

Group Benefits Enrolment or Re-enrolment Application

Please print clearly in dark ink using CAPITAL LETTERS.

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.

1 Plan sponsor statement

Plan sponsor name Nishnawbe-Aski Legal Services Corporation Plan contract number 110020
 Billing division _____ Account/Division number _____ Plan member's certificate number _____
 Do you want the waiting period added to the hire date? Yes No Permanent hire date (dd/mmm/yyyy) _____
 Re-hire date (dd/mmm/yyyy) _____ If a re-hire, date previous employment ended (dd/mmm/yyyy) _____
 Occupation _____ Class _____ Hours worked/week 35.00 Salary \$ _____ Annually

I certify that the plan member listed below is actively at work at their usual place of employment in Canada. Actively at work means the plan member works a normal work schedule of at least the set minimum hours per week as stated in the plan contract over a 52 week period including paid vacation.

Plan administrator signature _____ Date (dd/mmm/yyyy) _____
 Is evidence of insurability required? Yes No (in order to determine if evidence of insurability is required, please refer to your contract.)
 If yes, please complete form GL0004E and send to Manulife for processing.

2 Plan member information

To be completed by employee

Plan member's last name Akiwenzie First name Giles
 Date of birth (dd/mmm/yyyy) 17/Apr/1966 Gender Male Female Province of residence ON
 Language English French Do you have a spouse? (married, common law or civil union?) Yes No

3 Plan member address

Address (number, street, apt.) 224 Lakeshore blvd.
 City Neyaashiinigming Province ON Postal code _____

4 For Quebec residents (age 65 or over)

Are you participating in the RAMQ drug plan? Yes No

5 Application for coverage

Some plans allow refusal of certain benefits if the plan member has coverage under their spouse's plan. If you wish to add coverage at a later date, you may reapply for these benefits at which time satisfactory medical evidence may be required.

I am applying for Extended Health Care for	I am applying for Extended Dental Care for
<input type="radio"/> Myself only	<input type="radio"/> Myself only
<input checked="" type="radio"/> Myself and 1 dependant (child or spouse)	<input checked="" type="radio"/> Myself and 1 dependant (child or spouse)
<input type="radio"/> Myself and 2 or more dependants (spouse and children)	<input type="radio"/> Myself and 2 or more dependants (spouse and children)
<input type="radio"/> None, because my spouse has coverage	<input type="radio"/> None, because my spouse has coverage

Are you applying for Dependant Life? Yes No Dependant Life may be mandatory. Refer to the policy details.

6 Coordination of benefits

This section is required if you are applying for coverage on your dependants.

Do you or your dependants (spouse and/or children) have benefit coverage under another benefits plan? Yes No

If yes, please provide the following details: Name of other insurer _____

Insured's last name _____ First name _____ Date of birth (dd/mmm/yyyy) _____

Effective date of coverage (dd/mmm/yyyy) _____ Identification/certificate number _____ Policy number _____

Please indicate type of coverage under other plan:

In cases where the information is not complete a default value will be applied.

Extended Health Benefits
 Single
 Couple
 Family
 None

Dental Care
 Single
 Couple
 Family
 None

Continued on the next page

Group Benefits Beneficiary Designation

All sections of this page should be completed as it will replace any prior designations.

1 Plan member information	Plan sponsor name Nishnawbe-Aski Legal Services Corporation	Plan contract number 110020	Plan member certificate number
	Plan member name (last, first and middle initial) Akiwenzie, Giles	Province of residence	Date of birth (dd/mmm/yyyy)

2 Primary beneficiary List all primary beneficiaries for Basic Life and/or Basic Accidental Death. Percentages must total 100% to be valid.	Name of beneficiary (last, first and middle initial) Faries, Patricia A.	Date of birth (dd/mmm/yyyy) 23/Feb/1966	Relationship to plan member Spouse	Percentage 50 %
	Name of beneficiary (last, first and middle initial) Akiwenzie, Giles J.	Date of birth (dd/mmm/yyyy) 24/May/1989	Relationship to plan member Son	Percentage 25 %
	Name of beneficiary (last, first and middle initial) Akiwenzie, Danis L.	Date of birth (dd/mmm/yyyy) 15/Apr/1995	Relationship to plan member Daughter	Percentage 25 %

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

3 Optional coverage (if applicable)

Plan contract number

List all beneficiaries for Optional Life and/or Optional Accidental Death.

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 of the primary beneficiary(ies), named above for either coverage, should die before you. In that event, a contingent beneficiary will automatically be entitled to the benefit that would have been payable to the primary beneficiary(ies). 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.

Name of contingent beneficiary (last, first and middle initial) Roote, Anastasia L.	Date of birth (dd/mmm/yyyy) 01/Feb/2016	Relationship to plan member Granddaughter
Name of contingent beneficiary (last, first and middle initial)	Date of birth (dd/mmm/yyyy)	Relationship to plan member

5 Trustee appointment

Complete if any beneficiary named is under the age of majority.

I appoint **Curtis Roote, father of Anastasia Roote** as Trustee to receive any amount due to any beneficiary under the age of majority (not applicable in Quebec).

6 Declaration and authorization

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 hereby revoke any previous beneficiary designations in relation to my foregoing coverage(s) and designate the person(s) named above.

At Manulife Financial, we know that confidentiality of personal information is important. Any information you provide to us will be kept in a Group Life and Health Benefits file. Access to your information will be limited to:

- our employees and service representatives in the performance of their jobs,
- persons to whom you have granted access; and
- persons authorized by law.

You have the right to request access to the personal information in your file and, if necessary, correct any inaccurate information.

I acknowledge that more detailed information concerning how and why Manulife Financial 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/yyyy)
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Manulife Financial 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...

<i>The primary beneficiary dies before you and no contingent beneficiary is named.</i>	The death benefit will be paid to your estate.
<i>The primary beneficiary dies before you, but there is a contingent beneficiary(ies) designated.</i>	The benefit will be paid to the contingent beneficiary(ies).
<i>You assign two primary beneficiaries, and one beneficiary dies before you, and you have not updated your Beneficiary Form information.</i>	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.