



| For your future™

RIF • LIF • LRIF • PRIF Application

to The Manufacturers Life Insurance Company

Before submitting your application, please include:

- A complete RIF/LIF/LRIF/PRIF application for each account type
- Photocopy of proof of age (and spouse's if applicable)
- Spousal waiver form (if applicable)
- Separate page for designation of a secondary beneficiary (if applicable)
- New investment instructions for custom fund direction (if applicable)
- Transfer Authorization for Registered Investments form (for transfers from another financial institution)
- A "VOID" cheque

Forward to: Manulife Financial

Group Retirement Solutions
2000 Mansfield, Suite 1410
MONTRÉAL QC H3A 3A2

RIF • LIF • LRIF • PRIF Application

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 Financial). The Manufacturers Life Insurance Company is the carrier of the Manulife Financial Group Retirement Income Fund.

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Group Retirement Solutions
2000 Mansfield, Suite 1410
MONTRÉAL QC H3A 3A2

Please call 1-888-727-7766 if you have any questions

Type of contract

Please select one.

Note: You must complete a separate form for each option selected.

RIF LRIF *LIF PRIF (Saskatchewan only)

***Note:** At the time you open an Ontario LIF, you have a time-limited option of withdrawing or transferring to an RRSP or RRIF up to 50% of the total market value of the money transferred into the LIF. This 50% unlocking is a one-time opportunity. To initiate this option, we must receive your written instructions at our head office within 60 days of your funds transferring into the LIF. This option is only available for money originating from an Ontario registered pension plan. For further information and instructions, please contact us at 1-888-727-7766.

Annuitant information

Last name		First name		Middle initial
Address (number, street and apartment)				Marital Status: <input type="radio"/> Married <input type="radio"/> Single
City or town	Province	Postal code		Preferred language: <input type="radio"/> English <input type="radio"/> French
Telephone number		Email address		
Date of birth (dd/mmm/yyyy)	Gender <input type="radio"/> Male <input type="radio"/> Female	Social Insurance Number	Member number MLI USE ONLY	

Proof of age

You **MUST** attach a COPY of your proof of age.

Which document are you using to verify your age and identity, as required by law? (Please attach a COPY.)

Birth certificate (if name unchanged) Passport Driver's license
 Other _____

Spousal information

If you are unsure of the legal definition of spouse, please contact us at: 1-888-727-7766

Are you naming your spouse as successor annuitant? Yes No
(For more information on naming a Successor Annuitant, please see Page 3.)

Where legislation permits, will your RIF/LIF/LRIF/PRIF minimum be based on your spouse's age? Yes No

If you have answered yes to either or both the above, please complete the following:

Spouse's last name		Spouse's first name		Middle initial
Date of birth (dd/mmm/yyyy)	Gender <input type="radio"/> Male <input type="radio"/> Female	Social Insurance Number		

If **LIF**, **LRIF** or **PRIF** and you have a spouse within the meaning of Applicable Legislation, please attach the applicable waiver form. For **British Columbia**, **Alberta**, **Manitoba** or **Saskatchewan** funds, a copy of the waiver can be obtained by going to the forms and downloads section of our plan member website at www.manulife.ca/gro.

For all other jurisdictions, spouse must sign here to consent to the transfer.

Signature of spouse	Date signed (dd/mmm/yyyy)	Province
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If you are naming your spouse as successor annuitant or if payments are based on your spouse's age, please attach spouse's proof of age.

Beneficiary information

The person(s) you name here will receive a death benefit when you die if you did 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.

Primary Beneficiary name(s)	Relationship to annuitant	Share of benefits
		%
		%
TOTAL (must equal 100%)		100%

Trustee(s) for minor beneficiaries (except in Quebec)

If you are designating a secondary beneficiary, attach a separate page.
 Check here if you have attached a separate page. Attachment must be signed and dated.

If required, retain a photocopy for your files.

Transfers from Manulife Financial group product

Minimum total initial transfer amount must be \$5000.

