

Group Benefits Enrolment or Re-enrolment Application

Section 1 is to be completed by the plan administrator. The remaining sections and Beneficiary Designation form are to be completed by the plan member. Please print clearly in dark ink using CAPITAL LETTERS.

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1	Plan sponsor statement	Plan sponsor name		Plan co	ntract number				
		Account/Location number Billi	ing division	Plan membe	er's certificate number				
		Permanent hire date (dd/mmm/yyyy)		Do you want	to waive the waiting period	d? O Yes O No			
		Re-hire date (dd/mmm/yyyy)							
		Class/Plan Occupation	Hours w	orked/week	Salary \$	Frequency			
lo	ertify that the plan i	member listed below is actively at work at their us	sual place of employ	ment in Canada. Act	tively at work means the	plan member works			
a normal work schedule of at least the set minimum hours per week as stated and administrator signature Registered under the Canadian Indian Act for providence in the control of the con									
		Is evidence of insurability required? Yes	No (in orde your co		ence of insurability is requ	ired, please refer to			
		If yes, please complete form GL0004E and send	to Manulife for proc	essing.					
2 Plan member information Plan member's last name First name									
	To be completed	Date of birth (dd/mmm/yyyy)	Sex \bigcirc Male \bigcirc	Female Province o	f residence				
	by employee	Language	you have a spouse?	? (married, common l	aw or civil union?) O Ye	es ONo			
3	Plan member address	Address (number, street, apt.)							
		City	Province		Postal code				
4	For Quebec re	sidents (age 65 or over) Are you participate	ating in the RAMQ d	rug plan? Yes	○ No				
5	Application for coverage	Some plans allow refusal of certain benefits if the a later date, you may reapply for these benefits a				to add coverage at			
		I am applying for Extended Health Care for		am applying for Dent					
		Myself only		Myself only					
		 Myself and 1 dependant (child or spouse) Myself and 1 dependant (child or spouse) 							
		Myself and 2 or more dependants (spouse a	and children)	Myself and 2 or m	ore dependants (spouse a	ind children)			
		O None, because my spouse has coverage		None, because m	y spouse has coverage				
		Are you applying for Dependant Life?		Dependant Life may b Refer to the policy det					
6	Coordination	This section is required if you are applying for co	verage on your depe	endants.					
	of benefits	Do you or your dependants (spouse and/or children) have benefit coverage under another benefits plan? OYes No							
		If yes, please provide the following details:	Name of other ins	surer					
Ins	sured's last name	First name		Da	te of birth (dd/mmm/yyyy)				
Eff	ective date of covera	ge (dd/mmm/yyyy) Identification	n/certificate number		Policy number				
Ple	ease indicate type of	coverage under other plan:	extended Health Ben	efits	Dental Care				
In cases where the information is not complete, a default value of Secondary will be applied.			Single Couple Family None		SingleCoupleFamilyNone				

Continued on the next page.

