

Please print clearly in the blank boxes.

In this application, the terms *you* and *your* refer to the “Annuitant.” The terms *we*, *our*, and *us* refer to The Manufacturers Life Insurance Company (Manulife).

The Manufacturers Life Insurance Company is the carrier of the Manulife Group Retirement Income Fund.

Retirement Income Fund (RIF) Life Income Fund (LIF) Locked-in Retirement Fund (LRIF) Prescribed Retirement Fund (PRIF) Restricted Life Income Fund (RLIF) Application to The Manufacturers Life Insurance Company

*** Before submitting your application, please include:**

- A complete RIF/LIF/LRIF/PRIF/RLIF application for each type of account you wish to open
- A photocopy of proof of age (and spouse's proof of age if applicable)
- A spousal waiver form (if applicable)
- A separate page for designation of a secondary beneficiary (if applicable)
- Any new investment instructions for custom fund direction (if applicable)
- A Transfer Authorization for Registered Investments form (for transfers from another financial institution)
- A “VOID” cheque



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.

Your account type

Please select one. If you are opening more than one account, please use an additional form(s).

Note: You must complete a separate form for each option you are applying for.

RIF LRIF LIF* PRIF RLIF

* At the time you open an Ontario, Alberta, Manitoba, or Federal LIF, you have the option of withdrawing or transferring up to 50% of the total market value of the money you are transferring into the LIF to an RRSP, to a RRIF, to a PRIF or to a RLIF, as applicable. This 50% unlocking is a one-time opportunity. To initiate this option, Manulife must receive the request at our head office within the prescribed time limit, where applicable, following the transfer of your funds into the LIF. This option is only available for money originating from a registered pension plan. For further information and instructions, please contact Customer Service.

Spousal waiver

If you are applying for a **LIF, LRIF, PRIF, or RLIF** and you have a spouse within the meaning of Applicable Legislation, please attach the applicable waiver form for **British Columbia, Alberta, Manitoba, Saskatchewan, Federal or Nova Scotia** funds. A copy of the waiver can be obtained at www.manulife.ca/GRO.

For all other jurisdictions, your spouse must sign here to consent to the transfer.

Signature of spouse	Date signed (dd/mmm/yyyy)	Province
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Your information (Annuitant)

Legislation requires Manulife to collect proof of age with this application.

*Linking all your Manulife Group Retirement accounts may allow you to enjoy a better Member Reward Program (MRP) rate. If you have any questions about linking your accounts together, you can contact the Transition Solutions Team at 1-855-828-7023.

Last name	First name	Middle initial	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Address (number, street, and apartment)			Marital Status
City or town	Province	Postal Code	Preferred Language <input type="checkbox"/> English <input type="checkbox"/> French
Telephone number		Email address	
Date of birth (dd/mmm/yyyy)	Link your accounts* <input type="checkbox"/> Yes <input type="checkbox"/> No	Social Insurance Number	Member number MLI USE ONLY

Your proof of age

Legislation requires Manulife to collect proof of age with this application.

Birth certificate (if name unchanged) Passport Driver's license Other _____

* For assistance please call Customer Service at 1-888-727-7766.

Your spousal information

If you have elected the Spousal Income option for your GIP assets, are naming your spouse as Successor Annuitant, or if your payments are based on your spouse's age, please attach spouse's proof of age.

**Linking your accounts together with your spouse may allow you to enjoy a better Member Reward Program (MRP) rate.

Are you naming your spouse* as Successor Annuitant? Yes No
(For more information on naming a Successor Annuitant, please see page 5.)

Where legislation permits, will your RIF/LIF/LRIF/PRIF/RLIF minimum be based on your spouse's age? Yes No

If you have Group IncomePlus (GIP) assets, are you electing the Spousal Income option? Yes No

If your spouse has a Manulife Group Retirement account, would you like to link your accounts together? ** Yes No

If you have answered yes to any of the above, please complete the following:

Spouse's last name	Spouse's first name	Middle initial	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Spouse's Date of birth (dd/mmm/yyyy)	Social Insurance Number	Spouse's Manulife Customer number (if applicable)	

*A spouse is a spouse or common-law partner as recognized under the *Income Tax Act* (Canada).

If you have elected the Spousal Income option for your GIP assets, to ensure continuation of payments, you must name your spouse as Successor Annuitant. Once this option is elected, it can only be changed where your spouse dies prior to payment of the Guaranteed Annual Income Amount (GAIA) and Manulife is notified within 6 months of death.

The person(s) you name here will receive a death benefit when you die if you do not designate a Successor Annuitant.

For Quebec applicants only

If you have named your spouse as beneficiary, the designation is irrevocable unless specified here:

Revocable

Note: A secondary beneficiary does not have any rights if a named primary beneficiary exists.

If you have locked in money and you have a spouse at the time of your death, your spouse may have priority entitlement to any benefit, regardless of any other beneficiary designation.

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

Your beneficiary information

Primary Beneficiary name(s)	Relationship to Annuitant	Share of benefits
TOTAL (must equal 100%)		

Trustee(s) for minor beneficiaries (except in Quebec)

If you are naming more than 2 beneficiaries or contingent beneficiaries, please indicate below that a separate page is attached. Check here if you have attached a separate page. Attachment must be signed and dated.

