

For your future

Check one: Retirement Savings Plan (RSP) Locked-in Retirement Account (LIRA) or Locked-in RSP (LRSP) Please identify pension jurisdiction: Spousal RSP		For Mar Attr	Application Form – RSP 524-029 Forward to: Manulife Financial Attn: GRS Client Services, KC-6 PO BOX 396 STATION WATERLOO					
Spousal KSP		WA	TERLOO ON N2J	4A9				
	Section 1 – Plan	n Sponsor	information	1				
	Name of Plan Sponsor Rogers Comm	unication	s Inc. Glob	al RRSP				
	Section 2 – Ann	nuitant inf	ormation					
The Annuitant must be the: (i) employee or	Sex Last name of r ☐ Male ☐ Female		member		First name	First name		Middle initial
(ii) spouse of the employee, as set out in the Declaration of Trust attached to this Application (the "Declaration of Trust").	Social Insurance Number (SIN) Marital status Preferred language (If no language preference is indicated, English will be selected.) Married or common-law Single English French							
	Address (number, street and apartment number)		t number)	Date of bir	th (mmm/dd/yyyy)	mm/dd/yyyy) City		
	Province	Postal Code	C	ountry	Telephone numb	er	E	xt
	Section 3 – Cor		nformation (•	RSP only) Social Insurance	Number	(SIN)	
	Last name of member		First name		'	Middle initial		
	Address (number, stree	et and apartmen	t number)					
	City				Province	Po	Postal Code	
If naming more than 1 beneficiary attach a separate page. This attachment must be signed, dated and include your policy number for this Plan. If the beneficiary is a minor, include the name and relationship of the guardian for each minor.	In certain provinces a b addition, in some cases Also, as your designatic breakdown, you may no to ensure that the bene	eneficiary desigr , the rights of th on may not auto eed to complete rficiary designati	nation or any revoc ne Annuitant's spou matically change a a a new designatior on is effective and	ation thereof use may overri s a result of you n for this purp is changed w der the Plan a	ermitted by law, may be made only by a wade such beneficiary design our future marriage or mose. It is your sole responsen appropriate. In hereby revoke all priconship	will. In gnation. arriage nsibility or designa		ı have
	(Note: For LIRA or LRSP, the beneficiary designation may n			attached a separ				

Payroll Deduction

Complete Payroll deduction form (GP5025 RogersGlobal) found at www.manulife.ca/Rogers and select "Forms to manage your account" If you are setting up a Spousal RRSP, complete RRSP and Spousal RRSP Contribution Direction Form found at www.manulife.ca/Rogers.

Manulife Financial Group Retirement Savings Plan

Section 5 - Investment direction

A minimum of 3% per fund, whole numbers only

If you fail to provide other specific instructions, all assets deposited to your account will be allocated according to the instructions provided at right. 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.

Refer to www.manulife.ca/Rogers for information on the investment options available including the fund names and codes.

I wish assets in my plan account under the Plan (my "Plan Account") to be invested in the following:

Manulife Group Annuity Policy Investment Option(s)	%
2000	
2015	
2020	
2025	
2030	
2035	
2040	
2045	
2050	
3132	
4191	
Total	100%

Manulife Group Annuity Policy Investment Option(s)	%
5132	
5161	
5241	
7122	
7132	
7241	
7481	
7601	
8132	
8191	
8196	
Tota	100%

Manulife Group Annuity Policy Investment Option(s)	%
8321	
8431	
8501	
1000	
1001	
1002	
1003	
1004	
1005	
Total	100%

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

Section 6 - Investment restrictions

I acknowledge that it is my responsibility to ensure that the investments in my Plan Account, other than the Manulife Group Annuity Policy, are qualified investments for a registered retirement savings plan under the Income Tax Act (Canada).

I am fully aware of the terms under which contributions may be made to the Plan and that under the Income Tax Act (Canada) and, if applicable, the Taxation Act (Quebec), under which the Plan is constituted and registered, tax may be payable on any non-qualified investments in my Plan Account.

