

## External Contract Application

In this application, the terms *you* and *your* refer to the beneficial owner or contract owner, as applicable. The terms *we*, *our* and *us* refer to **The Manufacturers Life Insurance Company** (Manulife) and GIF refers to Guaranteed Investment Funds. Manulife is the issuer of all insurance contracts containing Manulife segregated funds, and the guarantor of any guarantee provisions therein. *Distributor* refers to the entity responsible for distributing the product.

**• Complete all applicable sections.**

- For non-registered contracts with deposits of \$100,000 or more, complete NN0975E, *Client and Third Party Identity Verification*.
- If the annuitant is also the beneficial owner, you do not need to complete section 7.
- Please fax this form to Manulife at 1-800-993-9332.
- Please make additional copies for the Owner, Distributor and Representative.

	Contract/Reference number	Wire order number	Distributor name and code	
<b>1 In which product are you investing?</b> A separate application is required for each product.	<input type="radio"/> Manulife Private Investment Pools – MPIP Segregated Pools (check all that apply) <input type="radio"/> MPIP 75/75 <input type="radio"/> MPIP 75/100		<input type="radio"/> Manulife GIF Select (check all that apply) <input type="radio"/> InvestmentPlus 75/75 <input type="radio"/> InvestmentPlus 75/100	
<b>2 Beneficial owner information</b>	Your name (first, middle initial, last) or name of corporation, trust, partnership or other non-individual owner			
	Address (number, street and apartment)			
	City or town	Province	Postal code	Telephone number
	Date of birth (dd/mmm/yyyy)	SIN/Business Number (BN)/Trust Account Number		Sex <input type="radio"/> Male <input type="radio"/> Female
<b>3 Type of nominee plan</b> Please check one. <input checked="" type="checkbox"/>	<b>Complete all sections that apply for:</b> <input type="radio"/> External Non-registered		<b>Sections 1, 2, 3 and 12 must be completed for:</b> <input type="radio"/> External RRSP* <input type="radio"/> External RRIF* <input type="radio"/> External TFSA	
	Agent for trustee (Dealer)		Trustee name	
	For externally registered contracts, the trust has policyowner or policyholder rights under the contract. The trustee (or agent for the trustee, if applicable) holds the contract in trust for the beneficial owner. For non-registered contracts, the beneficial owner has policyowner or policyholder rights under the contract.			
	* Please ensure the appropriate tax type is selected. For External LIRA/RLSP please select External RRSP, for External LIF/LRIF/RLIF/PRIF please select External RRIF.			

### Sections 4 to 11 apply to non-registered contracts only. (Sections 4, 5, 6 and 12 must be completed.)

<b>4 Beneficial owner information for non-registered contracts</b>  For non-individual owners (i.e. corporations, trusts or other organizations), please complete NN1555E, <i>Corporate and Non-individual Identity Verification</i> .  For a list of valid industries and occupations, refer to NN1655E, <i>Valid industries and occupations</i> .  Which document are you showing an authorized representative to verify your identity, as required by law? If you do not have a valid document, or cannot meet your representative in person, submit a completed NN1663E, <i>Dual Method Identification</i> .	Employment status <input type="radio"/> Employed <input type="radio"/> Self-employed <input type="radio"/> Retired <input type="radio"/> Not employed			
	In what industry are you employed? (most recent if retired or not employed)		Occupation (most recent if retired or not employed)	
	Name of company/employer (most recent if retired or not employed)			
	<input type="radio"/> Passport <input type="radio"/> Driver's licence <input type="radio"/> Other _____			
	Document number		Jurisdiction	
	Expiry date (dd/mmm/yyyy)		Date identity was verified (dd/mmm/yyyy)	

**4 Beneficial owner information for non-registered contracts (continued)**

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.

**Reasons for not providing a TIN**

- A: You will apply or have applied for a TIN but have not yet received it.
- B: Your jurisdiction of tax residence does not issue TINs to its residents.
- C: Other (specify the reason)

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

- You are a tax resident of Canada.
- You are a tax resident or a citizen of the U.S. Provide your social security number (SSN) or individual taxpayer identification number (ITIN). \_\_\_\_\_
- You are 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.

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

**5 What is the purpose and intended use(s) of this contract?**

- Emergency fund
- Short term savings
- Education
- Operating funds
- Real estate purchase
- Retirement savings
- Estate planning
- Long term investments

**6 Are you acting on behalf of a third party?**

**Are you acting on behalf of a third party?** (For example, if a third party is contributing the funds.)  
 No  Yes (Please complete NN0975E, *Client and Third Party Identity Verification* or a Manulife accepted equivalent.)

**7 Is the annuitant different from the beneficial owner?**

If this section is not completed, the annuitant will be the person named in section 2.

