

Your Spouse may join the Plan, by completing the Enrolment Form for the Spouse of an Employee/Member

Return the completed form to:

Group Savings & Retirement

PO Box 11464,
succ. Centre-ville
Montreal QC H3C 5M3

Telephone: 1-800-242-1704
ext. 304000; policy #102007

Fax: 514-499-4480

Please note:

The Manufacturers Life Insurance Company (Manulife) requires the completed original enrolment forms at all times to promptly invest funds.

The employee/member is the holder under the plan.

For your account to qualify as a tax-free savings account under the *Income Tax Act (Canada)*, you must be at least 18 years of age and a resident in Canada.

To transfer funds tax-free to this plan call 1-800-242-1704 ext. 304000; policy #102007

By signing

I apply to participate in the tax-free savings account of the plan sponsor/ employer/organization and in any other plan to which my rights and benefits may be transferred (successor plan), including a transfer made upon application of the default provisions described in the plan. I agree to be bound by the terms of the plan, a successor plan, and any administrative rules established by the plan sponsor/ employer/organization.

I authorize the following:

- the deduction of the appropriate contribution from my pay, if applicable;
- the plan sponsor/employer/ organization to act as my agent in contracting for benefits under the plan;
- Manulife to file an election to register my plan as a tax-free savings account under section 146.2 of the *Income Tax Act (Canada)* and any other Provincial Income Tax Act, if applicable; and
- the plan sponsor/employer/ organization, Manulife, its affiliates and outsourcing partners, any successor issuer, third party administrators, my financial institution(s) and any authorized market intermediary involved in the sale or administration of the plan or successor plan or any other plan to which my rights and benefits may be transferred, to exchange my personal information (including banking information) when required as a result of their involvement.

I understand that the personal information collected will be kept strictly confidential and will only be used, exchanged and retained for the purpose of this plan. I certify that the information given is true, correct and complete, to the best of my knowledge.

Client No.: RS102007 Client Name: ALBERTA HEALTH SERVICES

Step 1- Holder Information

Last Name		First Name		Initial
Date of birth (yyyy/mm/dd)		Marital status	Social insurance number (required by law for income-reporting purposes)	
E-mail address		Home address		
Province		Postal code	(Work) Area code & phone number	(Home) Area code & phone number
Sex	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Language	<input type="checkbox"/> English <input type="checkbox"/> French

Step 2- Successor Holder and/or Beneficiary Information

Successor Holder Information:

To be completed if you wish to appoint your spouse as the successor holder of your account (if living and still your spouse at the time of your death). Spouse will include a common-law partner as defined under the *Income Tax Act (Canada)*.

Last name		First name		Middle initial
Date of birth (yyyy/mm/dd)		Social insurance number (required by law for income-reporting purposes)		
(Work) Area code & phone number		(Home) Area code & phone number		
Sex	<input type="checkbox"/> Male	<input type="checkbox"/> Female		

This successor holder appointment will not be valid if the person named is not my spouse at the time of my death or if he/she predeceases me.

Beneficiary Information:

To be completed if you have not designated a successor holder or in case your successor holder predeceases you or is not your spouse at the time of your death.

In the event of my death, I designate the following person(s) to be the beneficiary(ies) of any amount due under my plan on or after my death in accordance with the terms of the plan in which I have an interest:

- my estate
OR the following beneficiary(ies)

Last name	First name	Date of birth	Relationship	Entitlement (%)
Must total 100%				

If your designated successor holder or beneficiary dies before you, we will pay the benefits from your plan to any surviving beneficiary or, if none, or if no designation is made, to your estate. Any beneficiary designation is revocable.

Appointment of trustee

In the event my beneficiary is a minor at the time the death benefit is payable, I appoint the following person as trustee to receive such funds on behalf of the beneficiary, to hold these funds until my beneficiary attains the majority age and to give a valid discharge to Manulife for such payment:

First name _____ Last name _____
Address _____
Phone number () - () - _____
(Work) Area code & phone number (Home) Area code & phone number

Step 3- Payroll Deduction Request

(Voluntary Employee Personal Contributions via payroll deduction - not applicable to Flex Credits)

Complete this portion if you wish to have voluntary personal contributions deducted from your paycheque. **Do not include your flex credit contribution in this section.**

Please deduct _____ % from each pay, to be invested in this plan. (Note - AHS will report Credit Allocations separately)

Step 4- Signature

Holder Signature (mandatory)	(print)	Date (yyyy/mm/dd)
X		

Step 5- Investment Instructions

It's important to indicate your retirement income goal in order to monitor if you're on track to reaching your goal.

\$ _____ (Your objective in terms of annual income at retirement, expressed in today's dollars)

Please make your investment mix selection from either **OPTION 1** or **OPTION 2**, as desired. Please select **only one** option.

The following investment mixes vary based on different investor profiles. Your investment strategy should be based on your overall financial situation. These investment instructions apply to all future deposits until alternate investment instructions are provided.

