Manulife

Application Form
Registered Pension Plan (RPP)

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.

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		Policy number
Part Time and Seasonal Employees of New Brunswick		10006846
Member number	Date you started with your employer (dd/mmm/yyyy)	Date you are joining the plan (dd/mmm/yyyy)
Division	Member class	Province of Employment

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 ( )	
Spouse's name			Spouse's date of birth (dd/mmm/yyyy)	
Work telephone number ( )	Ext.	Personal email address		

Name your beneficiary (or beneficiaries)

*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 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.

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.

If you do not name a beneficiary and you do not have a spouse at the date of your death, 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%	0

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

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 for more information.

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

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.

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	Date signed (dd/mmm/yyyy)
Plan administrator's signature	Date signed (dd/mmm/yyyy)



Got something to send us?

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

Send documents is faster and safer than email.

Not signed up yet?

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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)

The personal information statement

Your consent to use your personal information

By signing this Application form, you give your consent for us to obtain, verify, and share your personal information, as set out below, in administering your account, now and in the future, with the plan sponsor, the plan administrator, the plan advisor and its employees and other parties in the performance of their duties for us.

You authorize us to use your Social Insurance Number (SIN) if applicable, to uniquely identify you during the administration of your account.

How we will maintain and use your personal information

You agree that we may use the personal information that we collect to:

- comply with legal and regulatory requirements,
- confirm your identity and the accuracy of the information you've provided,
- conduct searches to locate you and update your member information,
- administer this plan while you actively work for your employer, and after you no longer work with your employer,
- administer any other products and service that we provide to you, and
- determine your eligibility for, and provide you with details of, other select financial products or services that may be of interest to you that are offered by us, our affiliates or other select financial product providers.

Who may access your personal information

The following individuals may have access to your personal information:

- oour employees and representatives who require this information to do their jobs,
- the plan advisor, including its employees, appointed by your Plan Sponsor to provide ongoing benefit counselling or plan administrative services,
- people to whom you have granted access,
- people who are legally authorized to view your personal information, and
- service providers who require this information to do their jobs.

This may include data processing, programming, printing, mailing, distribution, research and marketing or administration and investigation services.

Asking us not to use your personal information

You may withdraw your consent for us to use your SIN 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.

If you wish to withdraw your consent for us to collect, use, retain or share your personal information, you may contact us by phoning our customer service centre at **1-888-727-7766** or by writing to the Privacy Officer at the address below.

How long we can keep your personal information

You authorize us to keep your personal information for 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.

The information we collect with your consent will be protected and maintained in your Manulife plan member file.

The personal information that we must have

You may not withdraw your consent for us to collect, use, retain or share personal information that we need to issue or administer your account unless federal or provincial laws give you this right. If you do so, we may no longer be able to properly administer your account and this is what could happen:

- benefits will not be payable as provided under the plan,
- we may treat your withdrawal of consent as a request to terminate your contract, and
- your rights, and the rights of your beneficiary or estate under the plan may be limited.

Recording your customer service calls to us

We may record your customer service calls to us for the following reasons:

- quality service controls,
- information verification, and
- training.

If you do not wish to have your calls recorded, you must communicate with us in writing to Group Retirement Solutions, 25 Water Street South, Kitchener, ON N2G 4Y5, and request that any response by us also be in writing.

Questions, updates and requests for additional information

If you have a request, a concern, or wish to receive more information about our privacy policies, or if you wish to review your personal information in our files or correct any inaccuracies, you may contact us by sending a written request to: Privacy Officer, Group Retirement Solutions, 25 Water Street South, Kitchener ON N2G 4Y5.