

Manulife PensionBuilder Application

In this application, the terms *you*, *your* and *owner* refer to the person who has policyowner's or policyholder's rights under the contract. The terms *we*, *our* and *us* refer to **The Manufacturers Life Insurance Company** (Manulife). Manulife is the issuer of the contract and the guarantor of any guarantee provisions.

All changes must be initialed by ALL persons signing this application.

1 Representative information

Name of representative #1 (first, middle initial, last)	Broker/branch number	Representative code	%	Name of representative #2 (first, middle initial, last)	Broker/branch number	Representative code	%
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2 Contract details (select one)

RSP LIRA/LRSP Spousal RSP RLSP (Federal only)
 RIF LIF Spousal RIF RLIF (Federal only) LRIF (SK only) PRIF (SK and MB only)
 For non-registered contracts with additional owners, and/or a successor owner/subrogated policyholder, please submit NN1606E(STP), *Manulife PensionBuilder Application – Non-registered*.

For Spousal contracts, please complete the following information.

Name of contributing spouse (first, middle initial, last)	Social Insurance Number (SIN)	Date of birth (dd/mmm/yyyy)	Sex <input type="radio"/> Male <input type="radio"/> Female
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3 Owner information (Non-individual owners, please also complete NN1555E, *Corporate and Non-individual Identity Verification*.)

For a list of valid industries and occupations, refer to NN1655E, *Valid industries and occupations*.

Your name (first, middle initial, last) or name of corporation, trust or other non-individual owner		Date of birth (dd/mmm/yyyy)	Sex <input type="radio"/> Male <input type="radio"/> Female
Address (number, street and apartment)		City or town	Province Postal code
Telephone number ()	SIN/Business Number (BN)/Trust Account Number		
Employment status	<input type="radio"/> Employed <input type="radio"/> Retired <input type="radio"/> Self-employed <input type="radio"/> Not employed	In what industry are you employed? (most recent if retired or not employed)	
Occupation (most recent if retired or not employed)		Name of company/employer (most recent if retired or not employed)	

Proof of identification

Which document are you showing an authorized representative to verify your identity, as required by law? If you do not have a valid document, or cannot meet your representative in person, submit a completed NN1663E, *Dual Method Identification*.

<input type="radio"/> Passport <input type="radio"/> Driver's licence <input type="radio"/> Other _____	Document number	Jurisdiction
	Expiry date (dd/mmm/yyyy)	Date identity was verified (dd/mmm/yyyy)

Declaration of tax status, for non-registered contracts only

What is your tax residence(s)? Select all that apply.

You are a tax resident of Canada.
 You are a tax resident or a citizen of the U.S. Provide your social security number (SSN) or individual taxpayer identification number (ITIN). If you do not have a SSN or ITIN you have 90 days to apply for one and 15 days after you receive it to provide it to us.

SSN or ITIN

You are a tax resident of a jurisdiction(s) other than Canada or the U.S. Provide the information below for each jurisdiction other than Canada or the U.S.

Reasons for not providing a TIN
A: You will apply or have applied for a TIN but have not yet received it. **B:** Your jurisdiction of tax residence does not issue TINs to its residents. **C:** Other

Jurisdiction of tax residence	Taxpayer identification number (TIN)
Reason for not providing a TIN <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C, specify:	
Jurisdiction of tax residence	Taxpayer identification number (TIN)
Reason for not providing a TIN <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C, specify:	

3 Owner information (continued)

For non-registered only, is the annuitant different from the owner? No Yes (If yes, please complete the following information.)

Name of annuitant (first, middle initial, last)	Relationship to owner	Date of birth (dd/mmm/yyyy)	Sex <input type="radio"/> Male <input type="radio"/> Female
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Is the contract Single Life or Joint Life? If Joint Life, complete the following information or select Same as spousal information in section 2

Name of Joint Life (first, middle initial, last)*	Date of birth (dd/mmm/yyyy)	Social Insurance number (SIN)	Sex <input type="radio"/> Male <input type="radio"/> Female
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*The Joint Life must be the annuitant's spouse as defined by the *Income Tax Act* (Canada).

