

Check one:

- This RSP is for you as a Member (i.e. employee)
- This RSP is for you as a Spousal Member (the spouse (i.e. Spousal Member) must complete the form)

You can find this form online by signing in to your account with your Manulife ID at manulifeim.ca/retirement. Look for Forms under 'Quick links' or 'Helpful information' on your homepage.



Don't have a Manulife ID yet?

Sign up now to access your account anytime on our secure website. Go to manulifeim.ca/retirement, click 'Sign in' and follow the instructions to set up your Manulife ID.

Please print clearly in the blank boxes. Remember to sign and date the form.

Need help? Contact Customer Service at 1-888-727-7766.

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.

1. Tell us about the plan

Plan Sponsor/Employer Manulife Personal Plan		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)	

2. Your personal information

First name		Middle initial	Last name	
Home 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				

3. 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* 10 _____
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)	

4. Your beneficiary designation

For Registered Pension Plans and Locked in Products, your spouse is automatically entitled to the death benefit and is first in line ahead of any other beneficiary you designate unless they choose to waive their entitlement.

A **revocable** beneficiary can be changed at anytime.

An **irrevocable** beneficiary can only be changed with written consent from that beneficiary. You may 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. Beneficiary designations are considered revocable unless you write "irrevocable" in the chart(s) below. If a beneficiary designated below predeceases you, any benefit payable will be shared equally among the surviving designated beneficiaries.

Beneficiary designations are considered revocable unless you write "irrevocable" in the chart(s) below. If a beneficiary designated below predeceases you, any benefit payable will be shared equally among the surviving designated beneficiaries.

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

For Quebec only:

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

Revocable

In the event of an annulment or dissolution of civil union or divorce or nullity of marriage, the designation is automatically revoked. The designation of any other person is revocable unless otherwise stipulated.

A **primary beneficiary** is the person, people or entity you choose to receive the death benefits. If you choose more than one beneficiary, you will need to indicate what percentage of the benefit you would like each person to receive. When multiple primary beneficiaries are named, the total of the percentages allocated to each primary beneficiary must add up to 100%.

A **contingent beneficiary** is the person, people or entity you designate to receive the death benefits if all of the primary beneficiaries die before you.

List all primary beneficiaries

Name (Last, First, and Middle initial)	Relationship	Date of Birth	Percentage of proceeds
			%
			%
			%
The total must equal 100%			

List all contingent beneficiaries

Name (Last, First, and Middle initial)	Relationship	Date of Birth	Percentage of proceeds
			%
			%
			%
The total must equal 100%			

If you choose to name more than three Primary and/or Contingent Beneficiary(ies), please indicate that a separate page with your additional designations is attached, signed and dated here:

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

If you die when your beneficiary is still a minor, the Trustee you name on this form will receive and manage the money you leave to the beneficiary in Trust until the minor reaches the age of majority for your specified province. **In Quebec**, the proceeds will be paid in trust to the minor child's tutor. Parents are considered tutors of their child.

Trustee	Relationship
Jurisdiction of registration (specify province, state or territory and country)	

A person holding power of attorney cannot designate or change a beneficiary on behalf of a plan member.

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

5. 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%.

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*—a separate document that you'll find on the secure site under the 'Plan for Retirement' section OR at manulife.ca/groupincomeplus.

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:

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

To the Manulife Personal Plan RRSP.

6. 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.

I understand that the effect of my designation a beneficiary irrevocably is that, under the provisions of the respective Insurance Act(s), while the beneficiary is living, I may not alter or revoke the designation without the consent of the beneficiary and I may not assign, exercise rights under or in respect of, surrender or otherwise deal with the contract without the consent of the beneficiary.

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 the 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* (a separate document that you'll find on the secure site under the 'Plan for Retirement' section **or** at manulife.ca/groupincomeplus) and by signing below, I agree to the terms, conditions, and fees applicable to that option

Your signature	Date signed (dd/mmm/yyyy)
----------------	---------------------------

Send us your documents online



It's faster and safer than email or regular mail.

