Reset

Manulife

Application for a Non-Registered Savings Plan (NRSP)

You can find this form online by signing in to your account with your Manulife ID at manulifeim.ca/retirement. Look for “Tools and resources” in the left-hand navigation menu. From there, select “Plan Resources” and then “Forms.”

Don't have a Manulife ID yet?
Sign up now to access your account anytime on our secure website. Go to manulifeim.ca/retirement, click `Sign in' and follow the instructions to set up your Manulife ID.

Please print clearly in the blank boxes. Remember to sign and date the form.

Need help? Contact Customer Service at 1-888-727-7766.

For Quebec residents only: As per Quebec law, forms are available to you in both French and English. If you do not indicate your preferred language, we will continue to communicate with you in French or English, as per your previous language preference selection.

1. Tell us about the plan

If you are not 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/organization) **Manulife Personal Plan**		Policy number
Member number	Division	Member class
Date you are joining the plan (dd/mmm/yyyy)	Date you started with your employer (dd/mmm/yyyy)	

2. Your personal information (Member)

**Physical address required. PO Box, RR#, or general delivery not acceptable.*

First name		Middle initial	Last name
Home address* (number, street and apartment number)			
City	Province	Country	Postal code
Your preferred language ❑ English ❑ French	Date of birth (dd/mmm/yyyy)	Social Insurance Number (SIN)	
Marital status ❑ Married or common-law ❑ Single	Home telephone number	Work telephone number	
Ext.	Personal email address		
Employee Status (select one) ❑ Employed ❑ Self-employed ❑ Retired ❑ Not employed			
In what industry are you employed? (current or most recent if retired or not employed)			
Occupation (if you are retired or unemployed, provide the details of your most recent employment)			
Name of employer/organization (most recent if retired or not employed)			

For a list of valid industries and occupations, refer to GP8043E, Valid industries and occupations.

3. Tell us about your spouse

**By providing your spouse’s Manulife customer number, Manulife will link your accounts and your spouse’s accounts together which may allow you to enjoy a better Member Reward Program (MRP) rate.*

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

4. What is the purpose and intended use of this account?

☐ Emergency funds	☐ Short term savings	☐ Retirement savings	☐ Vacation or leisure
☐ Operating funds expenses	☐ Education	☐ Household	☐ Long term investment
☐ Real estate/Home purchase	☐ Other (specify): _____		

5. Source of Funds and Wealth

The source of funds refers to the origin of the particular funds used for the deposit(s) to the account. How were the specific funds acquired; or how will they be acquired?

The source of wealth refers to the origin of the payor's entire body of wealth and net worth. How did the payor accumulate their wealth?

Manulife may request documentary evidence to support the source of wealth. The transaction may be delayed or rejected without satisfactory evidence to support the source of funds and wealth.

Source of Funds

Indicate the source of funds used to make deposit(s) to the account.

☐ Employment income	☐ Insurance policy benefits	☐ Sale of an asset/property
☐ Self-employment income	☐ Annuity policy	☐ Company sale
☐ Business income	☐ Retirement fund	☐ Inheritance
☐ Investment income	☐ Trust fund	☐ Gift
☐ Other (specify):_____		☐ Bank Loan

Source of Wealth

Indicate the source of wealth used to make deposit(s) to the account (how was the money earned)? (select all that apply):

☐ Employment income	☐ Sale of an asset/property	☐ Self-employment income
☐ Company sale	☐ Business income	☐ Proceeds from a life insurance policy
☐ Investment income	☐ Inheritance	☐ Gift
☐ Other (specify):_____		

6. Declaration of Tax Status

Tax residency information must be provided. You should speak to your advisor or tax specialist if you need more information about why it is required

What is your tax residence(s)? Select all that apply.

☐ **I am a tax resident of Canada**

☐ **I am a U.S. citizen or a U.S. resident for U.S. tax purposes**
Provide your social security number (SSN) or individual taxpayer identification number (ITIN). If you do not have a SSN or ITIN you have 90 days to apply for one and 15 days after you receive it to provide it to us.

