

Producer code      
 Producer name      
 Sales office

**2638R**

Suite 800  
 1245 Sherbrooke St. W.  
 Montréal, Québec H3G 1G3  
 Tel: 1 888 841-6633  
 Fax: 1 888 533-3330

## 1 - Life Insured and Owner Information<sup>1</sup>

Policy number(s)

### Life Insured A

First name  Last name   
 Present address (Street, city, province)  Postal code   
 Phone number  Email

### Life Insured B

First name  Last name   
 Present address (Street, city, province)  Postal code   
 Phone number  Email

### Owner(s)<sup>2</sup>

Life Insured A or
  Life Insured B or
  Life Insured A & B jointly or

First name  Last name   
 Present address (Street, city, province)  Postal code   
 Phone number  Email   
 Social Insurance Number

<sup>1</sup> For more than 2 Life Insureds complete additional forms as required (complete in all cases)

<sup>2</sup> If there are multiple owners or different Billing/Communication addresses, fill out additional instructions.

## 2 - The undersigned request(s) and authorize(s) Manulife to change the above policy(ies) as follows:

A.  **Conversion:**  Full or  Partial of a:  Policy or  Rider on the life of

### Balance of sum insured after conversion to be:

Cancelled  Retained Is insured totally disabled?  Yes  No

### Benefits to be carried over to new policy (if existing policy provisions allow):

Owner Waiver of Premium/Total Disability Benefit  Yes  No  
 Accidental Death Benefit  Yes  No  
 Guaranteed Insurability Benefit  Yes  No

B.  **Exercise of:**  Guaranteed Insurability Benefit  Exchange Option  Other

### C. **New policy details: (Attach a signed illustration)**

Plan  Basic sum insured \$   
 Effective date<sup>3</sup>           (must be on the same date of the month as the existing coverage)

<sup>3</sup> On the date specified, the insurance being converted will be cancelled and the new policy will become effective.

### 3 - Owner Client ID (Complete this section only when selecting Section 2 A or B.)

If the owner of this policy is a legal entity (corporation, a charitable organization, an estate or trust), complete the Client Identification Supplementary Information form (PC6330) instead of this section.

**A.** Tax residency information must be provided. You should speak to your advisor if you need more information about why it is required that we ask this question.

Are you a US citizen or a US resident for tax purposes?

Yes If yes, please provide your individual tax identification number (ITIN) or SSN:

No

**B.** Valid proof of the Owner's identity must be obtained by law.

Type of document:

Driver's license  Birth certificate  Passport  Record of landing  Permanent resident card

Provincial Medical Card (except if issued in Ontario, Manitoba, Prince Edward Island and New Brunswick)

Other Specify

Document number Place of issue Expiry date Y Y Y Y M M D D

Legal name on document Province/Country of registration

Place of Birth: Province/Country Date of birth Y Y Y Y M M D D

Employer name Nature of business Occupation

**C. A third party could be an individual or a legal entity that will make deposit into the policy or have the use of, or access to, the policy value. Types of third party may also include but are not limited to: Executor, Attorney (Power of Attorney).**

Is a third party involved with this policy or will a third party make deposit into the policy or have the use of, or access to, the policy value?

No – this policy will be used under the instruction of the policyholder(s)

Yes a third party is involved – (Complete Third Party Determination form 5097)

I was unable to determine whether the owner(s) is (are) acting on behalf of a third party, or third parties, but I have reasonable grounds to suspect that this is the case. (Complete Third Party Determination form 5097)

### 4 - Premium payment

#### Premium payment

Selected Premium Amount \$

Premium(s) due (cheque attached) Amount \$

#### Future billing

Annual direct billing  Semi-annual direct billing

#### Pre-authorized debit (Attach a specimen cheque.)

New pre-authorized debit agreement:  Monthly  Quarterly  Semi-annual  Annual

Add to existing PAD agreement: Policy number

Draw Date Requested (Draw dates cannot be after the issue date or the 29<sup>th</sup>, 30<sup>th</sup>, or 31<sup>st</sup> of any month.) Date A A A A M M J J

#### Banking information

Depositor(s) (as shown on bank records)

Bank transit number - Account number

Bank name Address (Street/city/province) Postal code

#### Additional information

Increase PAD Withdrawal by \$  Loan repayment:  Cash Accumulation Fund (CAF) deposit:

## 5 - Other changes

Change	Cancel	Decrease	Description	New amount	Name of insured
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/> Dividend Option			From	To	

## 6 - Additional instructions

## 7 - Signatures

Each of the undersigned:

- (1) Agrees that, by accepting the Policy, any Additions and Amendments made by The Manufacturers Life Insurance Company and set out in any Additions and Amendments section, are thereby ratified and confirmed.
- (2) Agrees this application, together with any Alteration of Application attached to the Policy on delivery, shall be the basis of the contract with The Manufacturers Life Insurance Company.
- (3) Agree that where pre-authorized debit (PAD) withdrawals have been requested, Manulife is authorized to make such withdrawals from the financial institution as indicated on the attached specimen cheque or any other account at any financial institution subsequently designated by him (or her). The proposed insured further authorizes such financial institution to deal with these withdrawals as though they were signed by him (or her).