7 Dependant information		wing section if the plan inc ction 5 Application for cove	cludes health and/or dental coerage.	overage and you ha	ve not refu	sed benefits	for your	
Spouse If there is not enough	Last name		First name	Da	te of birth (dd/mmm/yyy	/y)	
room to list your dependants, attach	Sex							
details on a separate sheet.	*To apply for over-	o apply for over-age disabled dependant coverage, please complete form GL0514E.						
Last name		First name	Date of birth (dd/mmm/yyyy) Male	Sex Male Female		Over-age disabled dependant*	
				\bigcirc	\bigcirc	\bigcirc	\circ	
					\circ	\circ	\circ	
					\circ	\bigcirc	\circ	
					\circ	\circ	\circ	
8 Banking information an		our claim payments will	MEMO				-	
email address	be deposited Locate your b	be deposited directly to your account. Locate your banking information						
Complete		nal cheque or bank contact your branch.	Transit number Institu	ition number Acc	count numb	er		
only when providing new								
or updated information.	By providing your email address, you will receive an invitation to register for your Plan Member secure site where you can view your electronic claim statements.							
inionnation.	Email addres	ss (Please print clearly)						
Coverage may extend the best of my knowledge. I my Dependants, in the land future claims theret to collect, use, maintain audit, assessment, inversingative agency, are its reinsurers and/or its signing it themselves, a Benefits plan, if applical	rage ("Coverage") ur o my spouse and eliq lunderstand that as future is true and cor under may be denied and disclose persor stigation, claim mana ny medical and healt d any administrators service providers, for nd to disclose and re ble. Lauthorize the u	gible dependants (collective the applicant, it is my resemplete to the best of our kill of our kill of our terminated as a result hal information relevant to agement, underwriting and the professionals, facilities of sof other benefits program of the Purposes. I am authoceive their Information, fouse of my Social Insurance	an issued to my plan sponsor rely, "Dependants"). I certify to ponsibility to ensure that any the mowledge. I acknowledge and of the provision of false, incorthis application ("Information" of for determining plan eligibility or providers, professional regulation to collect, use, maintain and orized by my Dependants to the Purposes. I authorize me Number ("SIN") for the purpoversion of this authorization is	that the information further verbal or writ dagree that this Complete, or misleadin) for the purposes or y ("Purposes"). Lau latory bodies, any ed exchange this infoconsent to this Auth by plan sponsor to moses of identification	in this form then statem overage or g informatif Group Be thorize any employer, with orization, onake deduction then the state of the s	is true and cent provided any portion con. I authorinefits plan acy person or crown plan ach each other their behalttions from m	complete to the by me, and/or of this Coverage, ze Manulife dministration, organization with Iministrator, insurer, r and with Manulife, f as if they were by pay for my Group	
account ("Account") tha	t I have identified on	this form. I confirm that the	") due to me from the above r his direct bank deposit author shall remain valid until revoked	ization applies to the	e financial i	nstitution he	rein named by me	
Payment(s). I also und herein, and require my	erstand and agree to personal written endo nt, to which I am not	that Manulife may, at any to orsement relating to future entitled, either by contract	the Account, Manulife is fully ime and without prior notice, or Payment(s). Lalso hereby at or by law, shall not form part	discontinue the direction	ct deposit o gree that a	of Payment(s iny Payment), as requested (s) made by	
such correspondence m <u>I agree</u> that Manulife is pursuant to this authorize	nay contain Informati not liable for damago zation. <u>I agree</u> should	on; and that the Information es which I may incur as a d the email address identif	email address identified on thing is being sent in a manner the result of interception by a third fied on this form change that I hulife, I can remove my email	hat is not guarantee d party of an email t am responsible for	d as a securansmission displays the displays displays the displays	ured means on sent by Mane email add	of communication. Inulife or by me ress maintained by	
I understand that any I file. Access to my Inform	nformation provided	to or collected by Manulife	e in accordance with this author	orization, will be kep	ot in a Grou	ıp Benefits lif	e, health or disability	
 Manulife employe 	ees, representatives, I have granted acce	reinsurers, and service pr	oviders in the performance of	ftheir jobs;				
	•	•	e, and, where appropriate, to h	•			n ho found :-	
			nulife collects, uses, maintains at www.manulife.ca/planmem			ioimalion ca	ii be loulid in	

PLEASE SIGN HERE

Signature of plan member _

Date signed (dd/mmm/yyyy) _ 10 Mailing instructions **Plan Member Administration**

Manulife

PO BOX 11006, STN CENTRE-VILLE MONTREAL QC H3C 4T8



Please see reverse for assistance in completing this form. Please send the completed form to your Plan Administrator.

Group Benefits Beneficiary Designation

All sections of this page should be completed as it will replace any prior designations.

1	Plan member information	n member information Plan sponsor name		Plan contract number		Plan member certificate number		
		Plan member name (last, first and middle initial)		Province of residence		Date of birth (dd/mmm/yyyy)		
2	Primary beneficiary	nary beneficiary Name of beneficiary (last, first and middle initial)		Date of birth (dd/mmm/yyyy) Relat		ationship to plan member Percentage %		
	List all primary beneficiaries for Basic Life and/or Basic Accidental Death.	Name of beneficiary (last, first and middle initial)	Date of birth (dd/mmm/yyyy)		Relationship to plan member			
	Percentages must total 100% to be valid.	Name of beneficiary (last, first and middle initial)	Date	Date of birth (dd/mmm/yyyy)		ionship to plan member	Percentage %	
	Irrevocability	Note: If beneficiary is shown as irrevocable, his/her consent is required to change it. Include a signed and dated consent with this form. You are responsible for ensuring the validity of your designation.	In Q	In Quebec, the designation of unless of		pec residents only your spouse as beneficiary is irrevocable therwise specified. eficiary, the designation is: le		
	Optional coverage (if applicable)	Name of beneficiary (last, first and middle initial)	Date	of birth (dd/mmm/yyyy)	Relati	ionship to plan member	Percentage %	
	Plan contract number	Name of beneficiary (last, first and middle initial)	Date of birth (dd/mmm/yyyy) Rela		Relat	ionship to plan member	Percentage %	
	List all beneficiaries for Optional Life and/or Optional Accidental Death.	Name of beneficiary (last, first and middle initial)	Date of birth (dd/mmm/yyyyy) Rela		Relationship to plan member F		Percentage %	
	Irrevocability	Note: If beneficiary is shown as irrevocable, his/her consent is required to change it. Include a signed and dated consent with this form. You are responsible for ensuring the validity of your designation.	In Quebec, the designation of your unless otherw		residents only r spouse as beneficiary is irrevocable rwise specified. iary, the designation is: Irrevocable			
4	Contingent beneficiary	You may wish to designate a contingent beneficiary(ies) to receive any proceeds under this group policy if all of the primary beneficiary(ies), named above for either coverage, should die before you. In that event, a contingent beneficiary will automatically be entitled to the benefit that would have been payable to the primary beneficiary(ie if you name more than one contingent beneficiary, then the proceeds will be split, evenly, amongst the contingent beneficiaries you choose to name. Should there not be any surviving beneficiaries at the time of your death, the proceeds will be paid to your estate.				ntingent iciary(ies). Intingent		
		Date of birth (dd/mmm/y	ууу)	Relationship to plan me	ember			
		Name of contingent beneficiary (last, first and middle initia	l)	Date of birth (dd/mmm/y	ууу)	Relationship to plan me	ember	
5	Trustee appointment				_			
	Complete if any beneficiary named is under the age of majority.	I appoint as Trustee to receive any amount due any beneficiary under the age of majority (not applicable in Quebec).			ount due to			
	Declaration and authorization	<u>I hereby</u> revoke any previous beneficiary designations in relation to my foregoing coverage(s) and designate the person(s) named above.						
	Due to the legal significance of a beneficiary appointment this designation must be signed and dated to be valid. A copy, fax, scan or image of the At Manulife, we know that confidentiality of personal information is important. Any information you provide to be kept in a Group Life and Health Benefits file. Access to your information will be limited to: • our employees and service representatives in the performance of their jobs; • persons to whom you have granted access; and • persons authorized by law. You have the right to request access to the personal information in your file and, if necessary, correct any in							
	beneficiary designation in this form is as valid as the original.	information. Lacknowledge that more detailed information concerning how and why Manulife collects, uses and discloses my personal information is available at www.manulife.ca/planmember, or by requesting a copy from my plan sponsor.						
		Plan member signature Date signed (dd/mmm/yyyy)						

