

Enrolment form

Group Retirement Savings Plan

Ontario Standardbred Horsepeople's RRSP

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

RSP information	Group policy number 530124	Plan number	Plan Sponsor/Employer The Ontario Harness Horse Association
	Member number <i>(Complete as instructed by Plan Administrator)</i>	Customer number Manulife Financial use only	

Member information Must be fully completed.	Sex <input type="radio"/> Male <input type="radio"/> Female	Last name of member	First name	Middle initial	
	Date of birth (dd/mmm/yyyy)	S.I.N.	Marital status	Preferred language <input type="radio"/> English <input type="radio"/> French	
	Mailing address (number, street and apt. number)				
	City	Province	Postal code	Telephone number	Ext
	Please check only one and provide your SC member number at right				SC member number

Driver
 Trainer
 Owner
 Breeder
 Assistant Trainer
 Groom

Beneficiary information	Except as specified for Quebec, all designations will be considered revocable unless expressly made irrevocable. If you designate a beneficiary as irrevocable, you may not change this designation, withdraw or transfer-out funds without the written consent of the irrevocable beneficiary. A parent or guardian cannot provide consent on behalf of a minor who has been named as irrevocable beneficiary. If you have not named a beneficiary, the death benefit will be payable to your estate. Regarding Locked-in RRSPs only: If you have a spouse on the date of your death, legislation in most jurisdictions may require that any death benefit from a pension plan or locked-in pension funds be payable to your spouse, regardless of any other beneficiary designation you have made.		For Quebec only: The designation of a spouse as beneficiary is deemed to be irrevocable unless specified here: <input type="radio"/> Revocable
	Name of beneficiary	Relationship to member	<input type="radio"/> Check here if you have attached a separate page.
	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.		

Name of trustee(s) for minor beneficiary: _____ Relationship of trustee to minor beneficiary: _____

Investment direction	Investment	Contribution	<input type="checkbox"/> Check here if you would like information on how to make your own investment decisions.
	1005 - Manulife 5 Year GIA 5011 - ML Balanced	15% 85% 100%	

Total allocations from all investments must equal 100%.
 I 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.

Contribution

PLEASE NOTE: RRSP 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 RRSP, 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 RRSP's, must not exceed your annual RRSP limit as permitted under the Income Tax Act (Canada).

Enclosed is my annual plan contribution for:

2012 - \$100
 Additional Voluntary Contribution of (specify): \$ _____
 (Contribution will not be matched.)
 Total Amount \$ _____
 (Please make cheques payable to the Ontario Harness Horse Association. Post-dated cheques not accepted. Do not include any other fees with your RRSP contribution.)

See page 2 for authorization and Personal Information Statement

If required, retain a photocopy for your files.

Enrolment and Registration Authorization

I request that Manulife Financial enroll me as a member in the plan and register me in a Retirement Savings Plan (RSP) under the Income Tax Act (Canada) and (for Quebec registration only) a Retirement Savings Plan under and for the purposes of applicable regulations in respect of the Taxation Act (Quebec). I understand that any benefit payments out of an RSP will be taxable to the recipient to the extent prescribed by the Income Tax Act (Canada) or the Taxation Act (Quebec), whichever is applicable. I hereby authorize the plan sponsor/employer, which if this is a Spousal RSP, my spouse's employer, to remit payroll and/or lump sum contributions and to deliver directions or requests to Manulife Financial on my behalf. If applicable, I hereby request that Manulife Financial accept the transfer of my locked-in pension funds into the plan in accordance with the supplementary Locked-in Retirement Account agreement or locking-in addendum. With respect to such funds, I understand that terms of the Locked-In Retirement Account agreement or locking-in addendum will override the terms of the group RSP contract, where applicable. I understand that withdrawals may be restricted under the terms of the plan.

Personal information statement

Definitions

In this statement "you" and "your" mean the plan member or the annuitant, as applicable. "We", "our" and "the Company" mean The Manufacturers Life Insurance Company. "Plan Sponsor" means the entity that establishes and maintains the plan; "Plan Administrator" means the person or entity appointed by the Plan Sponsor to administer the plan; the "Plan Advisor" means an individual (including any organization which may directly or indirectly employ or retain that individual), partnership, corporation or other organization duly authorized by the Plan Sponsor, plan member or Manulife Financial (including their respective employees, agents, successors and assigns), to provide ongoing benefit counseling to plan members or plan administration services.

Consent

By signing this enrolment form you give your consent for us to obtain, verify, and share your personal information, as set out below, in administering your account, now and in the future, with the Plan Sponsor; the Plan Administrator; the Plan Advisor and the employees of the Plan Advisor; and other parties in the performance of their duties for Manulife Financial. You also authorize any person that we contact to provide such information. You authorize us to keep your personal information for the longer of:

- the time period required by law and by guidelines set for the financial services industry, and
- the time period required to administer the products and services we provide.

