

### Registered Pension Plan information

Are you currently a Manulife Financial Internet customer?  No  Yes

Group policy number	Plan number	Plan Sponsor/Employer
Member number <i>(Complete as instructed by Plan Administrator)</i>		Customer number
<b>Manulife Financial use only</b>		

### Member information

Must be fully completed. ▶

Sex <input type="radio"/> Male <input type="radio"/> Female	Last name of member	First name	Middle initial
Date of birth (dd/mmm/yyyy)	S.I.N.	Marital status	Preferred language <input type="radio"/> English <input type="radio"/> French
Mailing address (number, street and apt. number)			
City	Province	Postal code	Telephone number Ext
Prov. of employment (Entitlement jurisdiction)	Service start date (dd/mmm/yyyy)	Plan entry date (dd/mmm/yyyy)	Division (if applicable) Member class (if applicable)

### Beneficiary information

Except as specified for Quebec, all designations will be considered revocable unless expressly made irrevocable. If you designate a beneficiary as irrevocable, you may not change this designation, withdraw or transfer-out funds without the written consent of the irrevocable beneficiary. A parent or guardian cannot provide consent on behalf of a minor who has been named as irrevocable beneficiary. If you have not named a beneficiary, the death benefit will be payable to your estate. If you have a spouse on the date of your death, legislation in most jurisdictions may require that any death benefit from a pension plan or locked-in pension funds be payable to your spouse, regardless of any other beneficiary designation you have made.

**For Quebec only:**  
The designation of a spouse as beneficiary is deemed to be irrevocable unless specified here:  
 Revocable

If naming more than 1 beneficiary, attach a separate page. Include the name and relationship of a Trustee for each minor beneficiary. This attachment must be signed and dated.

Name of beneficiary	Relationship to member	<input type="radio"/> Check here if you have attached a separate page.
<b>Trustee for a minor beneficiary named above</b> (not applicable in Quebec) Any payment to a beneficiary who is a minor will be paid in trust to the trustee named below. <b>In Quebec</b> , the proceeds will be paid in trust to the minor child's tutor.		
Name of trustee(s) for minor beneficiary	Relationship of trustee to minor beneficiary	

### Investment direction

Please enter the investment code number for all the investments in which you wish your contributions to be allocated. (Investment codes are available from your Plan Administrator or your Group Investment Report.) For each applicable contribution type over which you have discretion, please indicate the percentage to be allocated to each investment.

*Investment codes are available from your Group Investment Report. A minimum of 5% per fund, whole numbers only. e.g.: 10%, 25%, 65%.*

Contributions will be deposited to the investment direction chosen by the Plan Sponsor if no investment direction is chosen or the total does not add up to 100%.

Investment code	Contribution types				
	All types	Member required	Member voluntary	Sponsor required	
	%	%	%	%	
	%	%	%	%	
	%	NOT	NOT	NOT	
	%	APPLICABLE	APPLICABLE	APPLICABLE	
	%	IF "ALL TYPES"	IF "ALL TYPES"	IF "ALL TYPES"	
	%	ARE CHOSEN	ARE CHOSEN	ARE CHOSEN	
	%	%	%	%	
	%	%	%	%	
	%	%	%	%	
<b>Total</b>	<b>%</b>	<b>%</b>	<b>%</b>	<b>%</b>	

**Total allocations from all investments must equal 100%.**  
I understand that the investment performance of amounts directed to a pooled or segregated fund is not guaranteed.  
Diversification of all your retirement savings may smooth out your returns and help you meet your retirement goals.

### Signature(s)

By signing below, I confirm that I have read, understand and agree to the terms set out in the Enrolment 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.

