

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.

1	Plan sponsor statement	Plan sponsor name		Pla	an contract number			
		Account/Location number	Billing division	Plan me	ember's certificate numbe	er		
		Permanent hire date (dd/mmm/yyyy)		Do you	want to waive the waiting	period?) Yes	○ No
		Re-hire date (dd/mmm/yyyy)	If a re-hire	e, date previous em	ployment ended (dd/mm	m/yyyy)		
		Class/Plan Occupation	Hours	s worked/week	Salary \$	Fred	uency _	
l d	certify that the plan r	nember listed below is actively at wor e of at least the set minimum hours per	k at their usual place of empowers week as stated in the plan	oloyment in Canada contract over a 52 v	i. Actively at work mear week period including pai	s the plan d vacation.	membe	r works
		Plan administrator signature			Date (dd/mmm/yyyy	/)		
		Registered under the Canadian India	n Act for provincial tax exem	ption purposes?	○ Yes ○ No			
		Is evidence of insurability required?		order to determine if contract.)	evidence of insurability i	s required,	please r	efer to
_		If yes, please complete form GL00041	E and send to Manulife for p	rocessing.				
2	Plan member information	Dlan mambar'e laet nama						
	To be completed	Date of birth (dd/mmm/yyyy)	Gender \bigcirc Male	O Female Provin	ice of residence			
	by employee	Language O English O French	Do you have a spou	se? (married, comn	non law or civil union?)	○Yes	○No	
3	Plan member address	Address (number, street, apt.)	ss (number, street, apt.)					
		City	Province		Postal co	ode		
4	For Quebec res	sidents (age 65 or over) Are y	ou participating in the RAM	Q drug plan?	Yes O No			
5	Application for coverage							age at
		I am applying for Extended Health Ca	are for	I am applying for	Dental Care for			
		 Myself and 1 dependant (child or spouse) Myself and 1 dependant (child or spouse) 						
		Myself and 2 or more dependants (spouse and children) Myself and 2 or more dependants (spouse and children)						
		O None, because my spouse has c	coverage	O None, because	se my spouse has covera	age		
		Are you applying for Dependant Life?	◯ Yes ◯ No	Dependant Life m Refer to the polic	nay be mandatory. y details.			
6	Coordination	This section is required if you are app	olying for coverage on your d	ependants.				
	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 de	etails: Name of other	insurer				
Ins	sured's last name	Fi	rst name		Date of birth (dd/mmm/	yyyy)		
Effective date of coverage (dd/mmm/yyyy) Identification			dentification/certificate numl	on/certificate number Policy number				
Please indicate type of coverage under other plan: Extended Health Benefits			Benefits	Dental Car				
In cases where the information is not complete, a default value of Secondary will be applied.			SingleCoupleFamily		Couple Family			
			O None		O None	•		

Continued on the next page.