Option 1: Avenue portfolios™

Pre-selected Avenue portfolios

Your **target age** is the age at which you wish to retire or convert these savings into income. It is important to provide your desired target age if you wish to select an Avenue portfolio and use the Lifecycle Movement service. **If you do not provide a target age, we will assume that your investment period will end at age 65. If, however, you wish to record a different target age, please enter it here _____.** If you select an Avenue portfolio that is not consistent with your target age and your investment period, we will deactivate Lifecycle Movement.

The selected box should reflect the number of years from your age to your target retirement age, as well as your risk tolerance.

Investment period	Conservative	Moderate	Aggressive
More than 25 years	<input type="checkbox"/> Portfolio - C5	<input type="checkbox"/> Portfolio - M5	<input type="checkbox"/> Portfolio - A5
Between 20 and 25 years	<input type="checkbox"/> Portfolio - C4	<input type="checkbox"/> Portfolio - M4	<input type="checkbox"/> Portfolio - A4
Between 15 and 20 years	<input type="checkbox"/> Portfolio - C3	<input type="checkbox"/> Portfolio - M3	<input type="checkbox"/> Portfolio - A3
Between 10 and 15 years	<input type="checkbox"/> Portfolio - C2	<input type="checkbox"/> Portfolio - M2	<input type="checkbox"/> Portfolio - A2
Less than 10 years	<input type="checkbox"/> Portfolio - C1	<input type="checkbox"/> Portfolio - M1	<input type="checkbox"/> Portfolio - A1

I do not want to use Lifecycle Movement to adjust my Avenue portfolio (for current holdings and future deposits) as my investment period shortens.

I do not want Manulife to apply Systematic Asset Rebalancing (SAR) to realign my assets under this Option.

If you plan to retire within the next 3 years, we suggest that you consult with your financial advisor.

Option 2: Choose your own investment mix:

Code	Fund Name	Fund Manager
Guaranteed Funds		
DIA	Daily interest accumulator	ML Insurance Company*
CIA1	One year compound interest accumulator	ML Insurance Company*
CIA2	Two year compound interest accumulator	ML Insurance Company*
CIA3	Three year compound interest accumulator	ML Insurance Company*
CIA4	Four year compound interest accumulator	ML Insurance Company*
CIA5	Five year compound interest accumulator	ML Insurance Company*
Fixed Income Funds		
CBOI	Canadian Bond Index	ML Asset Management*
BOND	Bond	ML Asset Management*
FIMLB	Fixed Income	MFS
MONE	Money Market	ML Asset Management*
Balanced/Diversified Funds		
DVSF	Diversified	ML Asset Management*
CAAF	Canadian Asset Allocation	Fidelity
Portfolio Fund		
LTGFR	ML RI Long-Term Growth	Russell Investments

Code	Fund Name	Fund Manager
Equity Funds		
CEQI	Canadian Equity Index	ML Asset Management*
EQTY	Canadian Equity	ML Asset Management*
NAEJF	Canadian Equity	Jarislowsky Fraser
CGGUA	Canadian Equity Growth	Guardian
USEI	US Equity Index	ML Asset Management*
USVG	US Equity	State Street Global Advisors
AGMB	American Equity	MFS
IEQI	International Equity Index	BlackRock
GLEQ1	Global Equity	Invesco Trimark

Investment mix for future deposits

Code	Fund name	%
		%
		%
		%
		%
		%

Must total 100%

* ML = Manulife

Please note that SAR will align all of your assets periodically to reflect your investment instructions on record as at the time of realignment. Should you not wish to have SAR, please check the box below.

I do not wish to have SAR realign my assets.

Step 6- Signature

I understand that the personal information collected will be kept strictly confidential and will only be used, exchanged and retained for the purpose of this plan. I certify that the information given is true, correct and complete, to the best of my knowledge.

Holder Signature (mandatory)

(print)

Date (yyyy/mm/dd)

Important Notes

- If your investment instructions are incomplete, contributions will be invested in the Conservative Avenue portfolio based on a retirement age of 65. If your investment instructions are incomplete and your date of birth is missing, contributions will be invested in the Manulife Daily Interest Accumulator fund and then moved to the Conservative Avenue portfolio when your date of birth is received.
- Please note we (Manulife and Alberta Health Services) neither suggest nor recommend any investment approach or fund in particular, whether it is an Avenue portfolio or a personal investment selection, whether or not it includes the Lifecycle Movement and/or SAR services. Market-related funds are not guaranteed and the value of a member's units will vary according to market conditions and the success of the funds' manager. We are not responsible for the returns of the selected investments. Furthermore, the selection of an Avenue portfolio, with or without the Lifecycle Movement and/or SAR services, is no promise or guarantee, explicit or implied, that selected investments will generate a satisfactory retirement income.
- Compound Interest Accumulator Funds will automatically reinvest upon maturity for the same term originally requested unless Manulife is advised by calling 1-800-242-1704 ext. 304000; policy #102007. Withdrawal from guaranteed funds before maturity may be subject to a market value adjustment.
- The administrative rules of the plan may restrict the withdrawal of TFSA funds. Please consult the plan administrator for details.
- If you plan to retire in the near future, we suggest that you consult your financial advisor.