SSN or ITIN

☐ **I am a tax resident of a jurisdiction(s) other than Canada or the U.S.**

Provide the information below for each jurisdiction other than Canada or the U.S.

List all non-Canadian jurisdictions of tax residence and provide all taxpayer identification number(s) (TIN). If you do not provide a Taxpayer identification number (TIN), select the reason for not providing a TIN.

Reasons for not providing a TIN:
A - Applied for a TIN but have not yet received it
B - Jurisdiction of tax residence does not issue TINs to its residents
C- Other – Specify the reason

Jurisdiction of tax residence	Taxpayer identification number (TIN)
Reason for not providing a TIN ☐ A ☐ B ☐ C; specify:	
Jurisdiction of tax residence	Taxpayer identification number (TIN)
Reason for not providing a TIN ☐ A ☐ B ☐ C; specify:	
Jurisdiction of tax residence	Taxpayer identification number (TIN)
Reason for not providing a TIN ☐ A ☐ B ☐ C; specify:	

7. Verification of identity using the Dual Method Process

Manulife must verify your identity as required under the Proceeds of Crime (Money Laundering) and Terrorist Financing Act and associated regulations. You must submit two different documents from reliable and independent sources; for example you cannot use two CRA documents because they would be from the same source. The federal, provincial, territorial and municipal levels of government, crown corporations, financial entities or utility providers are considered reliable sources.

Please refer to Annex A, for the type of documents that you must send to Manulife.

8. Third Party Determination

A third party could be an Individual or an entity that will make deposit(s) into the account or have the use of, or access to, the account value.
Types of third may also include, but are not limited to: Executor, Attorney (Power of Attorney, Guardian)

a. Will the account be used by or on behalf of a third party? ❑ No ❑ Yes

If the answer is Yes, identify all third parties (individuals or entities) by completing the information below.

b. Does anyone other than yourself have indirect control or an interest in this account?

❑ No ❑ Yes

If the answer is Yes, identify all third parties (individuals or entities) by completing the information below.

c. Will anyone other than yourself (and your employer) have the authority to provide instructions on this account? For example: a power of attorney (POA), guardianship or assignment?

❑ No ❑ Yes

If the answer is Yes, identify all third parties (individuals or entities) by completing the information below. In addition to completing the information below, the individual or entity that is authorized to provide instruction on this account will be required to provide copies of legal documentation (example: power of attorney), and the individual's or entity's identity must be verified. **They must complete and submit their own Member Identity Verification Form.**

d. Is a third party contributing the funds being deposited to this account (other than through payroll deductions from your employer)? ❑ No ❑ Yes

If the answer is Yes:

1. Provide the information on the Third Party below;
2. Explain the reason a third party is contributing the funds;
3. Provide the details of the source of the funds being used or expected to be used for the deposit (complete the source of funds section below); and
4. Provide the source of wealth of the individual/entity contributing the funds (complete the source of wealth section below).

Explain why the third party is contributing funds to the account.

e. If the payment for your account is made from an account located outside of Canada, explain why the payment was not made from an account at a Canadian financial institution.

If the third party is an individual:

**Physical address required. PO Box, RR#, or general delivery not acceptable.*

Name of the third party		Date of birth (dd/mmm/yyyy)	
Home address* (number, street, unit number and apartment number)			
Telephone number	City	Province	Postal code
Select one and tell us the third party's job ❑ Employed ❑ Self-employed ❑ Retired ❑ Not employed			
Occupation (most recent, if currently retired or unemployed)			
Relationship of third party to account holder			

If the third party is an entity:

Full legal name of the company or organization
Address (number, street, unit number)

