and distribution services and investigative agencies)

Absent any contractual obligations or legislative requirements that may apply to your plan, the abovementioned people, organizations and service providers are both within Canada and jurisdictions outside Canada and would therefore be subject to the laws of those jurisdictions.

Where personal information is provided to our service providers, we require them to protect the information in a manner that is consistent with our privacy policies and practices.

## How long do we keep your information?

The longer of:

- the time period required by law and by guidelines set for the financial services industry, and
- the time period required to administer the products and services we provide.

## Withdrawing your consent

You may withdraw your consent for us to use your SIN or Business Number, if applicable, for non-tax administration purposes. You may also withdraw your consent for us to use your personal information to provide you with other service or product offerings, excluding those mailed with your statements.

You may not withdraw your consent for us to collect, use, retain or disclose personal information we need to issue or administer the plan/contract/account/policy unless federal or provincial laws give you this right. If you do so, a plan/contract/account/policy may not be issued and benefits will not be payable under the plan/contract/account or we may treat your withdrawal of consent as a request to terminate the plan/contract/account.

If you wish to withdraw your consent, phone our customer care centre at **1-888-727-7766** or write to the Privacy Officer at the address below.

## Accuracy and Access

You will notify us of any change to your contact information. You have the right to access and verify your personal information maintained in our files, and to request any factually inaccurate personal information be corrected, if appropriate. If you have a question, a concern, wish to receive more information about parties who have access to your information or about our privacy policies and procedures, and/or wish to review your personal information in our files or correct any inaccuracies, you may send a written request to:



### Privacy Officer Manulife

500 King Street N, Waterloo, ON N2J 4C6

[Privacy\\_office\\_canadian\\_division@manulife.com](mailto:Privacy_office_canadian_division@manulife.com)

Please note the security of email communication cannot be guaranteed. Do not send us information of a private or confidential nature by email. By contacting us via email you are authorizing us to communicate with you by email.