4 Who will be the beneficiaries?

For Quebec applicants only, if you name your spouse as beneficiary, the designation is irrevocable unless you check revocable here Revocable

Primary beneficiary name(s)	Relationship to annuitant (in Quebec - relationship to owner)	Share of benefits
		%
		%
		%
		%

For RSP/LIRA/LRSP/RLSP contracts with Joint Life option, the spouse must be named as the sole beneficiary. **TOTAL (must equal 100%) 100%**

Secondary beneficiary name(s) A secondary beneficiary does not have any rights if a named primary beneficiary exists.	Relationship to annuitant (in Quebec - relationship to owner)	Share of benefits
		%
		%
		%
		%

TOTAL (must equal 100%) 100%

Trustee(s) for minor beneficiary(ies) (except in Quebec)

5 Deposits *If Front-end sales charge is not indicated, the minimum sales charge applies.

For non-registered contracts with deposits of \$100,000 or more, complete NN0975E, *Client and Third Party Identity Verification*.

		\$	Allocations		
			Fund number	Front end*	Allocation
<input type="radio"/> One-Time PAC (provide banking details below)	<input type="radio"/> Payable to Manulife				
<input type="radio"/> Loan from Manulife Bank Loan reference number _____		\$		%	%
<input type="radio"/> Transfer from _____	Account/contract number _____	\$		%	%
Total (must equal 100%)					100 %

Pre-Authorized Chequing Plan (PAC) Attach a personalized blank cheque, marked "Void", from your account, or an equivalent bank-generated/stamped memo.

Amount of each deposit \$	Name of bank account holder	Transit number	Bank number	Account number
Date of your first deposit (dd/mmm/yyyy)	If the account belongs to someone other than you, please have that person authorize the PAC by signing here and complete NN0975E, <i>Client and Third Party Identity Verification</i> . By signing here, the account holder acknowledges that all deposits made become the property of the owner of the contract and that no rights are extended to the account holder.			
Payment frequency <input type="radio"/> weekly <input type="radio"/> bi-weekly <input type="radio"/> monthly				
Fund number	Front end* %	Signature of bank account holder	Date signed (dd/mmm/yyyy)	Relationship to owner

6 Payments

Scheduled payment information

Frequency	<input type="radio"/> Monthly	<input type="radio"/> Quarterly	Day of the month your payment is to occur	Date of first payment (mmm/yyyy)
	<input type="radio"/> Semi-annually	<input type="radio"/> Annually	<input type="radio"/> 15th of the month	<input type="radio"/> end of the month (default if date not specified)

Scheduled payment options

RIF/LIF/LRIF/PRIF/RLIF payment options (select one) If you do not choose a scheduled withdrawal option, we will send the minimum required payment.

Total Income Amount RIF/LIF/LRIF/PRIF/RLIF minimum LIF/LRIF/RLIF maximum Level – client specified amount \$ _____

For transfers to a Quebec LIF, the maximum income in the year of transfer will only be calculated if the applicable declaration schedule is completed (NN0921E or NN0922E).

Tax withholding (select one)

Levelized minimum Client specified federal percentage _____ % Client specified provincial percentage (for Quebec residents) _____ %

Non-registered payment options (select one)

Total Income Amount Level – client specified amount \$ _____

If legislation permits, is your RIF/LIF/LRIF/PRIF/RLIF minimum based on spouse's age? No Yes (If yes, please complete the following information.)

Name of spouse (first, middle initial, last)	Date of birth (dd/mmm/yyyy)	Social Insurance Number (SIN)	Sex <input type="radio"/> Male <input type="radio"/> Female
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If LIF or PRIF, do you have a spouse within the meaning of applicable pension legislation? No Yes (If yes, please complete the following information.)

For **British Columbia, Alberta, Saskatchewan, Manitoba, or Nova Scotia** locked-in funds, attach a completed spousal waiver or consent form for the applicable legislation and tax type. For **Ontario or Newfoundland and Labrador** locked-in funds, spouse must sign here to consent to the purchase of the LIF.

