Manulife Financial

For your future™

Investment direction for future contributions

Please print clearly in the blank boxes.

You may also provide contribution instructions online at www.manulife.ca/GRO or by calling Customer Service at 1-888-727-7766.

Send your completed form to:

Boilermakers' Benefit Administration Office
2255 Sheppard Ave. E, Atria 1, Suite 201
Toronto, ON M2J 4Y1

This form is also available online at www.manulife.ca/GRO

Your personal information

Plan Sponsor/Employer					Group Policy number
Boilermakers' National Pension Plan (Canada)					10001089
Member number	Customer number				Reference number
	NA				Manulife Financial Use Only
Last name	First name				Middle initial
Mailing address (number, street and apartment number)					
City	Province	Country	Postal Code	Telephone number*	Ext.*
Email address (if applicable)*					

These fields are optional.

Your future investment direction

(For future contributions only)

A minimum of 5% per fund, whole numbers only.

If you do not complete this section, or the total does not add up to 100%, all amounts will be deposited to the plan default fund.

If your plan offers Group IncomePlus note this option is intended to provide you with guaranteed retirement income. Before you select Group IncomePlus, review The Bold Print for more information.

Please enter the fund codes, fund names and percentages for all the funds in which you wish your future contributions to be allocated. Fund code names and details appear online at www.manulife.ca/GRO or in the Group Investment Report.

Fund code	Fund name	%
	Your percentages must add up to 100%.	**100%**

The investment performance of amounts directed to a market based fund is not guaranteed.

Please sign here

Manulife Financial reserves the right to return incomplete forms, or forms that have been filled out incorrectly. In the event that there is an error made processing your transaction, you have thirty days to notify Manulife Financial.

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	Date signed (ddd/mm/yyyy)
Plan Administrator's signature (if required) Not required	Date signed (ddd/mm/yyyy) NA