

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.

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 RRRIF, 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 (GBB) 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
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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.*

The personal information statement

Naming a Successor Annuitant

If your spouse or common-law partner is named as a Successor Annuitant, ownership for your Retirement Income Fund (RRIF) contract will change to this individual upon your death. As such, the RIF contract and scheduled payments, set-up by you, will continue to your named Successor Annuitant after your death. If your Successor Annuitant predeceases you or waives the right to ownership of your RIF contract as a Successor Annuitant, the benefits of the RIF contract would be distributed among the designated beneficiaries in accordance with your instructions and applicable law.

Your spouse or common-law partner can be named as a beneficiary as well as a Successor Annuitant. If your spouse or common-law partner is named as both your Successor Annuitant and the sole beneficiary of your RIF contract and predeceases you, then the benefits of your RIF contract will be distributed to your estate.

Enrolment and Registration Authorization

I request that The Manufacturers Life Insurance Company apply to register this contract as a Registered Retirement Income Fund (RIF) under the *Income Tax Act* (Canada) and (for Quebec registration only) a Registered Retirement Income Fund under and for the purposes of applicable regulations in respect of the *Taxation Act* (Quebec). I understand that income payments out of the Fund will be taxable to the recipient to the extent prescribed by the *Income Tax Act* (Canada) or the *Taxation Act* (Quebec), whichever is applicable. I hereby request that Manulife accept the transfer of my locked-in pension funds into the Fund in accordance with the locking-in addenda, with respect to such funds.

I understand that the terms of the locking-in addenda will override the terms of the group RIF contract, where applicable.

Personal Information Statement

Definition

In this statement “you” and “your” mean the annuitant, as applicable. “We,” “our,” and “the Company” mean The Manufacturers Life Insurance Company (Manulife). “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 annuitant or Manulife including their respective employees, agents, successors, and assigns), to provide ongoing benefit counseling to annuitants.

Consent

By signing this application 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 Advisor, the employees of the Plan Advisor, and other parties in the performance of their duties for Manulife. You also authorize any person that we contact to provide such information. You authorize us to use your Social Insurance Number (SIN) to uniquely identify you in the collection of information for, and in the administration of your Fund, including tax administration. 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 file with us.

How we will maintain and use your personal information

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

- confirm your identity and the accuracy of the information you provide,
 - administer your contract account,
 - administer any other products and services that we provide,
 - comply with legal and regulatory requirements,
 - conduct searches to locate you and update your Fund information,
 - 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.
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Who may access your personal information

The following people or service providers may have access to your personal information:

- our employees and our representatives who require this information to perform their jobs,
 - service providers who require this information to perform such services as, data processing, programming, printing, mailing, distribution, research and marketing services, administration, and investigation,
 - people to whom you have granted access,
 - people who are legally authorized to view your personal information.
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Withdrawing your consent

You may withdraw your consent for us to use your SIN 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 Fund unless federal or provincial laws give you this right. If you do so then we may no longer be able to properly administer your Fund and the following consequences may apply:

- benefits will not be payable as provided under the Fund,
 - 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 Fund may be limited.
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Dealing with us by telephone

Customer service calls may be recorded for quality service controls, information verification, and training purposes. If you do not want your calls recorded, please submit a written request, and ask for a written response from us.

How to withdraw your consent

If you wish to withdraw your consent for us to collect, use, retain, or share your personal information, please contact our Customer Service Centre at 1-888-727-7766, or submit a written request to the Privacy Officer at the address below.

Payment information disclosures

If your RIF/LIF/LRIF/PRIF/RLIF minimum is greater than your Annual Income for Life amount, your RIF/LIF/LRIF/PRIF/RLIF minimum will be paid out with no affect to your Income Benefit Amount.

If your Annual Income for Life amount is greater than your LIF/LRIF/RLIF maximum, legislation only permits payout up to your legislated LIF/LRIF/RLIF maximum. Additional Income for Life benefits can not be carried forward to a new calendar year.

Questions, concerns, and requests for additional information

If you have any questions, concerns, or want to receive more information about our privacy policies, review your personal information in our files, or correct any inaccuracies, please submit a written request to: **Privacy Officer, Group Retirement Solutions, 25 Water St. South, Kitchener ON N2G 4Y5.**
