

# Beneficiary Designation Form

- **Changes take effect on the date Manulife Financial head office receives this form.**
- Forward to: Manulife Financial, Attn: GSRS Client Services, KC-6  
P.O. BOX 396 STN WATERLOO  
WATERLOO ON N2J 4A9

## Policy and member information

If beneficiary designation(s) apply to more than one policy, include all policy numbers in the Group Policy number field.

Group policy number	Plan Sponsor/Employer <b>Rogers Communications Inc.</b>	
Rogers Employee ID	Customer number <b>Manulife Financial use only</b>	
Last name of member (as listed currently)	First name	Middle initial

## Beneficiary information

- Add a beneficiary designation
- Change a beneficiary designation

Name of beneficiary	Relationship to member
Naming of a trustee is required for a named beneficiary who is a minor. If applicable, (not applicable in Quebec), any benefit payment to a beneficiary who is a minor will be paid in trust to the trustee.	
Name of trustee(s) for minor beneficiary	Relationship of trustee to minor beneficiary
If naming more than one beneficiary, attach a separate page with information including the % allocation to each beneficiary and relationship. Include the name and relationship of a Trustee for each minor beneficiary. The attachment must be signed and dated.	
<input type="radio"/> Check here if you have an attachment.	

## Information you need to know when designating a beneficiary

All beneficiary designations will be revocable designations unless otherwise indicated by you.

- Please name my beneficiary designation as irrevocable.

**If you are a Quebec resident**, beneficiary designations under the RRSP will be considered irrevocable, unless otherwise indicated by you.

- Revocable

**Revocable** meaning, you may change your beneficiary designation at anytime and transfer or withdraw funds (if applicable) out of the plan without any written consent from the beneficiary.

**Irrevocable** meaning, you will require the irrevocable beneficiary's written consent to change your beneficiary designation at any time or withdraw or transfer funds (if applicable) out of the plan.

Legislation in most jurisdictions requires that pension funds (locked-in or not locked-in) transferred into the RRSP may be payable upon your death to your spouse. If you are designating a beneficiary other than your spouse, the beneficiary may not be entitled to the death benefit payable.

## Signatures

By signing, I authorize the addition or change of my beneficiary designation and understand and agree to the terms set out in the Personal Information Statement (see page 2).

Signed at		this		day of	
Member name (please print)	Witness name (please print)				
Signature	Witness signature (other than the beneficiary if changing the beneficiary designation)				

**If you are changing your beneficiary designation and the previous beneficiary was designated irrevocable, you must have the applicable irrevocable beneficiary complete the below:**

As current irrevocable beneficiary, I hereby consent to the change in beneficiary indicated above.

Signature of irrevocable beneficiary (if required)	Date (dd/mmm/yyyy)
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## Personal Information Statement

### Definitions

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.

### Consent

By signing this beneficiary designation form you also 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:

- 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 plan member file with the Company.

### 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, including any administration required after termination of your plan membership,
- administer any other products and services that we provide,
- comply with legal and regulatory requirements,
- conduct searches to locate you and update your member 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

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; and
- people who are legally authorized to view your personal information.

### Withdrawing your consent

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:

- 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.

### Dealing with us by telephone

Customer service calls may be recorded for the following purposes:

- quality service controls,
- information verification, and
- training.

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.

### How to withdraw your consent

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.

### Questions, concerns and requests for additional information

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, Canadian Pension Operations, 25 Water St. South, Kitchener ON N2G 4Y5.**

### Acknowledgement and Consent

I acknowledge that I have read and understand 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.