Signature of spouse (Ontario or Newfoundland and Labrador pension funds only)	Date signed (dd/mmm/yyyy)
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Banking information Attach a personalized blank cheque, marked "Void", from your account, or an equivalent bank-generated/stamped memo.

Name of account holder	Transit number	Bank number	Account number
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7 What is the purpose and intended use(s) of this contract? (For non-registered only)

- Emergency fund Short term savings Education Operating funds
 Real estate purchase Retirement savings Estate planning Long term investments

8 Are you acting on behalf of a third party? (For non-registered only)

Are you acting on behalf of a third party? (For example, if a third party is contributing the funds.)

No Yes (Please complete form NN0975E, *Client and Third Party Identity Verification*.)

9 Please sign here

By signing below, you confirm that you have received the Manulife PensionBuilder Application, Information Folder and Contract and the Fund Facts, and that your advisor has explained the contents of the material. You also confirm that you, the Joint Life, if applicable, and the annuitant, if different from the owner, have read, understand and agree to the information and provisions on page 4 of this application and the terms of the Personal Information Statement in the Information Folder. A copy, fax, scan or image of the beneficiary designation in this application is as valid as the original. You also request that this application and all documents and correspondence relating to the contract be in English. Vous demandez aussi que la demande de souscription et tous les documents et la correspondance afférents au contrat soient en anglais.

Signature of owner	Date signed (dd/mmm/yyyy)	Province
Signature of annuitant if different from owner		Date signed (dd/mmm/yyyy)
Signature of Joint Life		Date signed (dd/mmm/yyyy)

10 Representative information

By signing here, representatives confirm the following:

- they are appropriately licensed;
- they have complied with the instruction set out above, including confirming that the government-issued photo identification document provided by the annuitant and Joint Life, if applicable, is valid, has a unique identifying number, has not expired, and is in good condition without apparent alteration;
- the photo on the identification document is substantially similar to the client, and the name matches the owner name(s) on the application;
- they have no reason to believe that the person presenting him or herself was not the individual on the identification document;
- they have completed and attached NN0975E, *Client and Third Party Identity Verification*, if they have reasonable grounds to suspect the owner is acting on behalf of a third party;
- they have discussed and explained the contents of the Information Folder and Contract and the Fund Facts to the owner of this contract;
- they have disclosed the following information to the owner of this contract:
 - the name of the company or companies they represent;
 - that they receive commissions for the sale of insurance-based investment products and may receive bonuses, invitations to conferences or other incentives; and
 - any conflicts of interest they may have with respect to this transaction.

Name of representative (first, middle initial, last)	Signature of representative	Date signed (dd/mmm/yyyy)
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What you understand and agree to when you sign this application

Your signature on this application confirms that:

- you have reviewed your investment objectives and risk profile with your representative and agree that the investment(s) chosen are suitable within the context of your overall investment portfolio
- you are applying for an individual variable insurance contract
- the information you have provided in this application is complete and accurate and you will tell us if any of the information changes
- if you are applying for a registered contract, you have asked us to register it under the *Income Tax Act* (Canada) and any applicable provincial income tax legislation
- the owner is also the annuitant for registered contracts and for non-registered contracts unless designated otherwise in section 3
- you confirm that the annuitant is a resident of Canada as required
- the Joint Life, if applicable, must be the annuitant's spouse as defined by the *Income Tax Act* (Canada)
- you understand that your contract will be effective on the valuation date of your first deposit
- if you are setting up a pre-authorized chequing (PAC) plan, also known as pre-authorized debit (PAD), you confirm that the transaction was executed in Canada
- if you have requested us to debit your bank account for a variable recurring PAC plan or a fixed one-time PAC, you authorize us to make the first payment and any subsequent withdrawals from your bank account. Manulife will obtain authorization for any other one-time or sporadic debits. You further authorize your bank or other financial institution you have named to process these withdrawals. You waive the right to receive 10 days' notice of the amount and date of each reoccurring pre-authorized debit. You understand these withdrawals may vary and will be treated as personal PADs. This PAD authorization remains in effect until we receive written notification from you of its change or termination. We must receive notification at the address to the left at least 10 business days before the next debit is scheduled. You understand that Manulife may terminate a PAD by giving 10 days written notice, beginning on the date the notice is mailed. A sample cancellation form, or further information on your right to cancel a PAD agreement can be obtained at your financial institution or by visiting www.payments.ca
- you have certain recourse rights if any debit does not comply with this agreement. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAC agreement. To obtain more information on your recourse rights, or cancellation rights, you may contact Manulife or visit www.payments.ca
- by providing direct deposit information, you are authorizing Manulife to deposit scheduled withdrawals due from this contract into the bank account indicated. In order to deposit your payment by the date you specify, we may use a valuation date prior to your payment date. We will have no further liability with respect to these payments and may at any time discontinue direct deposit of scheduled withdrawals and start using cheques requiring personal endorsement
- when requesting scheduled withdrawals, you will elect the Total Income Amount on the first scheduled withdrawal. This election may not be revoked after the first scheduled withdrawal is made
- if you have indicated that investments are coming from another Manulife contract, your signature constitutes authorization to withdraw the investments as described in that relevant section
- you understand that a transfer from another product may result in DSC/surrender charges and/or loss of benefits, such as guarantees. Transfer programs may be available to offset DSC/surrender charges for Manulife Investments GIC or segregated fund contracts. If the transfer is from a non-registered contract, a taxable disposition may apply
- death and maturity guarantees apply to segregated funds at the maturity date or upon receipt of notification of death of the last surviving annuitant
- the Income Guarantee provides a guarantee on the value of payments made over the life of the contract in addition to death and maturity guarantees
- you understand under the Guarantee Guard service, we will not process any withdrawals that are requested prior to the Election of the Total Income Amount or that would Exceed the Total Income Amount, until we are notified by you and/or your advisor to proceed. We will allow you to instruct us in how we will apply this service to your Contract, which could include turning this service off
- you understand that some product benefits are affected by the date of birth and sex of the annuitant and, where applicable, the spouse or Joint Life
- segregated funds do not provide a guaranteed rate of return. Unit values and the market value of the contract will increase or decrease in value according to the fluctuations in the market value of the assets of the segregated fund investment
- for a LIRA, LRSP, RLSP, LIF, LRIF, PRIF or RLIF, the rights of a beneficiary may be restricted as set out in the contract or locking-in endorsement
- for RSP/LIRA/LRSP/RLSP contracts with Joint Life option, the spouse must be named as the sole beneficiary
- we are authorized to accept instructions from your representative to execute financial and nonfinancial transactions, including but not limited to deposits and withdrawals **in accordance with your instructions** and the contract provisions
- we will send the contract information and future mailings to the owner's address provided in section 3 of this application
- we are authorized to deliver the contract and other documents to the distributor, if applicable
- you understand that an irrevocable beneficiary designation will limit certain rights you have under this contract unless you receive written consent from the beneficiary or if otherwise permitted by law. A parent, guardian or tutor cannot provide consent on behalf of a minor who has been named as irrevocable beneficiary
- you have the right to change your mind within 2 business days of the earlier of the date you receive confirmation or 5 business days after it is mailed. With written notification, we will refund the lesser of the value of your deposit or the market value on the day we receive your request. Fees and charges will be refunded
- you may discuss any questions or concerns you may have by contacting your representative or our Head Office. More information about our complaint resolution procedures is available on the Internet at www.manulife.ca under *Contact Us*
- you may at any time ask to review your personal information and, if necessary, correct any inaccuracies. If you want to review or correct the information, or if you want details about parties who have access to your information or our policies and procedures related to privacy, please write to:
Privacy Officer
Manulife
500 King Street North
PO BOX 1602 STN WATERLOO
WATERLOO ON N2J 4C6