



Application Form Group Retirement Savings Plan (RSP)

Check one:

- This RSP is for you as a Member (i.e. employee)
 This RSP is for you as a Spousal Member

Send your completed form to:
Ontario Harness Horse Association
 P.O. Box 429
 35 Crawford Cres
 Campbellville, ON L0P 1B0

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.

Tell us about the plan

Plan Sponsor/Employer

The Ontario Harness Horse Association

Member number

Division

Group annuity policy number

530124

Member Class

Date you are joining the plan (dd/mm/yyyy)

Date you started with your employer (dd/mm/yyyy)

Your personal information

Gender

First name

Middle initial

Last name

Mailing address (number, street and apartment number)

City

Province

Country

Postal Code

Your preferred language

Date of birth (dd/mm/yyyy)

Social Insurance Number (SIN)

Marital status

Home telephone number

Work telephone number

Ext.

Personal email address

Choose only one and provide your SC member number at right:

SC Number

Driver **Trainer** **Owner** **Breeder** **Assistant** **Trainer** **Groom**

Tell us about the contributor (the Member)

Complete this section only if the application is for you as a Spousal Member. Otherwise, leave this section blank.

First name

Middle initial

Last name

Date of birth (dd/mm/yyyy)

Social Insurance Number (SIN)

A revocable beneficiary can be changed at anytime.

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

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 RSP 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.

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

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, proceeds will be paid to your estate.

Check here if you have attached a separate page listing your beneficiaries. Please sign and date.

Name

Relationship

Percentage of proceeds

The total must add up to 100%

The above beneficiary designations are considered revocable unless you write "irrevocable" in the chart above.

For Quebec only:

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

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.

In Quebec, the proceeds will be paid in trust to the minor child's tutor.

Trustee name

Relationship

Your investment instructions

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

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.

Specify the percentage for each fund you select below. Your percentages must add up to 100%.

By choosing these funds, you indicate that you understand that the investment performance of amounts directed to a pooled or segregated fund is not guaranteed. Diversification of all your retirement savings may smooth out your returns and help you meet your retirement goals.

Fund code	Fund name	%
1005	Manulife 5 Year GIA	15 %
5011	Manulife Balanced	85 %
Your percentages must add up to 100%.		100%

Authorize your employer to deduct your contributions

You authorize Ontario Harness Horse Association to deduct the specified amounts from your base earnings each pay period and submit these contributions to Manulife to invest in your RSP.

PLEASE NOTE: RSP contributions are generally based on having received employment income in Canada during the previous year and filing an income tax return. If you have not received any Canadian employment income during the previous year and you elect to start your RSP be aware that you will be responsible for the tax owing when your first tax return is filed.

Total contributions, including any made by the Standardbred industry on your behalf (if applicable) and those you make in a year to all other RSP's, must not exceed your annual RSP limit as permitted under the Income Tax Act (Canada).

Enclosed is my annual plan contribution for:

2018 - \$100

Additional Voluntary Contribution

Enter an amount: \$ _____ (contribution will not be matched)

Total Amount

Enter an amount: \$ _____

(Please make cheques payable to the Ontario Harness Horse Association. Post-dated cheques not accepted. Do not include any other fees with your RSP contribution.)

Please sign here:

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

Enrolment and Registration Authorization

I request that Manulife enrol me as a Member in this plan and register me in a Retirement Savings Plan (RSP) under the income tax Act (Canada).

I understand that any withdrawals from my RSP will be taxed according to the rules outlined in the Income Tax Act (Canada) or the Taxation Act (Quebec), as applicable. I understand that withdrawals may be restricted under the terms of the plan.

I authorize the Plan Sponsor (my employer or my spouse's employer if I am a Spousal Member) to remit contributions and to deliver directions to Manulife on my behalf.

I request that Manulife accept a transfer of locked-in funds into the plan, if applicable, according to the terms described in the Lock-in Retirement Account (LIRA) or locking-in addendum. I understand that with respect to such funds, these terms will override the group RSP contract.

If I have selected Group IncomePlus, I acknowledge that I have read and understood The Bold Print and by signing below, I agree to the terms, conditions and fees applicable to that option.

Your signature (as the annuitant)

Date signed (dd/mm/yyyy)


Brett Marchand
Senior Vice President, Group Retirement Solutions

For Manulife use

Manulife customer number

Date (dd/mm/yyyy)