

Important: If this application is for a spousal RSP, the spouse (i.e. Spousal Member) must complete this form.

Send your completed form to:
IBEW LU 993
 873 Desmond St.
 Kamloops, BC V2B 5K3
 Fax: 250-376-8136

Check one: This RSP is for you as a Member (i.e. employee)
 This RSP is for you as a Spousal Member

Please print clearly in the blank boxes. Tell us about your plan

If you aren't sure how to complete any of these boxes, your Plan Administrator can help you or you can call Customer Service at 1-888-727-7766.

Plan Sponsor/Employer International Brotherhood of Electrical Workers		Group annuity policy number 56264005
Member number (Your Social Insurance Number)	Date you are joining the plan (mmm/dd/yyyy)	
Local	Date you started in your local (mmm/dd/yyyy)	

**These fields are optional.*

Your personal information

Gender	First name	Middle initial	Last name
Mailing address (number, street and apartment number)			
City	Province	Country	Postal Code
Date of birth (mmm/dd/yyyy)	Social Insurance Number (SIN)	Marital status	
Your preferred language	Telephone 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 about the contributor (the employee)

First name	Middle initial	Last name
Date of birth (mmm/dd/yyyy)	Social Insurance Number (SIN)	

*A **revocable** beneficiary can be changed at anytime.*

*An **irrevocable** beneficiary can only be changed with written consent from that beneficiary. You will also need your beneficiary's consent to withdraw or transfer money from your account. A parent or guardian cannot provide consent on behalf of a minor who has been named as irrevocable beneficiary.*

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.

Name your beneficiary (or beneficiaries)

If you do not name a beneficiary, proceeds will be paid to your estate.

Check here if you have attached a separate page listing your beneficiaries. Please sign and date.

Name	Relationship	Percentage of proceeds

The above beneficiary designations are considered revocable unless you write "irrevocable" in the chart above.

For Quebec only: The designation of a spouse as a beneficiary is deemed to be irrevocable unless specified here: Revocable
 For each beneficiary who is less than the age of majority, you must specify a trustee below.

Trustee name	Relationship
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If you die while your beneficiary is still a minor, the trustee you name on this form will act on the child's behalf.

Your investment instructions

Your contributions will be invested in MLI Conservative Asset Allocation fund, which is the default investment for this plan. The plan's default fund has been selected by the Union as a temporary fund in which to deposit your contributions until you have the opportunity to make your own investment election online. You are strongly encouraged to make your investment election as soon as possible.

Please sign here

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

Enrolment and Registration Authorization

I request that Manulife enrol me as a Member in this plan and register me in a Retirement Savings Plan (RSP) under the Income Tax Act (Canada). If I live in Quebec, I request that I am registered in a RSP under the Taxation Act (Quebec).

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

I authorize the Plan Sponsor (my employer or my spouse's employer if I am a Spousal Member) to remit contributions and to deliver directions to Manulife on my behalf.

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