



Please print clearly in the blank boxes.

Application Form

Sign up for your Registered Pension Plan (RPP)

Return your completed form to your Union

If you aren't sure how to complete any of these boxes, the Plan Sponsor/Employer can help you.

Tell us about your plan

Sponsor/Union local International Brotherhood of Electrical Workers Local 993		Manulife policy number 10004023
Member Number	Date you started with your union (mmm/dd/yyyy)	Date you are joining the plan (mmm/dd/yyyy)
Division	Class	Province of Employment

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
Spouse's name		Spouse's date of birth (mmm/dd/yyyy)	
Your preferred language	Telephone number	Ext.	Email address

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 RPP and you have a spouse 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.

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

Name your beneficiary (or beneficiaries)

If you do not name a beneficiary and you do not have a spouse at the date of your death, 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 beneficiary is deemed to be irrevocable unless specified here: Revocable

Trustee for a minor beneficiary named above (not applicable in Quebec)

Any payment to a beneficiary who is a minor will be paid in trust to the trustee named below.

In Quebec, the proceeds will be paid in trust to the minor child's tutor.

Trustee name	Relationship

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

You can go online to change the funds you have chosen.

The minimum amount you can invest in a fund is 5%.

Percentages must be whole numbers.

Note: the investment performance of a market-based fund is not guaranteed.

Your investment instructions

Follow the instructions on page 14 to see what type of investor you are. Then fill in **one** of the sections below according to your type.

Complete if Retirement Date Fund is your investment strategy

- Follow the instructions starting on page 13 to choose your Retirement Date Fund.
- Write in the 4-digit fund code for your Retirement Date Fund below.

Fund Code	Fund name Target Retirement Date Fund	Percentage of your contribution 100%
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Complete if Asset Allocation Fund is your investment strategy

- Follow the instructions starting on page 14 to determine your investor style and choose your Asset Allocation Fund.
- Write in the 4-digit fund code for your Asset Allocation Fund below.

Fund Code	Fund name Manulife Asset Allocation Fund	Percentage of your contribution 100%
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Complete if Build your own portfolio is your investment strategy

- Follow the instructions starting on page 14 to determine your investor style and choose your funds.
- Specify the percentage of contributions you want to invest in each fund. Your percentages must add to 100%.

Fund Code	%	Fund Code	%	Fund Code	%	Fund Code	%
1000		1001		1002		1003	
1004		1005		1010		3132	
4131		4136		4162		4191	
4192		4271		5011		5132	
5181		5452		7132		7141	
7241		7313		7451		7631	
7381		8196		8322		8631	
8011		8321		8361		8452	
8181							
Total selected must add up to 100%							100%

Please sign here

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

Enrolment and Registration Authorization

You request that Manulife enroll you as a Member in this plan. If applicable, you authorize the Plan Sponsor/Employer to deduct your contributions to the plan from your earnings.

Your signature	Date signed (mmm/dd/yyyy)
Plan administrator's signature	Date signed (mmm/dd/yyyy)

For Manulife use

Manulife customer number	Date (mmm/dd/yyyy)	Document version 815-1.5
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