# Manulife Financial

For your future™



## Application Form

### Non-Registered Employee Share Purchase Plan (ESPP)

Send your completed form to: Manulife Financial Attn: GRS Client Services, KC-6 PO BOX 396 STN WATERLOO WATERLOO, ON N2J 4A9

#### Please print clearly in the blank boxes.

If you aren't 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 Stantec Consulting Ltd No	Policy number <b>50001944</b>					
	Employee number	Date you are joining the plan (mmm/dd/yyyy)					

#### Your personal information

	Gender	First nam	e	Middle initi	al	Last name		
	Mailing address (nu	Mailing address (number, street and apartment number)						
	City		Province	Country		Postal Code	Your preferred language	
	Date of birth (mmm	/dd/yyyy)	Social Insurance	Number (SIN)	Mari	tal status	Home telephone number	
	Work telephone nu	mber*	Ext.*	Personal emai	email address*			
	Are you a U.S. citize	Are you a U.S. citizen or a U.S. resident for U.S. tax purposes?						
*These fields are optional.	If yes, provide your Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN):							
	Identity docu		n (choose one:)					

# Canadian Passport Birth Certificate Driver's Licence Canadian Citizenship Card Other Document Number: Expiry Date: Issued by: (example: Ontario)

#### 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 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:

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

changed at anytime. An **irrevocable** beneficiary can only be changed with written consent from that beneficiary. You

A revocable beneficiary can be

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

#### Your investment instructions

Investment code	Investment	Percentage of contributions
9133	Stantec Shares	100%

I understand that the investment performance of securities is not guaranteed. Diversification of all your retirement savings may smooth out your returns and help you meet your retirement goals.

#### Your payroll deduction instructions

□ I authorize my employer, Stantec to deduct and submit my employee contributions to the Non-Registered ESPP.

#### Contribution type: Employee Matched Contribution

Enter a percentage from 1% to 4%: \_\_\_\_\_% (in increments of 1%) (The sum of your contributions to the Non-Registered ESPP and the Registered ESPP cannot exceed 4% of your base salary)

#### Contribution type: Employee Non-Matched Contribution

Enter a percentage from 1% to 12%: \_\_\_\_\_% (in increments of 1%)

#### 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. If applicable, I authorize the Plan Sponsor/Employer to deduct my contributions to the plan from my earnings.

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

#### For Manulife use

Manulife customer number Date (mmm/dd/yyyy)

Date signed (mmm/dd/yyyy)