Telephone number	City	Province	Postal code
Relationship of third party to account holder			
Name of signing officer or trustee #1 that is a third party (first, middle initial, last):		Name of signing officer or trustee #2 that is a third party (first, middle initial, last):	
Principal business or activity of the company or organization that is a third party (Tell us the goods and services that the company or organization provides. Example: retail clothing store, consultants in:public relations):			

If the entity is a corporation, provide the following information:

Incorporation number	
Province/State of registration	Country of registration

9. Name your beneficiary (or beneficiaries)

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

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

*An **irrevocable** beneficiary can only be changed with written consent from that beneficiary. You may 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.*

Beneficiary designations are considered revocable unless you write "irrevocable" in the chart(s) below. If a beneficiary predeceases you, any benefit payable to that beneficiary will be shared equally among the surviving designated beneficiaries.

For Quebec only:
The designation of a spouse as beneficiary is deemed to be irrevocable unless specified here:

❑ Revocable

In the event of an annulment or dissolution of civil union or divorce or nullity of marriage, the designation is automatically revoked. The designation of any other person is revocable unless otherwise stipulated.

A **primary beneficiary** is 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%.

A **contingent beneficiary** is the person, people or entity you designate to receive the death benefits if all of the primary beneficiaries die before you.

List all primary beneficiaries

Name (last, first, and middle initial)	Relationship	Date of birth (dd/mmm/yyyy)	Percentage of proceeds
			%
			%
			%
		The total must equal 100%	

List of all contingent beneficiaries

Name (last, first, and middle initial)	Relationship	Date of birth (dd/mmm/yyyy)	Percentage of proceeds
			%
			%
			%
		The total must equal 100%	

If you choose to name more than three primary and/or contingent beneficiary(s), please indicate that a separate page with your additional designations is attached, signed and dated here: ❑

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

If you die when your beneficiary is still a minor, the trustee you name on this form will receive and manage the money you leave to the beneficiary in trust until the minor reaches the age of majority for your specified province. **In Quebec**, the proceeds will be paid in trust to the minor child's tutor. Parents are considered tutors of their child.

Trustee	Relationship

Generally, a person holding power of attorney cannot designate or change a beneficiary on behalf of a Member.

A copy, fax, scan or image of the beneficiary designation in this form is as valid as the original

10. Your investment instructions

Specify the 4-digit fund code of each fund you select below, along with the percentage of contributions you want to invest in each fund.

If you do not complete this section, or the total does not add up to 100%, your contributions will be invested in the default fund for the plan.

You can go online at anytime 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.

Fund code	Fund name	Percentage
		%
		%
		%
		%
		%
		%
	Your percentages must add up to 100%	

☐ **Check here to leave your money invested in the current funds**
Note: Company Stock and customized funds are not available in the Manulife Personal Plan

I hereby authorize you to transfer my group:

- Non-Registered Savings Plan Policy No.: _____
- To the Manulife Personal Plan NRSP

11. Politically exposed person

Definitions:

[1]A close relative is a spouse; common-law partner, mother, father; child (including in-laws); brother or half-brother; sister or half-sister; spouse's or common-law partner's mother or father.

[2]A close associate is a person closely associated, for personal or business reasons, to the person described.

[3]This form lists these foreign and domestic positions later in this section.

[4]The head of an institution that was established by an international organization, was set up by the governments of more than one country and was formed through a formally-signed agreement between the governments of more than one country. The HIO is the primary person who leads or led the institution within the last 5 years; for example, a president or CEO. This PEP also includes a close relative of the person or close associate of the HIO.

To be completed when a Contribution of $100,000.00 or more is invested in a non-registered account.

A politically exposed person (PEP) is a person, or a close relative[1] or close associate[2] of a person, who holds, or has held, certain positions[3] in or on behalf of the state. A PEP falls into one or more of these categories:

1) a politically exposed foreign person (PEFP) holds or has held the position outside Canada
2) a politically exposed domestic person (PEDP) holds or has held in the last five years, the position within Canada
3) the head of an international organization or an institution established by an international organization[4] (HIO) within the last five years

Is the applicant or person contributing the funds, a PEP, or a close relative or close associate of a PEP?