It is understood and agreed that:

- I/We authorize Manulife to begin deductions as instructed for regular recurring premium payments and regular investment plan payments. I may revoke my PAD authorization at any time by providing 10 days verbal or written notice. To obtain a cancellation form, or for more information on my right to cancel this PAD Agreement, I may contact my financial institution, Manulife or visit [www.cdnpay.ca](http://www.cdnpay.ca). I may waive the right to receive pre-notification of the amount of the PAD and therefore agree that I do not require advance notice of the amount of PAD(s) before the debit is processed. I have certain recourse rights if any debit does not comply with this agreement. I have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on my recourse rights. I may contact my financial institution, Manulife or visit [www.cdnpay.ca](http://www.cdnpay.ca). If the policy is for individual coverage, then the PAD will be setup as a personal PAD and if the policy is for corporate coverage, then the PAD will be setup as a business PAD.
  - The re-resentation of a payment returned due to not-sufficient funds or funds not cleared can occur only once and must be within 30 days of the original debit. If the payment is returned a second time, the method of premium payment will be altered to annual, direct billing and the proportion of the annual premium calculated to the next policy anniversary becomes immediately payable. A new PAD agreement is required to return to the PAD method of payment. Manulife may reserve the right to prohibit a change to the PAD method of payment until the next policy anniversary date.
  - Under a Perspecta policy the Draw Date cannot be later than the Due Date.
  - Manulife requires at least 10 days' written or verbal notice to process any changes to this Agreement.
  - This Agreement may be terminated by either Manulife or me upon 10 days' written or verbal notice.
  - If a draw date is not specified, withdrawals shall be made on the due date under the policy (Premium Due Date) and, if more than one policy is included in this Agreement, then one combined withdrawal shall be made on the earliest Premium Due Date. If the draw date is other than the Premium Due Date, the days of grace (31 days) commence from the Premium Due Date.
- (4) I declare that the information I have provided in this form is, to the best of my knowledge, correct and complete.
  - (5) I agree to immediately notify Manulife of any errors, omissions or changes in the information provided in this form, including any changes in U.S. residency or citizenship status.
  - (6) I further authorize Manulife or any of its affiliated companies to disclose personal information to any government or taxation authorities in Canada or outside Canada, when necessary or where required by law.

## 7 - Signatures (continued)

Signed at Province/Country	Date	Y	Y	Y	Y	M	M	D	D
Life Insured A	Life Insured B								
Owner(s) if different from Life Insured	Owner(s) if different from Life Insured								
Owner(s) if different from Life Insured	Owner(s) if different from Life Insured								
Premium Payor (if different than owner)	Assignee/Beneficiary, if required								

I have ascertained the identity of the owner(s) in accordance with the Proceeds of Crime (Money Laundering) and Terrorist Financing Act and Regulations by examining the original and valid identification documents and have made reasonable effort to determine if the owner(s) is (are) acting on behalf of a third party.

Representative's name (in block letters)									
Representative's signature	Date	Y	Y	Y	Y	M	M	D	D

## Privacy statement

At The Manufacturers Life Insurance Company ("we" or "Manulife"), we are committed to maintaining the highest standards of integrity in our business. In the course of our business, it is necessary to collect, record, store, process, transmit, and otherwise handle personal information about individuals. We take these activities seriously and seek to provide fair, secure and appropriate methods for the handling of personal information. All such activities are intended to be consistent with both generally accepted privacy and business practices.

We will establish and maintain a file containing personal information about you, your contract(s), as well as information concerning any insurance claim. Personal information that we collect will be used for the purposes of determining your eligibility for coverage, providing you with insurance and investment products or services, administering your policy, account or group benefits plans, confirming your identity and the accuracy of the information collected, conducting searches to locate you and update your contact information, obtaining investigation, credit bureau or consumer reports, investigating and assessing claims or complying with legislative requirements. Only our employees and authorized advisors, representatives, distribution partners, agents, and third parties, including affiliates, who are responsible for underwriting, investigations, administration and claims, or any other person whom you authorize, will have access to your file. We may use third parties, including affiliates, to provide services. They will be given only the information needed to perform those services. We hold these third parties to the same high standards of confidentiality by which we are governed. In some cases, Manulife employees, third party service providers, agents, and any of their service providers, may be located in other provinces or territories, or jurisdictions outside of Canada and your personal information could, therefore, be subject to laws of foreign territories and accessed by foreign authorities. If you have question about collection, transfer and use of personal information outside of Canada, you can contact the Privacy Officer at the address below.

To obtain more information about our Privacy Policy please refer to our web site or send a request by mail to the address below.

You are entitled to consult the personal information contained in this file and, if applicable, to have it rectified by sending a written request to the following address:

**The Manufacturers Life Insurance Company**

Att. Privacy Officer  
1245 Sherbrooke Street West  
Montréal, Québec H3G 1G3