

Please print clearly in the blank boxes.

For more information contact:
Philips Financial Services Ltd
250-314-0834 or toll-free 877-314-1133

Your investment will automatically default to the Target Retirement Date Fund

child's behalf.

Application Form

Sign up for your Registered Pension Plan (RPP)

Send your completed form to: IBEW LU 993 873 Desmond Street Kamloops, BC V2B 5K3

If you are not sure how to complete any of these boxes, the Plan Sponsor/Employer can help	Tell us about your plan Plan Sponsor/Employer International Brotherhood of Electrical Workers					Manulife policy number	
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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

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

Your investment instructions

Follow the instructions on page 12 to see what type of investor you are. Then fill in one of the sections below according to your

Complete if Retirement Date Fund is your investment strategy

- Follow the instructions starting on page 11 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%

Complete if Asset Allocation Fund is your investment strategy

- Follow the instructions starting on page 12 to determine your investor style and choose your Asset Allocation Fund.
- 2. Write in the 4-digit fund code for your Asset Allocation Fund below.

Γ				
- 1	Fund Code	Fund name	Percentage of your contribution	
-		Manulife Asset Allocation Fund	100%	
- 1				

Complete if Build your own portfolio is your investment strategy

- Follow the instructions starting on page 12 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%.

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Fund Code	%
1003	
3132	
4191	
5132	
7141	
7631	
8631	
8452	

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 809-1.5
		809-1.5

The personal information statement

Your consent to use your personal information

By signing this Application form, you give your consent for us to obtain, verify, and share your personal information, as set out below, in administering your account, now and in the future, with the plan sponsor, the plan administrator, the plan advisor and its employees and other parties in the performance of their duties for us.

You authorize us to use your Social Insurance Number (SIN) if applicable, to uniquely identify you during the administration of your account.

How we will maintain and use your personal information

You agree that we may use the personal information that we collect to:

- comply with legal and regulatory requirements,
- confirm your identity and the accuracy of the information you've provided,
- conduct searches to locate you and update your member information,
- administer this plan while you actively work for your employer, and after you no longer work with your employer,
- administer any other products and service that we provide to you, and
- determine your eligibility for, and provide you with details of, other select financial products or services that may be of interest to you that are
 offered by us, our affiliates or other select financial product providers.

Who may access your personal information

The following individuals may have access to your personal information:

- our employees and representatives who require this information to do their jobs,
- the plan advisor, including its employees, appointed by your Plan Sponsor to provide ongoing benefit counselling or plan administrative services.
- people to whom you have granted access,
- people who are legally authorized to view your personal information, and
- service providers who require this information to do their jobs.

This may include data processing, programming, printing, mailing, distribution, research and marketing or administration and investigation services.

Asking us not to use your personal information

You may withdraw your consent for us to use your SIN for non-tax administration purposes. You may also withdraw your consent for us to use your personal information to provide you with other product or service offerings, except those that are mailed with your statements.

If you wish to withdraw your consent for us to collect, use, retain or share your personal information, you may contact us by phoning our customer service centre at **1-888-727-7766** or by writing to the Privacy Officer at the address below.

How long we can keep your personal information

You authorize us to keep your personal information for the longer of:

- the time period required by law and by guidelines set for the financial services industry, and
- the time period required to administer the products and services we provide.

The information we collect with your consent will be protected and maintained in your Manulife plan member file.

The personal information that we must have

You may not withdraw your consent for us to collect, use, retain or share personal information that we need to issue or administer your account unless federal or provincial laws give you this right. If you do so, we may no longer be able to properly administer your account and this is what could happen:

- benefits will not be payable as provided under the plan,
- we may treat your withdrawal of consent as a request to terminate your contract, and
- your rights, and the rights of your beneficiary or estate under the plan may be limited.

Recording your customer service calls to us

We may record your customer service calls to us for the following reasons:

- quality service controls,
- information verification, and
- training.

If you do not wish to have your calls recorded, you must communicate with us in writing to Group Retirement Solutions, 25 Water Street South, Kitchener, ON N2G 4Y5, and request that any response by us also be in writing.

Questions, updates and requests for additional information

If you have a request, a concern, or wish to receive more information about our privacy policies, or if you wish to review your personal information in our files or correct any inaccuracies, you may contact us by sending a written request to: Privacy Officer, Group Retirement Solutions, 25 Water Street South, Kitchener ON N2G 4Y5.