

Application Form Group Retirement Savings Plan (RSP)

Please print clearly in the blank boxes.

Important: If this application is for a spousal RSP, the spouse (i.e. Spousal Member) must complete this form.

Check one:

- This RSP is for you as a Member (i.e. employee)
 This RSP is for you as a Spousal Member

Send your completed form to:

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

Tell us about the plan

If you aren't 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 Air Canada | | Group annuity policy number 20001200 |
| Member number | Date you are joining the plan (mmm/dd/yyyy) | Division |

Your personal information

| | | | |
|---|-------------------------------|----------------|----------------|
| Gender | First name | Middle initial | Last name |
| Mailing address (number, street and apartment number) | | | |
| City | Province | Country | Postal Code |
| Date of birth (mmm/dd/yyyy) | Social Insurance Number (SIN) | | Marital status |
| Your preferred language | Telephone number | Ext. | Email address |

Tell us about the contributor (the member)

Complete this section only if the application is for you as a Spousal Member. Otherwise, leave this section blank.

| | | |
|-----------------------------|-------------------------------|-----------|
| First name | Middle initial | Last name |
| Date of birth (mmm/dd/yyyy) | Social Insurance Number (SIN) | |

Name your beneficiary (or beneficiaries)

If you do not name a beneficiary, 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 above beneficiary designations are considered revocable unless you write "irrevocable" in the chart above.

For Quebec only:

The designation of a spouse as a 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 |
|--------------|--------------|

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 locked-in money in your RSP and 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.

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.

Each Target Date Portfolio represents a future date when you may choose to start your retirement. The portfolio invests in individual funds selected to help you meet your retirement savings objectives. As you get closer to your chosen retirement date, the asset mix of your portfolio is rebalanced automatically to become more conservative. The portfolio code is made up of the letter P followed by your retirement year, followed by a letter representing your investor style

V=Conservative

X=Moderate

Z=Dynamic

You must choose a target retirement year between age 55 and 71. For example, if you plan to retire in 2032 and are a moderate investor, your portfolio code is P2032X

You can go online at anytime to change the funds you have chosen.

Percentages must be whole numbers.

Note: The investment performance of a market-based fund is not guaranteed.

Your investment instructions

Follow the instructions on the Investor Style worksheet to see what type of investor you are. Then fill in **one** of the sections below according to your type.



Complete if Target Date Portfolio is your investment strategy

| | | |
|----------------------------|---|---------------------------------|
| Portfolio code P | Portfolio name Air Canada Target Date Portfolio | Percentage of your contribution |
| Fund Code | Fund Name | % |
| 1005 | GIA 5 Years | |



Complete if Build your own portfolio is your investment strategy

Specify the percentage of contributions you want to invest in each fund. Your percentages must add to 100%. Segregated Funds can not be selected if you have selected a Target Date Portfolio above.

| Fund code | Fund name | % |
|--|--|-------------|
| 1005 | GIA 5 years | |
| 3132 | MLI Canadian Money Market Fund (MAM) | |
| 4191 | MLI MAM Canadian Bond Index Fund | |
| 7761 | MLI GE Asset Management Canadian Equity Fund | |
| 7381 | MLI FGP Small Cap Canadian Equity Fund | |
| 8131 | MLI MAM U.S. Equity Index Fund | |
| 8361 | MLI Sprucegrove International Equity Fund | |
| 4322 | MLI BlackRock Long Bond Index Fund | |
| 8362 | MLI Sprucegrove Global Equity Fund | |
| 8432 | MLI JPMorgan Emerging Markets Fund (You can allocate a maximum of 10% to this fund.) | |
| Your percentages must add up to 100%. | | 100% |

Authorize your employer to deduct your contributions

Do not complete this section if the application is for you as a spousal member.

You can change the amount you can contribute, by going online anytime.

You authorize Air Canada to deduct the following amounts from your pay **each pay period** and submit these contributions to Manulife to invest in this plan. All contributions are subject to the applicable Canada Revenue Agency limit.

| | | |
|--|--|---|
| Contribution type: Employee voluntary | Enter a number from 1% to 4%: (in increments of 1%) | % |
|--|--|---|

Tell us how to split your contribution between you and your spouse

Complete this section only if your spouse is set-up as a spousal member in this RSP. Otherwise, leave this section blank.

Tell us how you want to split the amount to be deducted from each pay between **your RSP account** (as the employee) and **your spouse's RSP account**.

| | |
|---|-------------|
| Percentage to invest in your RSP | % |
| Percentage to invest in your spouse's RSP | % |
| Total must be 100% | 100% |

Tell us about your spouse

| | | |
|------------|-----------|-------------------------------|
| First name | Last name | Social Insurance Number (SIN) |
|------------|-----------|-------------------------------|

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 understand that if I have not completed the *Your investment instructions* section or if the total does not add up to 100%, my contributions will be invested in the plan default fund. I understand that the plan default fund may not be suited to my personal circumstances and is not a recommendation for an appropriate investment option. It is my responsibility to ensure it is and, if not, to submit investment instructions. 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 and register me in a Retirement Savings Plan (RSP) under the Income Tax Act (Canada). If I live in Quebec, I request that I am registered in a RSP under the Taxation Act (Quebec).

I understand that any withdrawals from my RSP will be taxed according to the rules outlined in the Income Tax Act (Canada) or the Taxation Act (Quebec), as applicable. I understand that withdrawals may be restricted under the terms of the plan.

I authorize the Plan Sponsor (my employer or my spouse's employer if I am a Spousal Member) to remit contributions and to deliver directions to Manulife on my behalf.

I request that Manulife accept a transfer of locked-in funds into the plan, if applicable, according to the terms described in the Lock-in Retirement Account (LIRA) or locking-in addendum. I understand that with respect to such funds, these terms will override the group RSP contract.

| | |
|-----------------------------------|---------------------------|
| Your signature (as the annuitant) | Date signed (mmm/dd/yyyy) |
|-----------------------------------|---------------------------|

For Manulife use

| | |
|--------------------------|--------------------|
| Manulife customer number | Date (mmm/dd/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:

- our 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.
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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.