I authorize CIBC Mellon and Manulife Financial to sell assets of my Plan Account to pay any penalty taxes assessed.

Section 7 - Confidentiality and Personal Information

I acknowledge that the Declaration of Trust contains provisions relating to CIBC Mellon's collection, use and disclosure of my personal information, and that CIBC Mellon's Privacy Policy is available by contacting any of its offices. I further confirm my consent to the disclosure of my personal information to the Plan Sponsor and to Manulife Financial. I acknowledge Manulife Financial's commitment with respect to my personal information contained in the following paragraphs.

Manulife Financial is aware that confidentiality of personal information is important to our clients. At the same time, as a provider of financial services, the collection and use of personal information is fundamental to our business. You agree that your personal information may be used to:

- Confirm your identity and the accuracy of the information you provide,
- Administer your Plan Account, including any administration required after termination of employment or membership with the Plan Sponsor,
- Comply with legal and regulatory requirements,
- Conduct searches to locate you and update your information, and
- Determine your eligibility for, and provide you with details on other financial services and products available from Manulife Financial and other members of our group of companies that may interest you.

Access to personal information or information related to you or your Plan Account which is in our possession will be limited to:

- CIBC Mellon;
- Manulife Financial employees and representatives in the performance of their duties;
- employees and representatives of other members of Manulife Financial group of companies;
- those to whom you have granted access; and
- those authorized by law.

You have the right to request access to your personal information and, if necessary, make changes to ensure Manulife Financial and CIBC Mellon have accurate information. To request access to your personal information relating to your Plan Account or to make changes to such information, please send a written request to:

Manulife Financial Attention.: Group Retirement Solutions,

PO Box 396 STN WATERLOO WATERLOO, ON N2J 4A9

Section 8 – Application and authorization

I hereby apply to participate in the Manulife Financial Group Retirement Savings Plan (the "Plan") established by CIBC Mellon pursuant to the terms of this application, the Declaration of Trust attached to this Application and in other applicable trust provisions, if any, and, if applicable, the LIRA/LRSP Addendum. This application is part of the Plan.

I hereby authorize the Plan Sponsor to act as my agent under the Plan for forwarding contributions to the Plan and transmitting investment directions or any other instructions to Manulife Financial on my behalf.

I request CIBC Mellon to apply for registration of the Plan as a Retirement Savings Plan under the Income Tax Act (Canada) and under any other applicable legislation in Canada. I understand that the Plan and my Plan Account will be subject to the provisions of such legislation and that all payments made out of my Plan Account may be subject to tax under such legislation. I acknowledge that the Plan and my Plan Account are subject to the terms and conditions set out above, in the Declaration of Trust, and in other applicable trust provisions, if any, the rules applicable to a property of the Plan, including The Manulife Group Annuity Policy and, if applicable, in the LIRA/LRSP Addendum for the jurisdiction named above and I have read and agree to be bound by such terms and conditions.

I authorize CIBC Mellon and Manulife Financial to use my social insurance number as an identifier for the administration of my Plan Account, including the Manulife Group Annuity Policy. I have requested these documents to be drawn in the English language. J'ai exigé que ce document soit rédigé en anglais.

This application is accepted by the undersigned in accordance with the Declaration of Trust attached to this Application.

CIBC Mellon Trust Company

Annuitant's signature			Date signed (dd/mmm/yyyy)	
Section 9 – Employee informa	ation			
Employee ☐ Annuitant ☐ Contributor		Employment date with the Employer (dd/mmm/yyyy) Manulife use only		
Plan entry date Manulife use only	Division (if app	licable) ife use only	Employee class (if applicable) Manulife use only	
Section 10 – Plan Sponsor Acc	ceptance			
Plan Sponsor's signature (if required) Not A	Applicable		Date signed (dd/mmm/yyyy) Not Applicable	
Section 11 – The Manufacture	ers Life Insur	ance Company	,	
Group policy number 20001500	Rogers employe	ee ID	Customer number Manulife use only	