On the death of the annuitant, the contract ends unless a successor annuitant is named.

Name of annuitant (first, middle initial, last) \_\_\_\_\_

By checking here, you confirm that the annuitant is a resident of Canada as required

Date of birth (dd/mmm/yyyy)	Sex <input type="radio"/> Male <input type="radio"/> Female
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I hereby consent to be the annuitant under this contract, confirm that I have provided complete and accurate information and confirm that I have read, understand and agree to the terms of the Personal Information Statement in the Information Folder.

Signature of annuitant	Date signed (dd/mmm/yyyy)
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**8 Additional beneficial owners**

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

Which document are you showing an authorized representative to verify your identity, as required by law? If you do not have a valid document, or cannot meet your representative in person, submit a completed NN1663E, *Dual Method Identification*.

The following information is required and must always be provided if there are additional beneficial owners.

Name of beneficial co-owner (first, middle initial, last)	Date of birth (dd/mmm/yyyy)
SIN/Business Number (BN)/Trust Account Number	Employment status <input type="radio"/> Employed <input type="radio"/> Retired <input type="radio"/> Self-employed <input type="radio"/> Not employed
Occupation (most recent if retired or not employed)	In what industry are you employed? (most recent if retired or not employed)
Name of company/employer (most recent if retired or not employed)	
<input type="radio"/> Passport <input type="radio"/> Driver's licence <input type="radio"/> Other _____	
Document number	Jurisdiction
Expiry date (dd/mmm/yyyy)	Date identity was verified (dd/mmm/yyyy)

**8 Additional beneficial owners (continued)**

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.

**Reasons for not providing a TIN**

- A: You will apply or have applied for a TIN but have not yet received it.
- B: Your jurisdiction of tax residence does not issue TINs to its residents.
- C: Other (specify the reason)

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

- You are a tax resident of Canada.**
- You are a tax resident or a citizen of the U.S.** Provide your social security number (SSN) or individual taxpayer identification number (ITIN). \_\_\_\_\_
- You are 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.

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

**Where there is more than one beneficial owner, upon the death of a beneficial owner who is not the annuitant:**

- In all provinces except Quebec, Joint Ownership with Right of Survivorship will be deemed to be elected.
- In Quebec, if you wish the additional beneficial owner(s) to be subrogated beneficial policyholder(s), all the beneficial owners have to initial in the box.
- In all provinces and in Quebec (if all the beneficial owners have initialed the box) this means that the deceased beneficial owner's share will automatically pass to the surviving beneficial owner(s). However, in Quebec, if a beneficial owner fails to initial the subrogated beneficial policyholder designation box, this means his or her share will pass to his or her estate.

**Where there is more than one owner, upon the death of an owner who is the annuitant:**

- The contract will only continue if you have designated a successor annuitant in section 10 otherwise a death benefit is payable to your designated beneficiary(ies).

**9 Do you want to name a successor beneficial owner or, in Quebec, a subrogated beneficial policyholder?**

**Do not name a successor beneficial owner if ownership type is "Joint Ownership with Right of Survivorship" or if the subrogated beneficial policyholder designation box is initialed in section 8.**

Name of successor beneficial owner or subrogated beneficial policyholder (first, middle initial, last)	
Relationship to beneficial owner	

**10 Do you want to name a successor annuitant?**

For non-registered contracts, if a successor annuitant is named and alive on the death of the current annuitant, no death benefit is payable and the contract will continue.

Name of successor annuitant (first, middle initial, last)	Relationship to you
Signature of successor annuitant	

The successor annuitant must sign unless that person is a minor.

### 11 Who will be the beneficiaries?

The person or persons you name here will receive a death benefit on the death of the last surviving annuitant.

**For Quebec applicants only**, if you have named your spouse as beneficiary, the designation is irrevocable unless you check revocable here:

Revocable

#### DO NOT COMPLETE FOR EXTERNALLY REGISTERED CONTRACTS

Primary beneficiary name(s)	Relationship to annuitant (in Quebec - relationship to policyholder)	Share of benefits
		%
		%
		%
<b>TOTAL (must equal 100%)</b>		100%
Secondary beneficiary name(s) A secondary beneficiary does not have any rights if a named primary beneficiary is alive at the time of death of the last surviving annuitant.	Relationship to annuitant (in Quebec - relationship to policyholder)	Share of benefits
		%
		%
		%
<b>TOTAL (must equal 100%)</b>		100%

### 12 Signatures

A copy, fax, scan or image of the beneficiary designation in this application is as valid as the original. By signing below, you, as beneficial owner, and/or the trustee as applicable, confirm the following:

- that you have received the Application, Information Folder and Contract and the Fund Facts applicable to the product, to which you are allocating your deposit and that your representative has explained the contents of the material;
- that you have read, understand and agree to the information and provisions on page 5 of this application and the terms of the Personal Information Statement in the Information Folder;
- that you have requested that this application and all documents relating to the contract be in English. Vous demandez aussi que la demande de souscription et tous les documents et la correspondance afférents au contrat soient en anglais.

