

Application Form

Non-Registered Savings Plan (NRSP)



This form is also available at 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.

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 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.

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 Manulife Personal Plan		Policy number
Member number	Date you are joining the plan (dd/mm/yyyy)	
Division	Member class	Date you started with your employer (dd/mm/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/mm/yyyy)	Social Insurance Number (SIN)	Marital status	Home telephone number	
Work telephone number	Ext.	Personal email address		

Employment Status (select one) <input type="checkbox"/> Employed <input type="checkbox"/> Self-employed <input type="checkbox"/> Retired <input type="checkbox"/> Not employed
Occupation (if you are retired or unemployed, provide the details of your most recent employment)
In what industry are you employed? (current or most recent if retired or not employed)
Name of company/employer (most recent if retired or not employed)

For a list of valid industries and occupations, refer to NN1655E, Valid industries and occupations.

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*
Date of birth (dd/mm/yyyy)		Social Insurance Number (SIN)	

What is the purpose and intended use of this account?

Emergency Funds
 Short term savings
 Retirement Savings
 Vacation/Leisure
 Operating funds expenses
 Education
 Estate Planning
 Household
 Long term Investment
 Real Estate/Home Purchase
 Other
 If other, please specify:

Tax residency information must be provided. You should speak to your advisor or tax specialist if you need more information about why it is required.

Declaration of Tax Status

What is your tax residence(s)? Select all that apply.

I am a tax resident of Canada

SSN or ITIN

I am a U.S. citizen or a U.S. resident for U.S. tax purposes

Provide your social security number (SSN) or individual taxpayer identification number (ITIN). If you do not have a SSN or ITIN you have 90 days to apply for one and 15 days after you receive it to provide it to us.

I am a tax resident of a jurisdiction(s) other than Canada or the U.S.

Provide the information below for each jurisdiction other than Canada or the U.S.

List all non-Canadian jurisdictions of tax residence and provide all taxpayer identification number(s) (TIN) If you do not provide a Taxpayer identification number (TIN), select the reason for not providing a TIN.

Jurisdiction of tax residence	Taxpayer identification number (TIN)
Reason for not providing a TIN <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C, specify:	
Jurisdiction of tax residence	Taxpayer identification number (TIN)
Reason for not providing a TIN <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C, specify:	
Jurisdiction of tax residence	Taxpayer identification number (TIN)
Reason for not providing a TIN <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C, specify:	

Reasons for not providing a TIN

A - Applied for a TIN but have not yet received it

B - Jurisdiction of tax residence does not issue TINs to its residents

C - Other - Specify the reason

In order to satisfy government Identification requirements, please provide two separate documents in your name to verify your identity*.

Each document must confirm ONE of the following combinations:

- Your name and your address;
- Your name and your date of birth
- Your name and confirm ownership of a financial account

* Examples of acceptable documents can be found in Annex A at the end of this form

Dual Method Identification

Legible faxed, photocopied, scanned or electronic images of documents are acceptable. If the documents received do not meet the following conditions, it will delay the verification of identity process, as we will request that proper documentation be provided. Note that no further personal contributions will be accepted into your non-registered account until we have received all the required information.

- The documents must be **in your name**;
- The documents must be **in good order and unaltered**. If any information has been redacted, they will not be accepted;
- They must be the **most recent version** of the documents (current);
- You cannot use **two documents** from the same column, as they would both confirm the same information;
- You must use two documents from **different independent and reliable sources**. You cannot use one document to satisfy the conditions from two different columns, even if the document contains all the information; and
- Documents **issued by Manulife** and any of its affiliates will not be accepted.

Important note: all documents received by Manulife will be destroyed; they will not be returned, so if you're mailing us original documents, please make a copy for your files.

Third Party Determination

a. Will the account be used by or on behalf of a third party? No Yes

If the answer is Yes, identify all third parties (individuals or entities) by completing the information below.

b. Does anyone other than yourself have indirect control or an interest in this account? No Yes

If the answer is Yes, identify all third parties (individuals or entities) by completing the information below.

c. Will anyone other than yourself (and your employer) have the authority to provide instructions on this policy?

For example: a power of attorney (POA), guardianship or assignment? No Yes

If the answer is Yes, identify all third parties (individuals or entities) by completing the information below. In addition to completing the information below, the individual or entity that is authorized to provide instruction on this account will be required to provide copies of legal documentation (example: power of attorney), and the individual's or entity's identity must be verified. **They must complete and submit their own Member Identity Verification Form.**

d. Is a third party contributing the funds being deposited to this account (other than through payroll deductions from your employer)? No Yes

If the answer is Yes:

- Provide the information on the Third Party below;
- Explain the reason a third party is contributing the funds;
- Provide the details of the source of the funds being used or expected to be used for the deposit (complete the source of funds section below); and
- Provide the source of wealth of the individual/entity contributing the funds (complete the source of wealth section below)

Explain why a third party is contributing funds to the policy

e. If the payment for your account is made from an account located outside of Canada, explain why the payment was not made from an account at a Canadian financial institution.

