

- Retirement Savings Plan (RSP)
 Locked-in Retirement Account (LIRA) or Locked-In RSP (LRSP)
 Please identify pension jurisdiction: _____
 Spousal RSP

Send your completed form to:
Manulife Financial
Attn: GRS Client Services
 PO BOX 396 STN WATERLOO
 WATERLOO, ON N2J 4A9
 Fax: 519-747-6895

Section 1 – Plan information

Name of Plan Sponsor Stantec Consulting Ltd. - Group RRSP

Section 2 – Annuitant information

The Annuitant must be the:
 (i) employee or
 (ii) spouse of the employee, as set out in the Declaration of Trust attached to this Application (the "Declaration of Trust").

Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Last name	First name	Middle initial
Date of birth (mmm/dd/yyyy)	Social Insurance Number (SIN)	Preferred language (If no language preference is indicated, English will be selected.) <input type="checkbox"/> English <input type="checkbox"/> French	
Marital status <input type="checkbox"/> Married or common-law <input type="checkbox"/> Single	Address (number, street and apt. number)		
City	Province	Postal code	Telephone number Ext

Section 3 – Contributor information (Spousal RSP only)

Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth (dd/mmm/yyyy)	S.I.N.
Last name	First name	Middle initial
Address (number, street and apt. number)		
City	Province	Postal code

Section 4 – Beneficiary information (where permitted by law)

If naming more than 1 beneficiary, attach a separate page. This attachment must be signed, dated and include your policy number for this Plan. If the beneficiary is a minor, include the name and relationship of the guardian for each minor.

In certain provinces a beneficiary designation or any revocation thereof may be made only by a will. In addition, in some cases, the rights of the Annuitant's spouse may override such beneficiary designation. Also, as your designation may not automatically change as a result of your future marriage or marriage breakdown, you may need to complete a new designation for this purpose. It is your sole responsibility to ensure that the beneficiary designation is effective and is changed when appropriate.

I designate the person named below as my beneficiary under the Plan and hereby revoke all prior designations.

Beneficiary's name	Relationship	<input type="checkbox"/> Check here if you have attached a separate page.
--------------------	--------------	---

(Note: For LIRA or LRSP, the beneficiary designation may not be valid if you have a spouse.)

Employer contribution deductions

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

You authorize Stantec 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 Contribution	Enter a percentage _____% (1%-15% of base salary) in 1% increments
---	--

Section 5 – Investment instructions

If you do not complete this section, or the total does not add up to 100%, your contributions will be invested in the appropriate Manulife Retirement Date Fund based on when you reach your plan's normal retirement age.

Complete if Retirement Date Fund is your investment strategy

- Write the 4-digit fund code for your Retirement Date Fund below and the percentage you want to invest in this fund.
- 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*.

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.

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

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.

Complete if Build your own portfolio is your investment strategy

Total selected must add up to 100%

- Specify the percentage of your contributions you want to invest in each fund. Your percentage must add up to 100%

Fund Code	%	Fund Code	%	Fund Code	%	Fund Code	%
1001		1003		1005		2193	
3132		4191		4401		5011	
7132		7241		7381		7481	
7601		8181		8196		8321	
8322		8452		9133			

*Before you choose a fund that provides a guaranteed income, we encourage 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.

Section 6 – Investment restrictions

I acknowledge that it is my responsibility to ensure that the investments in my Plan Account are qualified investments for a registered retirement savings plan under the Income Tax Act (Canada).

I am fully aware of the terms under which contributions may be made to the Plan and that under the Income Tax Act (Canada) and, if applicable, the Taxation Act (Quebec), under which the Plan is constituted and registered, tax may be payable on any eventual benefits from the Plan or on any non-qualified investments in my Plan Account.

I authorize CIBC Mellon Trust Company ("CIBC Mellon") and The Manufacturers Life Insurance Company ("Manulife Financial") to sell assets of my Plan Account to pay any taxes or any penalty taxes assessed.