From your Manulife Mobile app, sign in with your Manulife ID (choose Group Retirement). From the top left menu, select your name to get to your profile, then select **Send documents**.

or

From your desktop or tablet, sign in to your account at manulifeim.ca/retirement using your Manulife ID. Look for **Send documents** on your homepage under 'Quick links' **or** 'Helpful information'.

If you need to mail the form, send it to one of the addresses below.

Outside of Quebec:

Manulife
Group Retirement
P.O. Box 396
Waterloo, ON N2J 4A9
Fax: 1-866-945-5110

Quebec:

Manulife
Group Retirement
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

At Manulife, protecting your personal information and respecting your privacy is important to us. "We", "us" and "our" refer to The Manufacturers Life Insurance Company and our affiliated companies and subsidiaries.

1. Why do we collect, use, and disclose your personal information?

For the purposes of establishing and managing our relationship with you, providing you with products and services, administering our business, and complying with legal and regulatory requirements.

2. What personal information do we collect?

Depending on the product or service, we collect specific personal information about you, such as:

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

3. Where do we collect your personal information from?

Depending on the product or service, we collect personal information from:

- Your completed applications and forms
 - Other interactions between you and us
 - Other sources, such as:
 - Third parties with whom we deal in issuing and administering your products or services now and in the future
 - Public sources, such as government agencies, credit bureaus and internet sites
 - Financial institutions
 - Your employer or Plan Sponsor and their authorized agents, plan advisors, consultants and plan service providers
-

4. What do we use your personal information for?

Depending on the product or service, we will use your personal information to:

- Administer the products and services that we provide and manage our relationship with you
 - Confirm your identity and the accuracy of the information you provide
 - Evaluate your application
 - 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
 - Perform audits, and investigations and protect you from fraud
 - Conduct searches to locate you and update your information where required
 - Determine your eligibility for, and provide you with details of, other products and services that may be of interest to you
 - Automate processing to help us make decisions about your interactions with us, such as applications, approvals, or declines
-

5. Who do we disclose your information to?

Depending on the product or service, we disclose your personal information to:

- Persons, financial institutions, reinsurers, and other parties with whom we deal with in issuing and administering your product or service now and in the future
- Authorized employees, agents and representatives
- Your plan advisor and any agency that has entered into an agreement with us and has supervisory authority, directly or indirectly, over your plan advisor, and their employees
- Your employer or Plan Sponsor and their authorized agents, plan advisor, consultants and plan service providers
- 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)

Except where there are contractual restrictions, these people, organizations and service providers are both within Canada and outside of Canada. Therefore, your personal information may be subject to interprovincial or cross-border transfers in order to provide services to you and 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.

6. Withdrawing your consent

You may withdraw your consent for us to use your social insurance number for non-tax administration purposes. You may also withdraw your consent for us to use your personal information to provide you with other product or service offerings, except those that are mailed with your statements. You may also withdraw your consent to disclose your information to the advisor and their employees, appointed by your employer or plan sponsor.

You may not withdraw your consent for us to collect, use, retain or disclose personal information we need to establish and administer your account unless federal or provincial laws give you this right.

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

7. Accuracy

You will notify us of any change to your contact information. If your information has changed, or if you need to make a correction of any inaccuracies to your personal information in our files, you may phone our customer service centre at **1-888-727-7766**, or write to the Privacy Officer at the address below.

8. Access

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. Requests can be sent to: **Privacy Officer Manulife, P.O. Box 1602, Del Stn 500-4-A, Waterloo, Ontario N2J 4C6** or Canada_Privacy@manulife.ca

For more information, you can review our Canadian Privacy Policy. Please note the security of email communication cannot be guaranteed. Do not send us information of a private or confidential nature by email.

Manulife, Manulife & Stylized M Design, and Stylized M Design are trademarks of The Manufacturers Life Insurance Company and are used by it, and by its affiliates under license.