Third Party Determination (continued)

If the third party is an individual:

Name of the third party		Date of birth (dd/mm/yyyy)	
Address (number, street, unit number and apartment number)		Telephone number	
City		Province	Postal code
Select one and tell us the third party's job title, the name of their company/employer and the goods or services that their company/employer provides <input type="checkbox"/> Employed <input type="checkbox"/> Self-employed <input type="checkbox"/> Retired <input type="checkbox"/> Not employed			
Occupation (most recent, if currently retired or unemployed)			
Name of third party's company/employer (most recent, if currently retired or unemployed)			
Describe the goods or services provided by the third party's current or most recent company/employer			
Relationship of third party to account holder			

If the third party is an entity:

Full legal name of the company or organization			
Address (number, street, unit number)		Telephone number	
City		Province	Postal code
Name of signing officer or trustee #1 that is a third party (first, middle initial, last)		Name of signing officer or trustee #2 that is a third party (first, middle initial, last)	
Principal business or activity of the company or organization that is a third party (Tell us the goods and services that the company or organization provides. Example: retail clothing store, consultants in public relations)			

If this company or organization is a corporation, provide the following information:

Incorporation number	
Jurisdiction of registration (specify province, state or territory and country)	
Relationship of third party to account holder	

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
The total must equal 100%		

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

For Quebec only:

The designation of a spouse as 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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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 die while your beneficiary is still a minor, the trustee you name on this form will act on the child's behalf.

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

Your investment instructions

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.

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%.

Fund code	Fund name	%
Your percentages must add up to 100%.		

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

- Non-Registered Savings Plan Policy No. _____
- To the Manulife Personal Plan NRSP.

Politically exposed person

Definitions:

¹A close relative is a spouse; common-law partner; mother, father; child (including in-laws); brother or half-brother; sister or half-sister; spouse's or common-law partner's mother or father.

²A close associate is a person closely associated, for personal or business reasons, to the person described.

³This form lists these foreign and domestic positions later in this section.

⁴The head of an institution that was established by an international organization, was set up by the governments of more than one country and was formed through a formally-signed agreement between the governments of more than one country. The HIO is the primary person who leads or led the institution within the last 5 years; for example, a president or CEO. This PEP also includes a close relative¹ of the person or close associate² of the HIO.

To be completed when a contribution of \$100,000.00 or more is invested in a non-registered account.

A politically exposed person (PEP) is a person, or a close relative¹ or close associate² of a person, who holds, or has held, certain positions³ in or on behalf of the state. A PEP falls into one or more of these categories:

- 1) a politically exposed foreign person (PEFP) holds or has held the position outside Canada
- 2) a politically exposed domestic person (PEDP) holds or has held in the last five years, the position within Canada
- 3) the head of an international organization or an institution established by an international organization⁴ (HIO) within the last five years

Is the applicant or person contributing the funds, a PEP, or a close relative or close associate of a PEP?	
<input type="checkbox"/> Yes <input type="checkbox"/> No (If the answer to the question is "YES", please complete information below.)	
Who is politically exposed?	Name of contributor
<input type="checkbox"/> Self <input type="checkbox"/> Contributor (current or future)	
Name of person who holds or held a political office and/or is the head of an international organization? (first, middle initial, last)	
In what country is/was the position held?	During what time period was the position held?
	Starting month/year Ending month/year
Name of the organization, agency or government department	
Title of position held	
What office or position is or was held by the person who is or was politically exposed in a foreign country?	
<input type="checkbox"/> Head of state or head of government	<input type="checkbox"/> President of a state-owned company or bank
<input type="checkbox"/> Member of the executive council of government or member of a legislature	<input type="checkbox"/> Head of a government agency
<input type="checkbox"/> Deputy minister (or equivalent rank)	<input type="checkbox"/> Judge of a supreme court, constitutional court or other court of last resort
<input type="checkbox"/> Ambassador or ambassador's attache or counsellor of an ambassador	<input type="checkbox"/> Holder of any prescribed office or position
<input type="checkbox"/> Military officer with a rank of general or above	<input type="checkbox"/> Leader or president of a political party represented in a legislature

Politically exposed person (continued)

What office or position is or was held by the person who is or was politically exposed in Canada in the last five years?

<input type="checkbox"/> Governor General, Lieutenant Governor, or head of government	<input type="checkbox"/> Head of a government agency
<input type="checkbox"/> Member of the Senate or House of Commons, or member of legislature	<input type="checkbox"/> Judge of an appellate court in a province, the Federal Court of Appeal, or the Supreme Court of Canada
<input type="checkbox"/> Deputy minister or equivalent rank	<input type="checkbox"/> Leader or president of a political party represented in a legislature
<input type="checkbox"/> Ambassador or ambassador's attache or counsellor of an ambassador	<input type="checkbox"/> Holder of any prescribed office or position
<input type="checkbox"/> Military officer with a rank of general or above	<input type="checkbox"/> Mayor
<input type="checkbox"/> President of a corporation that is wholly owned directly by Her Majesty in right of Canada or a province	

The person is the head of an international organization or an institution established by an international organization

What is the relationship of the person named above to the owner or contributor?

