

**The Manufacturers Life Insurance Company
Group Retirement Solutions (GSRs)
Plan Sponsor Application (the "Application")
for the Group Retirement Savings Plan (RSP)
for the Employees of the Plan Sponsor (the "Plan")**

A. Plan Sponsor information
The "Plan Sponsor" is

Plan Sponsor name				
Plan Sponsor address (number, street and suite/unit)				
City	Province	Postal code	Preferred language <input type="checkbox"/> English <input type="checkbox"/> French	Email address
Telephone	Ext.	Fax	Nature of the business (eg. manufacturing)	

LEGAL STATUS OF THE PLAN SPONSOR

Is your company incorporated? **IF YES** Incorporation no. _____ **BN no.** _____ **Jurisdiction:** _____

IF NO

Type of unincorporated organization (select one):

- Union
 Charity/non-profit organization
 Sole proprietorship

- Club/society/association
 Partnership

Please attach copy of:

- Current collective agreement
Proof of registration with CRA if Board Resolution not registered with CRA
Business license and/or
Registration of business name
Bylaws, regulations or document describing operation body
Section(s) of agreement that identify signing authority

If the Plan Sponsor is a non-profit organization, complete the following.

Is this not for profit registered with CRA? No Yes, CRA registration number: _____
Does the organization solicit donations from the public? No Yes

No Yes **◀ In making this application, are you acting on behalf of a third party other than the Plan Members or beneficiaries?**
(Your answer should be yes if a third party other than the Plan Sponsor, Plan Members or beneficiaries are contributing to the Plan or has access to or use of this Policy.)

B. Plan Administrator information (main contact in your office)

Name of Plan Administrator for the Plan		Title
Telephone (if different than the Plan Sponsor address in Section A)	Ext.	Fax (if different than the Plan Sponsor address in Section A)
Email address		Preferred language <input type="checkbox"/> English <input type="checkbox"/> French

C. Authorized Company Personnel information (secondary contact)

Name of Company Personnel for the Plan		Title
Telephone (if different than the Plan Sponsor address in Section A)	Ext.	Fax (if different than the Plan Sponsor address in Section A)
Email address		Preferred language <input type="checkbox"/> English <input type="checkbox"/> French

Is this person going to be a Member in the Plan? Yes No

D. Policy information

Estimated annual cash flow \$	Estimated transfer amount \$	Estimated number of Members
Policy effective date with Manulife (the "Policy Effective Date")	Number of employees at your company	

This sample application is a guide to help you complete the online version. If this sample is submitted it will not be accepted.

E. Plan history

Should Manulife expect an asset transfer?

Yes, individual transfers Yes, group transfer No

Previous financial institution information:

Previous financial institution name				Previous policy number	
Previous financial institution address (no., street, suite/unit)					
City		Province	Postal code	Contact name	
Telephone	Ext	Fax		Email address	

Has the previous financial institution been contacted? No Yes

If no, please advise when they will be contacted: _____

F. Member enrolment

Members must be enrolled with a unique Member number or alphas (max. of 13 characters).

- Payroll number
 Employee number
 Member customer number as assigned by Manulife

G. Withdrawal restrictions (select one option)

Are withdrawals permitted while Members are employed?

Yes No, with the exception of Home Buyers' Plan, Lifelong Learning Plan and Member voluntary contribution withdrawals

H. Contribution remittance

Type of contribution: Structured (employer and employee money) Voluntary (employee money only)

Contribution remittance frequency: Monthly Bi-weekly Annually Other: _____

I. Advisor information

Primary advisor name			Code/branch number	% split (if applicable)	
Corporate name					
Address					
City		Province	Postal code	Email address	
Telephone		Ext.	Fax		

Does this Advisor want their contact information included on member statements and to be notified of members leaving this plan? Yes No

Contact name (for the Advisor if different than the above)				Title	
Address					
City		Province	Postal code	Email address	
Telephone		Ext.	Fax		

Is there another contact person (e.g. marketing assistant) whose contact information should be included on member statements that will also be notified when members are leaving this plan? Yes No

Note: Any additional advisors receiving commission are listed on the last page of this application.

This sample application is a guide to help you complete the online version. If this sample is submitted it will not be accepted.

J. Sponsor statement

- As the Plan Sponsor your signature below confirms:
 - The purpose of this Retirement Savings Plan is to assist the Plan Member's retirement income needs
 - The signature on this Plan Sponsor Application applies as the only signatures for all contractual documents forming the contract for this RSP
 - You have received, reviewed and accept all the terms and provisions of the Group Annuity Policy, Service and Fee Agreement, Locking in Addendums and any additional required contractual documents in submitting this Application
 - You have retained a copy of these documents for your records
 - You understand the welcome letter package confirms Manulife's acceptance of your Application and will include Policy number, Effective date, Legal plan name
 - You hereby accept the services and fees as outlined in the attached Service and Fee Agreement and forms part of this contract
 - All contributions will be remitted according to the Plan
 - There are no outstanding amendment issues with the federal or provincial government
 - You understand Manulife reserves the right to decline this Application or to impose conditions before accepting this Application
 - All specifications are subject to the applicable federal and provincial legislation
 - You have signed for any additional Advisor or Contact on the plan

Plan Administrator name	Title
Authorized signature	Date (dd/mmm/yyyy)

I the Advisor confirm that I will complete and attach the "Third Party Verification" form if I have reasonable grounds to suspect the Plan Sponsor is acting on behalf of a third party other than Members/beneficiaries.

Advisor name	Title
Authorized signature	Date (dd/mmm/yyyy)

This sample application is a guide to help you complete the online version. If this sample is submitted it will not be accepted.