Member's signature	Date signed (dd/mmm/yyyy)
Plan Administrator's signature (if required)	Date signed (dd/mmm/yyyy)

<b>Enrolment Authorization</b>	I request that Manulife Financial enroll me as a member in the plan. If applicable, I hereby authorize my plan sponsor/employer to deduct my contributions to the plan from my earnings.
<b>Personal Information Statement</b>	In this statement "you" and "your" mean the plan member or the annuitant, as applicable. "We", "our" and "the Company" mean The Manufacturers Life Insurance Company. "Plan Sponsor" means the entity that establishes and maintains the plan; "Plan Administrator" means the person or entity appointed by the Plan Sponsor to administer the plan; the "Plan Advisor" means an individual (including any organization which may directly or indirectly employ or retain that individual), partnership, corporation or other organization duly authorized by the Plan Sponsor, plan member or Manulife Financial (including their respective employees, agents, successors and assigns), to provide ongoing benefit counseling to plan members or plan administration services.
<b>Definitions</b>	
<b>Consent</b>	By signing this enrolment 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 the employees of the Plan Advisor; and other parties in the performance of their duties for Manulife Financial. You also authorize any person that we contact to provide such information. You authorize us to use your Social Insurance Number (SIN) and Business Number (BN), if applicable, to uniquely identify you in the collection of information for, and in the administration of your account, including tax administration. You authorize us to keep your personal information for the longer of: <ul style="list-style-type: none"> <li>• the time period required by law and by guidelines set for the financial services industry, and</li> <li>• the time period required to administer the products and services we provide.</li> </ul> The information we collect with your consent will be protected and maintained in your plan member file with the Company.
<b>How we will maintain and use your personal information</b>	You agree that we may use the personal information that we collect to: <ul style="list-style-type: none"> <li>• confirm your identity and the accuracy of the information you provide,</li> <li>• administer your contract account, including any administration required after termination of your plan membership,</li> <li>• administer any other products and services that we provide,</li> <li>• comply with legal and regulatory requirements,</li> <li>• conduct searches to locate you and update your member information,</li> <li>• determine your eligibility for, and provide you with details of, other financial products or services that may be of interest to you that are offered by us, our affiliates or other select financial product providers.</li> </ul>
<b>Who may access your personal information</b>	The following people or service providers may have access to your personal information: <ul style="list-style-type: none"> <li>• our employees and our representatives who require this information to perform their jobs;</li> <li>• service providers who require this information to perform such services as, data processing, programming, printing, mailing, distribution, research and marketing services, administration and investigation;</li> <li>• people to whom you have granted access; and</li> <li>• people who are legally authorized to view your personal information.</li> </ul>
<b>Withdrawing your consent</b>	You may withdraw your consent for us to use your SIN or BN, if applicable, for non-tax administration purposes as previously described in this Personal Information Statement. You may also withdraw your consent for us to use your personal information to provide you with other services or product offerings, excluding those that are mailed with your statements. Except as set out above, 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 then we may no longer be able to properly administer your account and the following consequences may apply: <ul style="list-style-type: none"> <li>• benefits will not be payable as provided under the plan;</li> <li>• we may treat your withdrawal of consent as a request to terminate your contract; and</li> <li>• your rights, and the rights of your beneficiary or estate under the plan may be limited.</li> </ul>
<b>Dealing with us by telephone</b>	Customer service calls may be recorded for the following purposes: <ul style="list-style-type: none"> <li>• quality service controls,</li> <li>• information verification, and</li> <li>• training.</li> </ul> If you do not wish to have your calls recorded, you must communicate with us in writing, and request that any response by us also be in writing.
<b>How to withdraw your consent</b>	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 1-888-245-5558 or by writing to the Privacy Officer at the address below.
<b>Questions, concerns and requests for additional information</b>	If you have a question, a concern, or wish to receive more information about our privacy policies or wish to review your personal information in our files or correct any inaccuracies, you may contact us by sending a written request to: <b>Privacy Officer, Canadian Pension Operations, 25 Water St. South, Kitchener ON N2G 4Y5.</b>
<b>Acknowledgement and Consent</b>	I acknowledge that I have read and understand the Enrolment Authorization and the Personal Information Statement and consent to the collection, use and disclosure of my personal information in accordance with the terms of the Personal Information Statement.