☐ Yes ☐ No (If the answer to the question is "YES", please complete information below.)

Who is politically exposed?	
☐ Self	☐ Brother, sister, half-brother or half-sister
☐ Spouse or common-law partner	☐ Spouse's or common-law partner's parent
☐ Child (including in-laws)	☐ Close associate
☐ Mother of father	
Name of person who holds or held a political office and/or is the head of an international organization? (first, middle initial, last)	
In what country is/was the position held?	During what time period was the position held? Starting month/year: Ending month/year:
Name of the organization, agency or government department	

Title of position held

What office or position is or was held by the person who is or was politically exposed in a foreign country?

- ☐ Head of state or head of government
- ☐ Member of the executive council of government or member of a legislature
- ☐ Deputy minister (or equivalent rank)
- ☐ Ambassador or ambassador's attaché or counsellor of an ambassador
- ☐ Military officer with a rank of general or above
- ☐ President of a state-owned company or bank
- ☐ Head of a government agency
- ☐ Judge of a supreme court, constitutional court or other court of last resort
- ☐ Holder of any prescribed office or position
- ☐ Leader or president of a political party represented in a legislature

What office or position is or was held by the person who is or was politically exposed in Canada in the last five years?

- ☐ Governor General, Lieutenant Governor, or head of government
- ☐ Member of the Senate or House of Commons, or member of legislature
- ☐ Deputy minister or equivalent rank
- ☐ Ambassador or ambassador's attaché or counsellor of an ambassador
- ☐ Military officer with a rank of general or above
- ☐ President of a corporation that is wholly owned directly by Her Majesty in right of Canada or a province
- ☐ Head of a government agency
- ☐ Judge of an appellate court in a province, the Federal Court of Appeal, or the Supreme Court of Canada
- ☐ Leader or president of a political party represented in a legislature
- ☐ Holder of any prescribed office or position
- ☐ Mayor

- ☐ The person is the head of an international organization or an institution established by an international organization (currently or within the last 5 years)

What office and position is or was held by this person:_____

12. Please read and sign here

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

I understand that the effect of my designating a beneficiary irrevocably is that, under the provisions of the respective Insurance Act(s), while the beneficiary is living, I may not alter or revoke the designation without the consent of the beneficiary and I may not assign, exercise rights under or in respect of, surrender or otherwise deal with the contract without the consent of the beneficiary.

- You verify that the information provided in this form is complete, current and accurate to the best of your knowledge
- You authorize Manulife to confirm your name(s), address(es) and date(s) of birth as noted above with a credit file in Canada and to retain such information and this consent form for its files
- You agree to immediately notify us of any errors, omissions or changes in the information given to us

Enrolment and Registration Authorization

I request that Manulife enrol me as a Member in this plan. If applicable, I authorize the Plan Sponsor to deduct my contributions to the plan from my earnings.

Your signature	Date signed (dd/mmm/yyyy)

Send us your documents online

It's faster and safer than email or regular mail.
From your Manulife Mobile app, sign in with your Manulife ID (choose Group Retirement). From the top left menu, select your name to get to your profile, then select **Send documents.**
or
From your desktop or tablet, sign into your account at manulifeim.ca/retirement using your Manulife ID. Look for **Send documents** on your homepage under 'Quick links' **or** 'Helpful information'.
If you need to mail the form, send it to one of the addresses below.

Outside of Quebec:
Manulife
Group Retirement
P.O. Box 396
Waterloo, ON N2J 4A9
Fax: 1-866-945-5110

Quebec:
Manulife
Group Retirement
2000 Mansfield, Suite 1410
Montréal, QC H3A 3A2
Fax: 1-866-945-5109

For Manulife use

Manulife customer number	Date (dd/mmm/yyyy)
10_ _ _ _ _ _ _	