Plan name		Member number	Policy number		
<input type="radio"/> Transfer my assets into the SAME group plan investments where possible OR <input type="radio"/> Transfer and invest my assets per the instructions below.					
Investment code	Deposit money to	Investment code	Deposit money to	Investment code	Deposit money to
	%		%		%
	%		%		%
Irrevocable Beneficiary: I consent to the transfer of the account.				TOTAL	100%
Irrevocable Beneficiary			Date signed (dd/mmm/yyyy)		

Transfers from another financial institution

Use Transfer Authorization form found under Your Forms & Downloads at www.manulife.com/gro.

Transfer of external assets from another financial institution

Amount to transfer \$	Name of institution	Account/policy number			
If locked-in, contract will be governed by the pension laws of which province/jurisdiction?					
Investment instructions for transfer of assets from other 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
	%		%		%
	%		%		%
Irrevocable Beneficiary: I consent to the transfer of the account.				TOTAL	100%
Irrevocable Beneficiary			Date signed (dd/mmm/yyyy)		

Payment information

Please select one scheduled payment option.

Please select one payment withdrawal 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.

You MUST attach a blank cheque marked "VOID".

Scheduled payment (Please select one.)

RIF/LIF/LRIF/PRIF minimum LIF/LRIF maximum Level (please specify amount) \$ _____

Payment withdrawal from: (Please select one.)

Use Manulife default withdrawal order for group RRIF **OR**

Indicate the percentage of scheduled payment to be taken from:

Market-based funds _____% Guaranteed Interest Accounts _____% **Total must equal 100%.**

Payment frequency	Payment start date	Tax withholding (Please select one.)	
<input type="radio"/> Monthly <input type="radio"/> Quarterly <input type="radio"/> Semi-annually <input type="radio"/> Annually	Specify date, 1st to 28th	<input type="radio"/> Levelized minimum OR <input type="radio"/> Client specified percentage _____% Note: Must equal or exceed legislative minimums.	
Direct Deposit information We 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

Authorization signature

By signing below, I confirm that I have read, understand and agree 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.

Signature of annuitant	Date signed (dd/mmm/yyyy)	Province
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Advisor information

Name of advisor	Manulife code number	Telephone number
Address (number, street and apartment)		
City or town	Province	Postal code
		Email

If required, retain a photocopy for your files.

Naming a Successor Annuitant	<p>If your spouse or common-law partner is named as a Successor Annuitant, ownership for your Retirement Income Fund (RIF) contract will change to this individual upon your death. As such, the RIF contract and scheduled payments, setup 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.</p> <p>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.</p>
Enrolment and Registration Authorization	<p>I request that The Manufacturers Life Insurance Company apply to register this contract as a Retirement Income Fund (RIF) under the Income Tax Act (Canada) and (for Quebec registration only) a 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 Financial accept the transfer of my locked-in pension funds into the Fund in accordance with the locking-in addenda, with respect to such funds.</p> <p>I understand that the terms of the locking-in addenda will override the terms of the group RIF contract, where applicable.</p>
Personal Information Statement Definitions	<p>In this statement "you" and "your" mean the annuitant, as applicable. "We", "our" and "the Company" mean The Manufacturers Life Insurance Company. "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 Financial including their respective employees, agents, successors and assigns), to provide ongoing benefit counseling to annuitants.</p>
Consent	<p>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 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) 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:</p> <ul style="list-style-type: none"> • 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. <p>The information we collect with your consent will be protected and maintained in your file with us.</p>
How we will maintain and use your personal information	<p>You agree that we may use the personal information that we collect to:</p> <ul style="list-style-type: none"> • 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.
Who may access your personal information	<p>The following people or service providers may have access to your personal information:</p> <ul style="list-style-type: none"> • 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; and • people who are legally authorized to view your personal information.
Withdrawing your consent	<p>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:</p> <ul style="list-style-type: none"> • 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.
Dealing with us by telephone	<p>Customer service calls may be recorded for the following purposes:</p> <ul style="list-style-type: none"> • quality service controls, • information verification, and • training. <p>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 given in writing.</p>
How to withdraw your consent	<p>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.</p>
Questions, concerns and requests for additional information	<p>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: Privacy Officer, Group Retirement Solutions, 25 Water St. South, Kitchener ON N2G 4Y5.</p>

If required, retain a photocopy for your files.