

Group Benefits Enrolment or Re-enrolment Application

Please print clearly in dark ink using CAPITAL LETTERS.

Plan sponsor

statement

Plan sponsor name Nishnawbe-Aski Legal Services Corporation

Billing division Account/Division number Plan member's certificate number

				The state of the s	mark that the		
		Billing division Accord	unt/Division number	Plan member's certificate number			
				No Permanent hire date (dd/mmm/yyyy) Feb 1,	202		
		Re-hire date (dd/mmm/yyyy)	If a re-hire, dat	te previous employment ended (dd/mmm/yyyy)			
		Occupation Gladue Case Word	Crises A Hammun	orked/week 35.00 Salary \$ 50,000 Annually			
E	ertify that the plan i	member listed below is actively at work	at their usual place of employe	nredweek Salary \$ 50,000 Annually sent in Canada. Actively at work means the plan member wo act over a 52 week needed including pold received.			
8.1	normal work schedul						
		Plan administrator s gnature	rliter Sus	Date (dd/mmm/yyyy) 23/02/	20%		
		is evidence of insurability required?	C31	to determine if evidence of insurability is required, please refer			
		If yes please complete form GL0004E			Ю		
2	Plan member	Plan member's last name Akiwenzie			-		
	information						
	To be completed by	Date of birth (dd/mmm/yyyy) 17/Apr/1	966 Gender 💿 N	lale Female Province of residence ON			
	employee	Language English French	Do you have a snouse? //	married, common law or civil union?) Yes No			
3	Plan member		, , , , , , , , , , , , , , , , , , , ,	matrieu, common saw or civil union?) • Yes • No			
	address	Address (number, street, apt.) 224 La					
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-	Application for				-		
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		Myself only	ior	am applying for Extended Dental Care for			
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7 Dependant information												
	in Section	the follow	ing section if	the plan includ	des healt	h and/or dent	al coverage	and you	have not	refused ber	efils for you	r dependante
Spouse	Complete the following section if the plan includes health and/or dental coverage and yo in Section 5 Application for coverage. Last name Faries First name Patricia					the second and the year dependents						
If there is not enough room to list your	Gender	Last name Faries First name Patricia Gender O Male O Female If common law please provide the effective law				_	Date of birth (dd/mmm/yyyy) 23/Feb/1966 cohabitation (dd/mmm/yyyy)					
dependants, attach details on a separate	**To cont.	for our -			riaw, pies	ase provide th	na effective	date of c	chabitation	n (dd/mmm	/yyyy)	
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	ender Female	Over-age student	Over-age disabled dependant**			
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8 Direct deposit	Tilana a											
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Electronic claim	By providin	g your em	nail address, y	you will receive	e an invita	ation to regist	ter for an o	nline men	rber accou	nt.		
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10 Mailing instructions

Plan Member Administration Manulife Financial
PO BOX 11006, STN CENTRE-VILLE
MONTREAL QC H3C 4T8



Group Benefits Beneficiary Designation

Please see reverse for assistance in completing this form.

Send the completed form to: Plan Member Administration

Manulife Financial

PO BOX 11006, STN CENTRE-VILLE

MONTREAL QC H3C 4T8 Fax: 1-877-733-4233

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

1 Plan member information | Standard | Sta

1	Plan member information	Plan sponsor name	01						
		Nishnawbe-Aski Legal Services Corporation	Plan contract number	Plan member certificate	number				
		Plan member name (last, first and middle initial)	710020						
-		Akiwenzie, Giles	Province of residence	Date of birth (dd/mmm/y	ууу)				
2	Primary beneficiary	Name of beneficiary (last, first and middle initial)	Date of birth (dd/mmm/yyyy)	Relationship to plan member	0 .				
	List all primary beneficiaries for	Faries, Patricia A	23/Feb/1966	Spouse	Percentag 50				
	Basic Life and/or Basic Accidental Death.	Name of beneficiary (last, first and middle initial) Akiwenzie, Giles J.	Date of birth (dd/mmm/yyyy) 24/May/1989	*	Percentag				
	Percentages must total 100% to be valid.	Name of beneficiary (last, first and middle initial)	•	Relationship to plan member	25				
		Akiwenzie, Danis L.	15/Apr/1995	Daughter	Percentag 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.	in Quebec, the designation of unless	rebec residents only of your apouse as beneficiary is otherwise specified, meficiary, the designation is: table					
3	Optional coverage (if applicable)	Name of beneficiary (last, first and middle initial)	•	Relationship to plan member	Percentage				
	Plan contract number	Name of beneficiary (last, first and middle initial)	Date of birth (dd/mmm/yyyy)	Relationship to plan member	Percentage				
	List all beneficiaries for Optional Life and/or Optional Accidental Death.	Name of beneficiary (tast, first and middle initial)	Date of birth (dd/mmm/yyyy)	Relationship to plan member	9 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 Quabec, the designation of unless	ebec residents only (your spouse as beneficiary is otherwise specified, neficiary the designation is; ble travocable	irrevocable				
•	Contingent beneficiary	You may wish to designate a contingent beneficiary(les) to receive any proceeds under this group policy if all of the primary beneficiary(les), 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(les) from 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 beneficianes at the time of your death, the							
		Name of contingent beneficiary (last, first and middle initial) Roote, Anastasia L.		/y Realonship to plan men	nber				
			01/Feb/2016	Granddaughter					
		Name of contingent beneficiary (last, first and middle initial)	Date of birth (dd/mmm/yyy	y. Relationship to plan men	nber				
5	Trustee appointment								
	Complete if any beneficiary named	I appoint Curtis Roote, father of Anastasia Roote	a	Trusiee to receive any amou	nt due to				
_	is under the age of majority.	any beneficiary under the age of majority (not applicable in Quebec).							
	Declaration and authorization	<u>Lharaby</u> revoke any previous beneficiary designations in relation to my foregoing coverage(s) and designate the person(s) named above.							
- 6	Due to the legal significance of a beneficiary appointment this designation must be signed and dated to be valid.	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 outhorized to you have granted access; and							
- E	A copy, fax, scan or image of the peneficiary designation in this form s as valid as the original,	 persons authorized by law. You have the right to request access to the personal information in your file and, if necessary correct any inaccuration. 							
		Lacknowledge that more detailed information concerning how and why Manutife Financia collects, uses and discloses my personal information is available at www.manutife.ca/planmember or by requesting a copy from my plan sponsor.							
		Plan member signature		Date s.gned (dd:mmm/yyy	y)				
e îv	danufacturers Life Insurance Company	Dana 3 of 4	-	11/11/11/11/11	く 0 人				
		> 1080 A OLA 1		GL2971E (06/2015	S) GP/MC				

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 basis or optional coveragely to have selested through your group banefits plan that becomes payable upon sour death. Basic and optional beneficianes may differ

Types of beneficiary - Primary vs. Contingent

Primary the person-people or entity you choose to receive the quath 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 or many 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 it all of the primary beneficients the before you if you select more than one contingent beneficiery, the benefit will be split ever by between the contingent beneficiery, the benefit will be split ever by between the contingent benefit areas.

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 permussion 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 benefit lary 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 peneficiary 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 rustee