Application Form

Sign up for your
Registered Pension Plan (RPP)

Send your completed form to:

Carpenters Residential Pension Plan

Pension Plan Administration Office
2255 Sheppard Ave. E, Atria 1, Suite 201, Toronto, ON M2J 4Y1

Plan Sponsor/Employer	Manulife policy number
The Board of Trustees Carpenters Residential Pension Plan	**10003017**
Date you started with your employer (mmm/dd/yyyy)	Date you are joining the plan (mmm/dd/yyyy)

Your personal information

Gender	First Name	Middle Initial	Last Name

Mailing address (number, street and apartment number)

City	Province	Country	Postal

Code Date of birth (mm/dd/yyyy)	Social Insurance Number (SIN)

Marital Status

Spouse's name	Spouse's date of birth (mm/dd/yyyy)

Your preferred language	Telephone number	Ext.	Email address

If you want to name more than three beneficiaries, attach a separate page with the names and the percentage of proceeds for each beneficiary.

If you have locked-in money in your RPP and you have a spouse on the date of your death, the law may require any death benefit be paid to your spouse. regardless of other beneficiaries you've named.

If you die while your beneficiary is still a minor. the trustee you name on this form will act on the child's behalf.

Name your beneficiary (or beneficiaries)

If you do not name a beneficiary and you do not have a spouse at the date of your death, proceeds will be paid to your estate. Check here [ ] if you have attached a separate page listing your beneficiaries. Please sign and date below.

Name	Relationship	Percentage of Proceeds

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

Any payment to a beneficiary who is a minor will be paid in trust to the trustee named below subject to applicable legislation.

Trustee name and address	Relationship

Please sign here

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

Enrolment and Registration Authorization

You request that Manulife enroll you as a Member in this plan.

Your signature	Date signed (mm/dd/yyyyy)
Plan administrator's signature	**Date signed (mm/dd/yyyyy)**

For Manulife use Manulife customer number Date (mmm/dd/yyyy) Document version