By signing below, representatives confirm the following:

- they are appropriately licensed;
- the information provided on this form is current, correct, and complete and will be updated in the future if information changes;
- they have examined the original, valid and unexpired identity verification documentation, and any other information provided by the annuitant;
  - they have complied with the instruction set out above, including confirming that the government-issued photo identification document is valid, has a unique identifying number, has not expired, and is in good condition without apparent alteration;
  - the photo on the identification document is substantially similar to the client, and the name matches the beneficial owner name in section 2 and/or 8;
  - they have no reason to believe that the person presenting him or herself was not the individual on the identification document;
- they have completed and attached NN0975E, *Client and Third Party Identity Verification*, if they have reasonable grounds to suspect the owner is acting on behalf of a third party;
- they have discussed and explained the contents of the Information Folder and Contract and the Fund Facts to the owner of this contract;
- they have disclosed the following information to the beneficial owner of this contract:
  - the name of the company or companies they represent;
  - that they receive commissions for the sale of insurance-based investment products and may receive bonuses, invitations to conferences or other incentives; and
  - any conflicts of interest they may have with respect to this transaction.

Signature of beneficial owner	Signed at	Date signed (dd/mmm/yyyy)
Signature of beneficial co-owner (if applicable)	Signed at	Date signed (dd/mmm/yyyy)
Signature of trustee or agent for trustee (for externally registered contracts only)	Signed at	Date signed (dd/mmm/yyyy)
Signature of representative	Signed at	Date signed (dd/mmm/yyyy)

## What you understand and agree to when you sign this form

Your signature on this application authorizes:

- Manulife to deliver the policy and any other documents to the distributor
- Manulife to accept instructions from the distributor to execute certain financial and non-financial transactions including but not limited to deposits, withdrawals and switches **in accordance with your instructions** and the contract provisions.

Your signature on this application confirms that:

- the personal information you provided in this application is complete, accurate and will be updated in the future if information changes
- you are applying for an insurance contract that gives you the option to invest in segregated funds and/or guaranteed interest accounts
- you understand that for externally registered contracts the beneficiary on the contract will be your "Trustee in trust for the named beneficiary of the plan, pursuant to the same terms as the terms of the plan" and that if you wish to change this designation, you must submit form NN1583E, *Non-financial changes*, to us
- you understand that Manulife shall not be liable for following the instructions provided by the distributor
- you acknowledge that possible creditor protection may be lost by having the contract held in the name of an Investment Dealer, a trustee of the externally registered plan or someone who is not the individual beneficial owner
- compound interest rates are quoted as an effective annual rate. Interest accrues based on a daily compounding rate which produces the effective annual rate. Monthly Simple interest rates are quoted as a nominal annual rate
- if you designate a beneficiary as irrevocable, your ownership rights are severely restricted. An irrevocable beneficiary who is a minor cannot provide consent nor can anyone acting on the minor's behalf

- segregated funds do not provide a guaranteed rate of return. Unit values and the market value of the contract will increase or decrease in value according to the fluctuations in the market value of the assets of the segregated fund investment
- you have the right to change your mind within 2 business days of the earlier of the date you receive confirmation or 5 business days after it is mailed. With written notification, we will refund the lesser of the value of your deposit or the market value on the day we receive your request. Fees and charges will be refunded

- death and maturity guarantees apply to segregated fund investments at the maturity date or upon receipt of notification of death of the last surviving annuitant
- you may discuss any questions or concerns you may have by contacting your representative or our Head Office. More information about our complaint resolution procedures is available on the Internet at [www.manulife.ca](http://www.manulife.ca) under *Contact Us*
- you may at any time ask to review your personal information and, if necessary, correct any inaccuracies. If you want to review or correct the information, or if you want details about parties who have access to your information or our policies and procedures related to privacy, please write to:

### Privacy Officer

Manulife  
500 King Street North  
PO BOX 1602 STN WATERLOO  
WATERLOO ON N2J 4C6

- we must receive the signed application in order to issue the contract. Send the application to:

### All provinces except Quebec:

Manulife  
500 King St. N., PO Box 1602 Stn. Waterloo  
Waterloo ON N2J 4C6  
Fax: 1-877-277-3774  
Customer service centre: 1-800-993-9332

### Quebec/French Business:

Manulife  
2000 Mansfield St. Suite 1100  
Montreal QC H3A 2Z8  
Fax: 1-800-360-6492  
Customer service centre: 1-800-993-9332