7 Dependant information		Complete the following section if the plan includes health and/or dental coverage dependants in Section 5 Application for coverage.			and you have not refused benefits for your				
Spouse If there is not enough	Last name		First name	Da	ate of birth (dd/mmm/yy	yy)		
room to list your dependants, attach	Gender O Male	Gender O Male Female If common law, please provide the effective date of cohabitation (dd/mmm/yyyyy)							
details on a separate sheet.	*To apply for over-age disabled dependant coverage, please complete form GL0514E.								
Last name		First name	Date of birth (dd/mmm/yyyy)	G Male	Gender Male Female		Over-age disabled dependant*		
				\circ	\circ	\circ	\circ		
					\circ	\circ	\circ		
				\cap	\circ	\circ	\circ		
					\circ	\circ	\circ		
8 Banking	By providing		MEMO				- 1		
information ar email address	be deposited	information, your claim payments will 1 1 2 1 2 1 2 1 1							
Complete	on your perso	onal cheque or bank contact your branch.	Transit number Institution	n number Ac	count numb	oer			
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.								
intermation.	Email address (Please print clearly)								
Coverage may extend best of my knowledge. my Dependants, in the and future claims there to collect, use, maintair audit, assessment, inve Information, including a investigative agency, all its reinsurers and/or its signing it themselves, a Benefits plan, if applica	erage ("Coverage") u to my spouse and eli Lunderstand that as future is true and co runder may be denied and disclose persor estigation, claim man any medical and heal and any administrator service providers, fo and to disclose and re able. Lauthorize the	igible dependants (collectives the applicant, it is my resumplete to the best of our kind or terminated as a result nal information relevant to largement, underwriting and the professionals, facilities of so of other benefits program or the Purposes. <u>I am authereleverselies of my Social Insurance</u>	an issued to my plan sponsor by yely, "Dependants"). I certify that ponsibility to ensure that any furt nowledge. I acknowledge and a of the provision of false, incompl this application ("Information") for drot determining plan eligibility ("or providers, professional regulates to collect, use, maintain and exorized by my Dependants to corr the Purposes. I authorize my per Number ("SIN") for the purposes exersion of this authorization is visual proposed.	t the information ther verbal or writegree that this Collete, or misleadir or the purposes of "Purposes"). I autory bodies, any xchange this inforsent to this Autolan sponsor to res of identification	in this form tten statem overage or ng informati if Group Be tthorize an employer, cormation wi norization, con make deduce	is true and open to provide any portion of on. I author one fits plan and present of a proup plan act the each other on their behaltions from mental actions from ment	complete to the l by me, and/or of this Coverage, ize Manulife dministration, organization with dministrator, insurer, r and with Manulife, If as if they were by pay for my Group		
account ("Account") that	at I have identified on	this form. I confirm that the	") due to me from the above refe his direct bank deposit authorizat shall remain valid until revoked in	tion applies to th	e financial	institution he	rein named by me		
Payment(s). I also und herein, and require my	derstand and agree personal written end unt, to which I am not	that Manulife may, at any t lorsement relating to future t entitled, either by contract	the Account, Manulife is fully dis time and without prior notice, disc Payment(s). <u>I also hereby ack</u> t or by law, shall not form part of	continue the dire nowledge and a	ct deposit o	of Payment(s any Payment	s), as requested (s) made by		
such correspondence r I agree that Manulife is pursuant to this authori	may contain Informat not liable for damag zation. I agree shoul	ion; and that the Information les which I may incur as a ld the email address identit	email address identified on this form is being sent in a manner that result of interception by a third patied on this form change that I annulife, I can remove my email address.	is not guarantee arty of an email t n responsible for	ed as a sector transmission updating the	ured means n sent by Ma ne email add	of communication. anulife or by me lress maintained by		
file. Access to my Information • Manulife employers	mation will be limited ees, representatives n I have granted acce	to: , reinsurers, and service pr	e in accordance with this authorize oviders in the performance of the		pt in a Grou	ip Benefits li	fe, health or disabilit		
I have the right to reque	est access to the per	•	e, and, where appropriate, to hav	•					
			nulife collects, uses, maintains, au at www.manulife.ca/planmember			formation ca	an be found 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	In member information Plan sponsor name		Plan contract number		Plan member certificate number		
		Plan member name (last, first and middle initial)		Province of residence I		Date of birth (dd/mmm/yyyy)		
2	Primary beneficiary	Name of beneficiary (last, first and middle initial)	Date of birth (dd/mmm/yyyy)		Relationship to plan member Percentage		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 of birth (dd/mmm/yyyy)		Relationship 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 y unless of		ec residents only our spouse as beneficiary is irrevocable nerwise specified. ficiary, the designation is: e		
	Optional coverage (if applicable)	Name of beneficiary (last, first and middle initial)	Date	of birth (dd/mmm/yyyy)	Relat	ionship to plan member	Percentage %	
	Plan contract number	Name of beneficiary (last, first and middle initial)	Date of birth (dd/mmm/yyyy) Re		Relationship to plan member P		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/yyyy)		Relationship 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. For Quebec residents only In Quebec, the designation of your spouse as beneficiary is irrevocable unless otherwise specified. If spouse is beneficiary, the designation is: Revocable Irrevocable						
4	Contingent beneficiary	You may wish to designate a contingent beneficiary(ies) to receive any proceeds under this group policy if all the primary beneficiary(ies), named above for either coverage, should die before you. In that event, a conting beneficiary will automatically be entitled to the benefit that would have been payable to the primary beneficial 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.				itingent iciary(ies). ntingent		
		Name of contingent beneficiary (last, first and middle initia	l)	Date of birth (dd/mmm/y	ууу)	Relationship to plan me	ember	
		Name of contingent beneficiary (last, first and middle initial) Date of birth (dd/mmm		yyyy) Relationship to plan member		ember		
5	Trustee appointment				_			
Complete if any beneficiary named is under the age of majority.		I appoint as Trustee to receive any amount due to any beneficiary under the age of majority (not applicable in Quebec).						
	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							
	beneficiary designation in this form is as valid as the original.	I acknowledge 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/yyyyy)						

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.