The information we collect with your consent will be protected and maintained in your plan member file with the Company.

How we will maintain and use your personal information

You agree that we may use the personal information that we collect to:

- confirm your identity and the accuracy of the information you provide,
- administer your contract account, including any administration required after termination of your plan membership,
- administer any other products and services that we provide,
- comply with legal and regulatory requirements,
- conduct searches to locate you and update your member information,
- determine your eligibility for, and provide you with details of, other financial products or services that may be of interest to you that are offered by us, our affiliates or other select financial product providers.

Who may access your personal information

The following people or service providers may have access to your personal information:

- our employees and our representatives who require this information to perform their jobs;
- service providers who require this information to perform such services as, data processing, programming, printing, mailing, distribution, research and marketing services, administration and investigation;
- people to whom you have granted access; and
- people who are legally authorized to view your personal information.

Withdrawing your consent

You may withdraw your consent for us to use your SIN or BN, if applicable, for non-tax administration purposes as previously described in this Personal Information Statement. You may also withdraw your consent for us to use your personal information to provide you with other services or product offerings, excluding those that are mailed with your statements. Except as set out above, you may not withdraw your consent for us to collect, use, retain or share personal information that we need to issue or administer your account unless federal or provincial laws give you this right. If you do so then we may no longer be able to properly administer your account and the following consequences may apply:

- benefits will not be payable as provided under the plan;
- we may treat your withdrawal of consent as a request to terminate your contract; and
- your rights, and the rights of your beneficiary or estate under the plan may be limited.

Dealing with us by telephone

Customer service calls may be recorded for the following purposes:

- quality service controls,
- information verification, and
- training.

If you do not wish to have your calls recorded, you must communicate with us in writing, and request that any response by us also be in writing.

How to withdraw your consent

If you wish to withdraw your consent for us to collect, use, retain or share your personal information, you may contact us by phoning our Customer Service Centre at 1-888-727-7766 or by writing to the Privacy Officer at the address below.

Questions, concerns and requests for additional information

If you have a question, a concern, or wish to receive more information about our privacy policies or wish to review your personal information in our files or correct any inaccuracies, you may contact us by sending a written request to:

Privacy Officer, Group Savings & Retirement Solutions, 25 Water St. South, Kitchener ON N2G 4Y5.

Acknowledgement and Consent

I acknowledge that I have read and understand the Enrolment & Registration Authorization and the Personal Information Statement and consent to the collection, use and disclosure of my personal information in accordance with the terms of the Personal Information Statement.

Signature

By signing below, I confirm that I have read, understand and agree to the terms set out in the Enrolment and Registration Authorization and the Personal Information Statement which form part of this enrolment form. I hereby certify that the information on this form is correct to the best of my knowledge.

Member's signature

Date signed (dd/mmm/yyyy)

Plan Administrator's signature (if required)

Date signed (dd/mmm/yyyy)

ONTARIO STANDARDBRED HORSEPEOPLE'S RRSP

Administered by/Make cheques payable to:
ONTARIO HARNESS HORSE ASSOCIATION
35 Crawford Cres. P.O. Box 429,
Campbellville, ON L0P 1B0
Manulife Life Policy No. 530124

OHHA Use Only

Sheet # _____

NEW MEMBERS – ELIGIBILITY FOR INDUSTRY CONTRIBUTION

Part I – Member Information

Applicant's Name: _____ (Please Print)
Applicant's S.I.N.: _____ - _____ - _____
SC Membership # _____

Part II – Eligibility for Industry Contribution

<p>Please attach proof of eligibility including SC printout of previous year's starts. Any fraudulent information will void membership.</p> <p>Please check only one of the following:</p> <ul style="list-style-type: none"><input type="checkbox"/> Driver – attach SC printout of driver starts in 2011<input type="checkbox"/> Trainer - attach SC printout of trainer starts in 2011<input type="checkbox"/> Owner – attach SC printout of owner starts in 2011, (note percentage owned of each horse)<input type="checkbox"/> Breeder - attach SC printout of starts in 2011 by horses bred by member, or names of producing broodmares owned by member (note percentage owned of each broodmare)<input type="checkbox"/> Assistant Trainer – attach T4 showing 2011 employment, or letter from employer stating 2011 employment<input type="checkbox"/> Groom - attach T4 showing 2011 employment, or letter from employer stating 2011 employment <p>Date: _____ Applicant's Signature: _____</p>
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ENROLL FOR 2012 NOW!
CLOSING DATE FOR ENROLLMENT – DECEMBER 1, 2012

Contribution with proof of eligibility must be received in OHHA office by December 1, 2012
This form is for your contribution to the RRSP only
DO NOT INCLUDE ANY OTHER FEES ON YOUR CONTRIBUTION CHEQUE
Post-dated cheques are not accepted