

Non-registered/RSP/LIRA/LRSP/RLSP 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) and GIF refers to Guaranteed Investment Funds. Manulife is the issuer of all insurance contracts containing Manulife segregated funds, and the guarantor of any guarantee provisions therein.

We must receive the original of this application in order to issue the contract.

Please make additional copies for the Owner and Representative.

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

1 Representative information Fundserv advisors requesting split commissions must provide the correct split commission Fundserv advisor code.	Name of representative #1 (first, middle initial, last)			Name of representative #2 (first, middle initial, last)			
	Broker/dealer number	Representative code	%	Broker/dealer number	Representative code	%	
2 In which product are you investing? A separate application is required for each product.	<input type="radio"/> Manulife RetirementPlus <input type="radio"/> Single Life OR <input type="radio"/> Joint Life (complete section 6)		<input type="radio"/> Manulife GIF Select <input type="radio"/> Manulife Private Investment Pools – MPIP Segregated Pools		<input type="radio"/> Manulife Ideal Signature Select <input type="radio"/> Ideal 75/75 Series <input type="radio"/> Ideal 75/100 Series <input type="radio"/> Ideal 100/100 Series		
	3 What type of contract would you like? Please check one. <input checked="" type="checkbox"/> Complete this section if Registered Spousal is chosen.						
<input type="radio"/> Non-registered <input type="radio"/> Registered <input type="radio"/> Registered Spousal <input type="radio"/> LIRA/LRSP <input type="radio"/> RLSP (Federal only)							
Name of contributing spouse			Social Insurance Number (SIN)		Spouse's date of birth (dd/mmm/yyyy)		
4 Manulife Ideal Signature Select Series Maturity Date Ideal 75/100 Series and Ideal 100/100 Series only: you may specify a Series Maturity Date other than the defaults in your contract.	If you specify a maturity date, it must be a minimum of 10 years in the future from your first premium, for the Ideal 75/100 Series and 15 years for the Ideal 100/100 Series. We will apply the date to all Series under the same guarantee option held within the Contract, unless you specify otherwise.						
	For Ideal 75/100 Series (dd/mmm/yyyy)			For Ideal 100/100 Series (dd/mmm/yyyy)			
5 Owner information An owner must be a resident of Canada for income tax purposes. In the case of registered contracts, the owner is also the annuitant. For non-individual owners (i.e. corporations, trusts or other organizations), please complete NN1555E, <i>Corporate and Non-individual Identity Verification</i> . For a list of valid industries and occupations, refer to NN1655E, <i>Valid industries and occupations</i> . 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, <i>Dual Method Identification</i> .	Your name (first, middle initial, last) or name of corporation, trust, partnership or other non-individual owner					Sex <input type="radio"/> Male <input type="radio"/> Female	
	Address (number, street and apartment)		City or town		Province	Postal code	
	Telephone number ()		Date of birth (dd/mmm/yyyy)		SIN/Business Number (BN)/Trust Account Number		
	The following information is required for all non-registered contracts.						
	Employment status <input type="radio"/> Employed <input type="radio"/> Self-employed <input type="radio"/> Retired <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)						
	<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)			

5 Owner information (continued)

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.

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 (specify the reason)

Non-registered contracts only, continued.

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). _____
- 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.

Jurisdiction of tax residence	Taxpayer identification number (TIN)
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Reason for not providing a TIN
 A B C, specify:

Jurisdiction of tax residence	Taxpayer identification number (TIN)
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Reason for not providing a TIN
 A B C, specify:

6 Joint Life information

You must complete this section if you have chosen the Manulife RetirementPlus Joint Life option 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

The Joint Life must be the annuitant's spouse. For purposes of this application the term spouse includes a spouse or common-law partner as defined by the *Income Tax Act* (Canada).

7 Do you want to name a successor annuitant?

If you have chosen a Manulife RetirementPlus contract you cannot name a successor annuitant.

For non-registered contracts, on the death of the current annuitant, no death benefit is payable and the contract will continue if a successor annuitant is named and alive.

Name of successor annuitant (first, middle initial, last)	Relationship to you
Signature of successor annuitant	

For non-registered contracts the successor annuitant must sign unless that person is a minor.

For RSP/LIRA/LRSP/RLSP contracts the successor annuitant must be the owner's spouse or common-law partner as defined by the *Income Tax Act* (Canada) and the spouse or common-law partner must be named as the sole beneficiary.

For registered savings plans, the term *successor annuitant* describes the continuation of the contract benefits of the deceased's plan, as defined in the contract provisions, to a new contract held by the surviving spouse or common-law partner.

8 Who will be the beneficiaries?

The person or persons you name here will receive a death benefit on the death of the last surviving annuitant.

For RSP/LIRA/LRSP/RLSP contracts you must name your spouse or common-law partner as the sole beneficiary if you have selected the Manulife RetirementPlus Joint Life option, or if you have named a successor annuitant.