Section 7 – Confidentiality and Personal Information

I acknowledge that the Declaration of Trust contains provisions relating to CIBC Mellon's collection, use and disclosure of my personal information, and that CIBC Mellon's Privacy Policy is available by contacting any of its offices. I further confirm my consent to the disclosure of my personal information to the Plan Sponsor and to Manulife Financial. I acknowledge Manulife Financial's commitment with respect to my personal information contained in the following paragraphs.

Manulife Financial is aware that confidentiality of personal information is important to our clients. At the same time, as a provider of financial services, the collection and use of personal information is fundamental to our business.

I agree that my personal information may be used to:

- Confirm my identity and the accuracy of the information I provide,
- Administer the Plan and my Plan Account, including any administration required after my termination from the Plan and my Plan Account,
- Comply with legal and regulatory requirements,
- Conduct searches to locate me and update my information, and
- Determine my eligibility for, and provide me with details on other financial services and products available from Manulife Financial and other members of CIBC Mellon's or Manulife Financial's group of companies that may interest me.

Access to personal information or information related to me or my Plan Account which is in CIBC Mellon's or Manulife Financial's possession will be limited to:

- CIBC Mellon;
- Manulife Financial employees and representatives in the performance of their duties;
- employees and representatives of other members of Manulife Financial group of companies;
- those to whom I have granted access; and
- those authorized by law.

I have the right to request access to my personal information and, if necessary, make changes to ensure Manulife Financial and CIBC Mellon have accurate information.

To request access to your personal information relating to your Plan Account or to make changes to such information, please send a written request to:

Manulife Financial
Attention.: Group Retirement Solutions
PO Box 396 STN WATERLOO
WATERLOO ON N2J 4A9

Section 8 – Application and authorization

I hereby apply to participate in the Manulife Financial Group Retirement Savings Plan (the "Plan") established by CIBC Mellon pursuant to the terms of this Application, the Declaration of Trust and in other applicable trust provisions, if any, and, if applicable, the LIRA/LRSP Addendum. This Application is part of the Plan. I hereby authorize the Plan Sponsor to act as my agent under the Plan for forwarding contributions to the Plan and transmitting investment directions or any other instructions to Manulife Financial on my behalf.

I hereby authorize the Plan Sponsor to act as my agent under the Plan for forwarding contributions to the Plan and transmitting investment directions or any other instructions to Manulife Financial on my behalf.

I request CIBC Mellon to apply for registration of the Plan as a Retirement Savings Plan under the Income Tax Act (Canada) and under any other applicable legislation in Canada. I understand that the Plan and my Plan Account will be subject to the provisions of such legislation and that all payments made out of my Plan Account may be subject to tax under such legislation. I acknowledge that the Plan and my Plan Account are subject to the terms and conditions set out above, in the Declaration of Trust, and in other applicable trust provisions, if any, the rules applicable to a property of the Plan, including the Manulife Financial Group Annuity Policy and, if applicable, in the LIRA/LRSP Addendum for the jurisdiction named above and I have read and agree to be bound by such terms and conditions.

I authorize CIBC Mellon and Manulife Financial to use my social insurance number as an identifier for the administration of the Plan and my Plan Account. I have requested these documents to be drawn in the English language. J'ai exigé que ce document soit rédigé en anglais.

This Application is accepted by the undersigned in accordance with the Declaration of Trust.

CIBC Mellon Trust Company

Annuitant's signature	Date signed (mmm/dd/yyyy)
-----------------------	---------------------------

Section 9 – Employee information

Employee <input type="checkbox"/> Annuitant <input type="checkbox"/> Contributor	Plan entry date MLI use only		
Employment date with the Employer (dd/mmm/yyyy) MLI use only	Division (if applicable) MLI use only	Employee class (if applicable) MLI use only	

Section 10 – Plan Sponsor Acceptance

Plan Sponsor's signature (if required)	Date signed (mmm/dd/yyyy)
--	---------------------------

Section 11 – The Manufacturers Life Insurance Company

Group number 20001943	Annuitant Plan Account number	Policy number
---------------------------------	-------------------------------	---------------