<input type="checkbox"/> Self	<input type="checkbox"/> Brother, sister, half-brother or half-sister
<input type="checkbox"/> Spouse or common-law partner	<input type="checkbox"/> Spouse's or common-law partner's parent
<input type="checkbox"/> Child (including in-laws)	<input type="checkbox"/> Close associate
<input type="checkbox"/> Mother or father	

Source of Funds and Wealth

To be completed only if you have self-disclosed as a PEP in the section above and made or plan to make a contribution of \$100,000.00 or more.

Source of Funds

Indicate the source of funds used by the payor to make deposit(s) to the account.

- | | | |
|---|--|--|
| <input type="checkbox"/> Employment income | <input type="checkbox"/> Insurance policy benefits | <input type="checkbox"/> Sale of an asset/property |
| <input type="checkbox"/> Self-employment income | <input type="checkbox"/> Annuity policy | <input type="checkbox"/> Company sale |
| <input type="checkbox"/> Business income | <input type="checkbox"/> Retirement fund | <input type="checkbox"/> Inheritance |
| <input type="checkbox"/> Investment income | <input type="checkbox"/> Trust fund | <input type="checkbox"/> Gift |
| <input type="checkbox"/> Other (specify): _____ | | <input type="checkbox"/> Bank Loan |

Source of Wealth

Indicate the source of wealth used by the payor to make deposit(s) to the account (how was the money earned)? (select all that apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> Employment income | <input type="checkbox"/> Sale of an asset/property | <input type="checkbox"/> Self-employment income |
| <input type="checkbox"/> Company sale | <input type="checkbox"/> Business income | <input type="checkbox"/> Proceeds from a life insurance policy |
| <input type="checkbox"/> Investment income | <input type="checkbox"/> Inheritance | <input type="checkbox"/> Gift |
| <input type="checkbox"/> Other (specify): _____ | | |

The source of funds refers to the origin of the particular funds used for the deposit(s) to the account. How were the specific funds acquired; or how will they be acquired?

The source of wealth refers to the origin of the payor's entire body of wealth and net worth. How did the payor accumulate their wealth?

Manulife may request documentary evidence to support the source of wealth. The transaction may be delayed or rejected without satisfactory evidence to support the source of funds and wealth.

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. If applicable, I authorize the Plan Sponsor/Employer to deduct my contributions to the plan from my earnings.

Your signature	Date signed (dd/mm/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.

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 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/mm/yyyy)
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Annex A

Examples of reliable sources of information under the dual process method		
Documents to verify name and address Column A	Documents to verify name and date of birth Column B	Documents to verify name and confirm a financial account Column C
<p>Issued by a Canadian government body:</p> <ul style="list-style-type: none"> • A fax, photocopy, scan or electronic image of a government-issued photo identification document (example: driver's License) • Any statement, form, certificate or other source issued by a Canadian government body (federal, provincial, territorial or municipal): <ul style="list-style-type: none"> • Canada Pension Plan (CPP) statement • Property tax assessment issued by a municipality • Provincially issued vehicle registration • Benefits statement: <ul style="list-style-type: none"> • Federal, provincial, territorial or municipal levels <p>Issued by other Canadian sources</p> <ul style="list-style-type: none"> • Utility bill (for example, electricity, water, telecommunications) • T4 statement • Record of employment • Insurance documents (home, auto, life) 	<p>Issued by a Canadian government body:</p> <ul style="list-style-type: none"> • A fax, photocopy, scan or electronic image of a government-issued photo identification document (example: Passport, Driver's License) • Any statement, form, certificate or other source issued by a Canadian government body (federal, provincial, territorial or municipal): <ul style="list-style-type: none"> • Birth certificate • Marriage certificate or government-issued proof of marriage document (long-form which includes date of birth) • Divorce documentation • Permanent resident card • Citizenship certificate • Temporary driver's licence (non-photo) <p>Issued by other Canadian sources</p> <ul style="list-style-type: none"> • Insurance documents with the member's name and date of birth (home, auto, life) 	<ul style="list-style-type: none"> • Bank statement for deposit or chequing account (credit cards statements will not be accepted) • Loan account statement (for example, mortgage) • A personal cheque (with member's name and address printed on it) payable to Manulife and invested in one of the member's accounts
<p>The following documents are not acceptable:</p> <ul style="list-style-type: none"> • Health care cards from the following provinces are not acceptable: Ontario, Nova Scotia, New Brunswick, Manitoba, Prince Edward Island, Saskatchewan and Yukon 		<ul style="list-style-type: none"> • Credit card statements are not acceptable.

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.

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

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.

