

For your future[™]

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
$\ \square$ This RSP is for you as a	Spousal Member

Application Form

Sign up for your **Group Retirement Savings Plan (RSP)**

Send your completed form to: Manulife Financial

This RSP is for you as a Member (i.e. employee) This RSP is for you as a Spousal Member			PO BOX 396 STN WATERLOO WATERLOO, ON N2J 4A9							
If you aren't sure how to complete any of these boxes, your Plan	Plan Sponsor									olicy number
Administrator can help you or you can call Customer Service at 1-866-474-0225.	Superior Propane Member number (Employee number)			Date you are joining the plan (mmm/dd/yyyyy)			20002	21/6		
	Your per	sonal info		1	Middl	e initial	Last	namo		
	Gender	LIISUII	arrie		iviidui	e iriitiai	Last	name		
	Date of birth	(mmm/dd/yyyy	/)		Social Insurance	e Number	(SIN)	N	Marital status	
	Your preferre	d language	Telep	hone	number	Ext.		Email address		
Complete this section only if the application is for you as a spousal member. Otherwise, leave this section blank.	Tell us ab	out the c	ontribut		(the empl	oyee) Last na	me			
	Date of birth	(mmm/dd/yyyy	/)	Socia	l Insurance Nu	mber (SIN)		Member nu	mber (Emplo	oyee number)
A revocable beneficiary can be changed at anytime.	_		_		neficiaries					
An irrevocable beneficiary can only be changed with written							iaries. Pl	ease sign and c	ate.	
consent from that beneficiary. You will also need your beneficary's consent to withdraw or transfer money from your account.	Name							Relationship		Percentage of proceeds
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 are married 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.	The above ber	_	nations are co	onside	ered revocable i	unless you v	write "ii	revocable" in t	ne chart abo	ve.
If you die while your beneficiary is still a minor, the trustee you name on this form will act on the child's behalf.	The designati Trustee for a Any payment	on of a spous minor benefi to a beneficiar	iciary name y who is a m	d abo inor w	is deemed to ve (not applicate vill be paid in to o the minor ch	able in Que rust to the t	bec)	nless specified named below.	here: □Re	vocable
	Trustee name							Relations	hip	

Your investment instructions

Follow the instructions on page 3 of your Fund Selection Guide to see what type of investor you are. Then fill in **one** of the sections below according to your type.

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.

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

The minimum amount you can invest in a fund is 5%.

Percentages must be whole numbers.

Note: the investment performance of a market-based fund is not guaranteed. Only the portion you invest in Group IncomePlus is guaranteed to produce retirement income for life.

*Before you choose a fund that provides a guaranteed income, we encourage you to take a few minutes to learn whether this type of fund is suitable for you. Refer to The Bold Print about Manulife's Group IncomePlus for details or go to www.manulifegroupincomeplus.ca.

Complete if Retirement Date Fund is your investment strategy

- 1. Write the 4-digit fund code for your Retirement Date Fund below and the percentage you want to invest in this fund.
- 2. If you decide to invest a portion of your contributions in Group IncomePlus, you need to indicate the percentage you will invest in that fund below*.

Fund code	Fund name Manulife Retirement Date Fund	Percentage of your contribution 100%
Fund code	Fund name	Percentage of your contribution
2193	Group IncomePlus	

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Complete if Build your own portfolio is your investment strategy

- 1. Follow the instructions starting on page 5 of your Fund Selection Guide to determine your investor style and choose your funds.
- 2. Specify the percentage of contributions you want to invest in each fund. Your percentages must add to 100%.

Fund Code	%
1000	
1003	
1005	
2000	
2015	
2020	

Fund Code	%
2025	
2030	
2035	
2040	
2045	
2050	

Fund Code	%
2193	
3132	
4191	
4271	
5141	
5301	

Fund Code	%
7143	
7451	
8131	
8132	
8192	
8362	

Total selected must add up to 100%

100%

Tell us if you want Manulife to rebalance your investments

Different investments grow (or decrease) at different rates, which over time may cause your investment mix to differ from the allocation you specified. You should consider this service if you decided to build your own portfolio in the previous section.

Check the box if you want to use this service. Otherwise leave it blank. \square You authorize Manulife to rebalance your investments by buying and/or selling investments in this plan.

You understand that rebalancing will occur twice a year - in June and December - if the percentage of your money invested in funds that are different from your current investment instructions by more than 2.5%. You must have a minimum account balance of \$5,000 on this date for rebalancing to occur.

NOTE: The Automatic Asset Rebalancing service will not transfer any money you have invested in Group IncomePlus.

Authorize your employer to deduct your contributions

You authorize Superior Propane or Superior Energy Management to deduct the following amounts from your pay **each pay period** and submit these contributions to Manulife to invest in this plan.

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

Contribution type: Employee Matched	Enter a number from 1% to 3%: (in increments of 1%)	%
Contribution type: Employee Unmatched	Enter a number from 1% to 15%: (in increments of 1%)	%

Via payroll deduction, you can contribute between 1% to 8% of your base pay to the DC Pension Plan and/or the Employee Profit Sharing Plan (EPSP), RRSP or Spousal RRSP, and Superior Propane may match your contributions at a rate of 100%.

Please note: Superior Propane will match your contributions to the EPSP, RRSP and Spousal RRSP up to a maximum of 3% of your base pay. You must contribute at least 1% of your salary to the DC Pension Plan in order to be eligible to receive these matching contributions.

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 to split your contribution between you and your spouse

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**.

Total must be 1	00%	100%
Percentage to invest in your spouse's RSP		%
Percentage to invest in your RSP		%

Tell us about your spouse

First name	Last name	Social Insurance Number (SIN)

Please sign here

You confirm that you have read, understood and agreed to the information in this form, including the *Enrolment and Registration Authorization* section below, and the *Personal Information Statement*. You also confirm that information in this form is correct to the best of your knowledge.

Enrolment and Registration Authorization

You request that Manulife enroll you as a Member in this plan and register you in a Retirement Savings Plan (RSP) under the Income Tax Act (Canada). If you live in Quebec, you request that you be registered in a RSP under the Taxation Act (Quebec).

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

You authorize the Plan Sponsor (your employer or your spouse's employer if you are a Spousal Member) to remit contributions and to deliver directions to Manulife on your behalf.

You request that Manulife accept a transfer of locked-in funds into the plan, if applicable, according to the terms described in the Locked-in Retirement Account (LIRA) or locking-in addendum. You 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)	Document version

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 **1-866-474-0225** 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,
- \bullet 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.

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.