For Quebec applicants only, if you have named 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 policyholder)	Share of benefits
		%
		%
		%
		%
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 policyholder)	Share of benefits
		%
		%
		%
		%
TOTAL (must equal 100%)		100%
Trustee(s) for minor beneficiary(ies) (except in Quebec)		

Sections 9 to 13 apply to non-registered contracts only. (Sections 9 and 10 must be completed.)

9 What is the purpose and intended use(s) of this contract?

- | | | | |
|--|--|---------------------------------------|---|
| <input type="radio"/> Emergency fund | <input type="radio"/> Short term savings | <input type="radio"/> Education | <input type="radio"/> Operating funds |
| <input type="radio"/> Real estate purchase | <input type="radio"/> Retirement savings | <input type="radio"/> Estate planning | <input type="radio"/> Long term investments |

10 Are you acting on behalf of a third party?

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

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

11 Will the contract have additional owners?

We will send the contract information and future mailings to the owner's address provided in section 5.

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

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*.

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.

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 (specify the reason)

Name of co-owner (first, middle initial, last) Sex Male
 Female

Address (number, street and apartment) City or town Province Postal code
 Same as section 5

Telephone number () Date of birth (dd/mmm/yyyy) SIN/Business Number (BN)/Trust Account Number

The following information is required and must always be provided for additional owners.

Employment status Employed Self-employed Retired 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)

Passport Driver's licence Other _____

Document number Jurisdiction

Expiry date (dd/mmm/yyyy) Date identity was verified (dd/mmm/yyyy)

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). _____
- 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.

Jurisdiction of tax residence Taxpayer identification number (TIN)

Reason for not providing a TIN
 A B C, specify:

Jurisdiction of tax residence Taxpayer identification number (TIN)

Reason for not providing a TIN
 A B C, specify:

Where there is more than one owner, upon the death of an owner who is not the annuitant:

- In all provinces except Quebec, Joint Ownership with Right of Survivorship will be deemed to be elected.
- In Quebec, if you wish the additional owner(s) to be subrogated policyholder(s), all the owners have to initial in the box.

In all provinces and in Quebec (if all the owners have initialed the box) this means that the deceased owner's share will automatically pass to the surviving owner(s). However, in Quebec, if an owner fails to initial the subrogated policyholder designation box, this means his or her share will pass to his or her estate.

12 Do you want to name a successor owner or, in Quebec, a subrogated policyholder?

If the Manulife RetirementPlus Joint Life option is selected and the owner is either the annuitant or the Joint Life, the surviving spouse will become the owner of the contract, unless otherwise designated. Do not name a successor owner if ownership type is "Joint Ownership with Right of Survivorship" or if the subrogated policyholder designation box is initialed in section 11.

Name of successor owner or subrogated policyholder (first, middle initial, last)

Relationship to you

13 Is the annuitant different from the owner?

On the death of the annuitant, the contract ends unless a Joint Life is named in section 6 or a successor annuitant is named.

Name of annuitant (first, middle initial, last) _____

By checking here, you confirm that the annuitant is a resident of Canada as required

Date of birth (dd/mmm/yyyy) _____

Sex Male Female

If this section is not completed, the annuitant will be the person named in section 5.

14 Are you making a lump sum deposit?

For all internal transfers, complete NN1577E, *Transfer Between Manulife Investments Contracts*. A transfer fee reimbursement may be available to offset DSC/surrender charges. For non-registered contracts with deposits of \$100,000 or more, complete NN0975E, *Client and Third Party Identity Verification*.

One-Time PAC (provide banking details in section 16 below) Cheque made payable to Manulife \$ _____

RSP loan from Manulife Bank _____ Loan reference number _____ \$ _____

Investment Leverage loan from Manulife Bank \$ _____

Transfer from another financial institution or other Manulife product

Name of institution or product	Account/contract number	\$ _____
Name of institution or product	Account/contract number	\$ _____

Transfer from another product may result in sales charges and/or loss of benefits, such as guarantees. **Total amount of your initial deposit** \$ _____

15 In which investments are you allocating your deposit?

When listing the fund numbers for the funds you have chosen, please ensure minimum allocations are met and the fund numbers match the product, Series (if applicable), fund and sales charge option in which you wish to invest.

For Manulife RetirementPlus, deposits can be allocated to the Funds in the Savings Phase only.

† Please ensure that the total combined lump sum allocations for segregated funds, DIA and GIAs equals 100%.

†† Please ensure that the total combined PAC allocations for segregated funds and DIA equals 100%.

Segregated Funds

Fund number	Lump sum allocation†	Front-end*	PAC allocation††
	%	%	%
	%	%	%
	%	%	%
	%	%	%
	%	%	%
	%	%	%
	%	%	%

For representative use only

Wire Order #

* Where applicable, please see the Information Folder for the maximum Front-end sales charge. If the Front-end sales charge is not indicated, the minimum sales charge applies.