Manulife assumes no responsibility for the validity or sufficiency of the content provided by you. The items 'you' and 'yours' refer to the plan member, the term "Plan Sponsor" refers to the entity that offers the group benefits plan, such as an employer.

What is the purpose of a beneficiary?

If you intend for some or all of your death benefit to go to specific individuals, it is important to make sure that you plan ahead and select those beneficiaries. Having an up-to-date beneficiary designation will make this possible by listing your primary and contingent beneficiaries and intended allocations.

Beneficiary: the person, people or entity who will receive any death benefit from the basic or optional coverage you have selected through your group benefits plan that becomes payable upon your death. Basic and optional beneficiaries may differ.

Types of beneficiary - Primary vs. Contingent

Primary: the person, people or entity you choose to receive the death benefits. If you choose more than one beneficiary, you will need to indicate what percentage of the benefit you would like each person to receive. When multiple primary beneficiaries are named, the total of the percentages allocated to each primary beneficiary must add up to 100%.

Contingent: the person, people or entity you designate to receive the death benefits if all of the primary beneficiaries die before you. If you select more than one contingent beneficiary, the benefit will be split evenly between the contingent beneficiaries.

What happens to the death benefit when					
The primary beneficiary dies before you and no contingent beneficiary is named.	The death benefit will be paid to your estate.				
The primary beneficiary dies before you, but there is a contingent beneficiary(ies) designated.	The benefit will be paid to the contingent beneficiary(ies).				
You assign two primary beneficiaries, and one beneficiary dies before you, and you have not updated your beneficiary form information.	The entire death benefit that would have been paid to the deceased beneficiary will be paid to the surviving primary beneficiary.				

Irrevocable vs. Revocable

Irrevocable: the beneficiary you choose cannot be changed without the written permission of that individual.

For example, if you choose your spouse or partner to be the designated beneficiary and you end up separating, you will not be able to change the beneficiary designation without a completed release form from them.

In Quebec, naming your spouse (must be a civil union) as a beneficiary automatically means that he/she is an irrevocable beneficiary, unless you specify otherwise or divorce.

Revocable: a revocable beneficiary means that the beneficiary you choose can be changed at any time without the permission of that individual.

For example, if you choose your spouse or partner to be the designated beneficiary and you end up separating, you can then change that beneficiary designation without asking for that person's permission.

Naming a minor as a beneficiary

If a benefit becomes payable to a minor who is named as a primary or contingent beneficiary, the benefit can only be paid on behalf of the minor to a trustee or guardian for property, otherwise it will be paid into court to be held until the beneficiary has reached the age of majority for your specific province. It is important therefore, if you are choosing a beneficiary who is a minor at the time of the designation to also name a trustee.

If you are a Quebec resident, the parents are considered tutors of their child.

If a minor has been designated as an irrevocable beneficiary, the policy is automatically frozen until the beneficiary has reached the age of majority for your specific province. A parent, guardian or trustee cannot consent to a beneficiary change on behalf of a minor.

Minor: a person named as a beneficiary who is under the age of majority for your specific province.

Trustee: a person appointed by you to hold the minor's proceeds in trust until the minor reaches the age of majority for your specific province.

Tutor: a tutor acts like a trustee.