Your transfers from a Manulife group savings plan

Minimum total initial transfer amount must be \$5,000

*** Transfer of new amounts to GIP are not permitted.**

Note: Making a fund transfer out of GIP will reduce your Guaranteed Benefit Base (GGB) and future GAIA payments.

If you wish to select additional funds, please use a separate sheet.

Please note: If your beneficiary is designated irrevocable, you must obtain your irrevocable beneficiary's consent prior to transferring your assets from the Manulife group savings plan.

Plan name	Plan number	Member number
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- Transfer my assets into the SAME group plan investments where possible
 Transfer and invest my assets per the instructions below.

Investment code	Deposit money to	Investment code	Deposit money to	Investment code	Deposit money to
	%		%		%
	%		%		%
Total					

Note: Transfer to Group IncomePlus funds are not permitted.

Irrevocable Beneficiary: I consent to the transfer of the account.

Irrevocable Beneficiary	Date signed (dd/mmm/yyyy)
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*** For assistance please call Customer Service at 1-888-727-7766.**

Your transfers from another financial institution

Use the Transfer Authorization form found under 'Your Forms and Downloads' at www.manulife.com/GRO

*** Transfer of new amounts to GIP are not permitted.**

If you wish to select additional funds, please use a separate sheet.

Transfer of external assets from another financial institution

Amount to transfer \$	Name of institution	Account/policy number
If locked-in, contract will be governed by the pension laws of which province/jurisdiction?		

Investment instructions for transfer of assets from another financial institution

(Indicate Investment code and % of transfer amount to be deposited.)

Investment code	Deposit money to	Investment code	Deposit money to	Investment code	Deposit money to
	%		%		%
	%		%		%
Total					

Your payment information

Please select one scheduled payment option.

Note: You are required to take at least the RIF minimum as income beginning the second calendar year of your policy. If the RIF minimum is selected, payment start date must begin in the next calendar year.

Payments will be made using the Manulife specified order.

Scheduled payment (Please select one)

RIF/LIF/LRIF/PRIF/RLIF minimum LIF/LRIF/RLIF maximum Specified amount \$ _____

Group IncomePlus (GIP)

If you have Group IncomePlus (GIP) funds, select this option.

I have GIP funds

At what age do you want to start receiving your Guaranteed Annual Income Amount (GAIA)*? _____

Note: Guaranteed Annual Income Amount (GAIA) cannot begin until you have satisfied the five year holding period and you have reached age 60 (both you and your spouse must be age 60 if you have elected the spousal income option).

*Manulife will pay out your Guaranteed Annual Income Amount (GAIA) unless restricted by legislated maximums. Payments will be processed from GIP until your GAIA is reached and then will be processed from your investments based on their asset class.

Withdrawal Payment Options*

For all other members (excluding members with GIP funds), please select one of the following withdrawal payment options.

Proportional to Assets

Payments are taken proportionally from each investment fund based on your total assets.

Percentage Weighted

Payments are taken from the investment funds and the percentage indicated in the table.

Please limit your withdrawal fund instructions to the 9 boxes provided below. Total percentage must add up to 100%.

Investment code	Percentage	Investment code	Percentage	Investment code	Percentage
	%		%		%
	%		%		%
	%		%		%
Total					%

Specified Order

Payments are taken from the investment funds and depleted in the order indicated in the table.

Priority withdrawal order 1 through 9 indicates the order in which the payments will be made and funds will be depleted. Please limit your instructions to the 9 boxes provided below.

Withdrawal Order	Investment Code	Withdrawal Order	Investment Code	Withdrawal Order	Investment Code
1		4		7	
2		5		8	
3		6		9	

***Note: If you have not specified withdrawal instructions or if your specified withdrawal instructions cannot be met, Manulife will process the withdrawal Proportional to Assets.**

Payment frequency

- Monthly
 Quarterly
 Semi-annually
 Annually

Payment start date

Specify date, 1st to 28th
 Specify month and year of first payment

Tax to be withheld (Please select one.)

- Levelized minimum **OR**
 Client specified* _____ %

***must be equal to or over legislative minimums and will apply to the gross payment amount.**

You MUST attach a blank cheque marked "VOID".

* Shown on your cheque

Direct deposit information

Manulife will deposit scheduled payments directly to your bank account. (Attach a personalized VOID cheque.)

Name of your bank or financial institution*	Transit number	Bank number	Your account number
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* For assistance please call Customer Service at 1-888-727-7766.

Please sign here

By signing below, I confirm I have read, understood, and agreed to the terms set out in the Enrolment and Registration Authorization and the Personal Information Statement which form part of this enrolment form.

I hereby certify that the information on this form is correct to the best of my knowledge.

I acknowledge that if my scheduled payment requires a withdrawal from my Group IncomePlus investments, and I have not satisfied the 5 year holding period and/or the minimum age requirement, it will result in a reduction of my Guaranteed Benefits Base and future GAIA payments.

Signature of annuitant	Date signed (dd/mmm/yyyy)	Province
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Your advisor information

Name of advisor	Manulife code number	Telephone number	
Address (number, street and apartment)			
City or town	Province	Postal Code	Email



Got something to send to 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 application to:

Manulife
Group Retirement Solutions
2000 Mansfield, Suite 1410
MONTRÉAL QC H3A 3A2

Fax: 1-866-945-5109

** For assistance please call Customer Service at 1-888-727-7766.*

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.