Daily Interest Account (DIA)/Guaranteed Interest Accounts (GIA)
For Manulife GIF Select or Manulife Private Investment Pools – MPIP Segregated Pools

DIA lump sum allocation†	%	DIA PAC allocation††	%
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GIA lump sum allocation†	Term	Interest Option	Posted rate	Interest rate adjustment	Final rate
%	_____ year(s)	<input type="radio"/> Compound or <input type="radio"/> Monthly Simple	%	%	%
%	_____ year(s)	<input type="radio"/> Compound or <input type="radio"/> Monthly Simple	%	%	%
%	_____ year(s)	<input type="radio"/> Compound or <input type="radio"/> Monthly Simple	%	%	%
%	One month	Compound Only	%	%	%

Interest rates may be negotiated between the owner and the representative within the parameters set by Manulife. The interest rate to be applied will be the rate in effect on the date the funds are received.

16 Do you want to make deposits?

You may use a **Pre-Authorized Debit/Pre-Authorized Chequing** (PAC) plan to make deposits directly from a bank account.

Please ensure the PAC minimum is met.

Attach a personalized blank cheque, marked "Void", from your account, or an equivalent bank-generated/stamped memo.

<input type="radio"/> Personal use <input type="radio"/> Business use			
Amount of each deposit \$	Date of your first deposit (dd/mmm/yyyy)	Payment frequency <input type="radio"/> weekly <input type="radio"/> bi-weekly <input type="radio"/> monthly	
Name of your bank or financial institution	Transit number	Bank number	Account number
If the account belongs to someone other than you, please have that person authorize the PAC plan by signing here and completing 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.			
Name of bank account holder		Signature of bank account holder	
Name of joint bank account holder		Signature of joint bank account holder	

17 Please sign here

Important information is contained in the Information Folder and Contract and the Fund Facts, and should be read prior to investing.

If there is more than one owner, all owners must sign here. For corporations, sign in accordance with corporate resolution. For other non-individual owners, sign in accordance with supporting documentation (e.g. will, trust agreement).

By signing below, you confirm that you have received the Application, Information Folder and Contract and the Fund Facts applicable to the product and Series (if applicable), to which you are allocating your deposit and that your representative 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 6 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 #1		Signature of owner #2	
Signature of annuitant if different from owner (only for non-registered contracts)	Date signed (dd/mmm/yyyy)	Province	
Signature of Joint Life (must be the spouse of the annuitant)		Date signed (dd/mmm/yyyy)	

18 Representative information

By signing here, representatives confirm the following:

- they are appropriately licensed;
- the information provided on this form is current, correct, and complete;
- they have examined the original, valid and unexpired identity verification documentation, and any other information provided by the annuitant and Joint Life, if applicable, and:
 - they have complied with the instruction set out above, including confirming that the government-issued photo identification document 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) in sections 5 and/or 11;
 - 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.

Signature of representative	Contact phone number ()	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 appropriate to your assessed needs, risk tolerance and within the context of your overall investment portfolio
- you are applying for an insurance contract that gives you the option to invest in segregated funds and/or guaranteed interest accounts
- 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
- if you have requested us to debit your bank account for a fixed pre-authorized chequing (PAC) plan, also known as pre-authorized debit (PAD), you authorize us to make the first payment and any subsequent withdrawals from your bank account. 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 recurring pre-authorized debit.** Manulife will obtain authorization for any other one-time or sporadic debits. 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 below 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 PAD agreement. To obtain more information on your recourse rights, you may contact your financial institution or visit www.payments.ca
- 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 other Manulife Investment contracts containing GIA or segregated fund investments. If the transfer is from a non-registered contract, a taxable disposition may apply
- death and maturity guarantees apply to segregated fund investments at the maturity date or upon receipt of notification of death of the last surviving annuitant. Manulife Ideal Signature Select registered retirement plans offer death and payout benefit guarantees
- compound interest rates are quoted as an effective annual rate. Interest accrues based on a daily compounding rate which produces the effective annual rate. Monthly Simple interest rates are quoted as a nominal annual rate
- the Income Guarantee offered under the Manulife RetirementPlus contract only becomes available to you upon Transitioning to the Guaranteed Income Fund
- you understand that some product benefits are affected by the date of birth and sex of the annuitant and, where applicable, the 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 or RLSP, the rights of a beneficiary may be restricted as set out in the contract or locking-in endorsement
- we are authorized to accept instructions from your representative to execute certain financial and non-financial transactions, including but not limited to deposits, withdrawals and switches **in accordance with your instructions** and the contract provisions
- 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
- we must receive the signed application in order to issue the contract. Send the application to:
All provinces except Quebec:
Manulife
500 King St. N., PO Box 1602 Stn. Waterloo
Waterloo ON N2J 4C6
Fax: 1-877-277-3774
Customer service centre: 1-888-790-4387
- Quebec/French Business:**
Manulife
2000 Mansfield St. Suite 1100
Montreal QC H3A 2Z8
Fax: 1-800-360-6492
Customer service centre: 1-800-355-6776