

## Application for Annuity

In this application, the terms *you*, *your* and *owner* refer to the person who has policyowner's or policyholder's rights under the contract. The terms *we*, *our* and *us* refer to **The Manufacturers Life Insurance Company** (Manulife).

**Please make additional copies for the Owner and Representative.**  
**All changes must be initialed by ALL persons signing this application.**  
**Please print firmly.**

Name of representative #1 (first, middle initial, last)		Name of representative #2 (first, middle initial, last)			
Representative code	Branch number	%	Representative code	Branch number	%

  

<b>1 What type of funds are you using to purchase this contract?</b>	<input type="radio"/> Non-registered <input type="radio"/> RRSP/RRIF <input type="radio"/> LIRA/Locked-in RSP/RLSP* <input type="radio"/> LIF/LRIF/RLIF* <input type="radio"/> Registered Pension Plan* <input type="radio"/> Deferred Profit Sharing Plan (DPSP)	*If funds are locked-in, do you have a spouse or common-law partner within the meaning of applicable pension legislation? <input type="radio"/> Yes <input type="radio"/> No  If yes, a spousal waiver form may be required.  For the current definition of spouse and spousal waiver and consent forms, please refer to the following website: <a href="http://www.repsource.ca/spouse">www.repsource.ca/spouse</a>
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<b>2 Source of funds</b>  Please attach the appropriate forms for transfers.  For non-registered contracts with deposits of \$100,000 or more, complete NN0975E, <i>Client and Third Party Identity Verification</i> .  If you need more space, please use section 14, <i>Additional information</i> .	<input type="radio"/> Cheque made payable to Manulife  \$																
	<input type="radio"/> Transfer from another Manulife product	<table border="1"> <thead> <tr> <th>Contract number</th> <th>Full or partial*</th> <th>If partial, indicate term or fund name</th> <th>Transfer effective date (dd/mmm/yyyy)</th> <th></th> </tr> </thead> <tbody> <tr> <td>#</td> <td><input type="radio"/> F    <input type="radio"/> P</td> <td></td> <td></td> <td>\$</td> </tr> <tr> <td>#</td> <td><input type="radio"/> F    <input type="radio"/> P</td> <td></td> <td></td> <td>\$</td> </tr> </tbody> </table>	Contract number	Full or partial*	If partial, indicate term or fund name	Transfer effective date (dd/mmm/yyyy)		#	<input type="radio"/> F <input type="radio"/> P			\$	#	<input type="radio"/> F <input type="radio"/> P			\$
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	#	<input type="radio"/> F <input type="radio"/> P			\$												
#	<input type="radio"/> F <input type="radio"/> P			\$													
If the total premium is more than \$2,000,000 please contact the Customer Service Centre at 1-888-790-4387		Total amount of your deposit (premium) \$															

  

<b>3 Primary annuitant information</b>	Name (first, middle initial, last)		Title (Ms. Mr., etc.)	Sex <input type="radio"/> M <input type="radio"/> F
	Address (number, street and apartment)		City or town	Province    Postal code
	Telephone number	Date of birth ( <b>Proof of age must be submitted</b> ) (dd/mmm/yyyy)		Social Insurance Number (SIN)

  

<b>4 Secondary annuitant information</b>  Joint and Survivor Life contracts only.  Must be the spouse of the primary annuitant if the funds are registered.	Name (first, middle initial, last)		Title (Ms. Mr., etc.)	Sex <input type="radio"/> M <input type="radio"/> F
	Address (number, street and apartment)		City or town	Province    Postal code
	Telephone number	Date of birth ( <b>Proof of age must be submitted</b> ) (dd/mmm/yyyy)		Social Insurance Number (SIN)

**5 Contract owner information**

- Primary annuitant while living, then the secondary annuitant, if applicable  
 Annuitants jointly and then the survivor (For non-registered contracts **ONLY**. Not applicable in Quebec.)  
 Primary annuitant **ONLY**  
 Non-individual owner (Signing requirements will apply)\*  
 Other (For non-registered contracts **ONLY**)\*  
 \*Please complete the information below

Your name (first, middle initial, last)		Title (Ms. Mr., etc.)	Sex <input type="radio"/> M <input type="radio"/> F
Address (number, street and apartment)		City or town	Province Postal code
Telephone number	Date of birth (dd/mmm/yyyy)	SIN/Business Number (BN)/Trust Account Number	

The following information is required for all non-registered contracts.

Employment status  Employed  Self-employed  Retired  Not employed  
 In what industry are you employed? (most recent if retired or not employed) Occupation (most recent if retired or not employed)  
 Name of company/employer (most recent if retired or not employed)  
 Passport  Driver's licence  Other \_\_\_\_\_  
 Document number Jurisdiction  
 Expiry date (dd/mmm/yyyy) Date identity was verified (dd/mmm/yyyy)

For a list of valid industries and occupations, refer to NN1655E, *Valid industries and occupations*.

Which document are you showing an authorized representative to verify your identity, as required by law? If you do not have a valid document, or cannot meet your representative in person, submit a completed NN1663E, *Dual Method Identification*.

**Declaration of tax status**

Non-registered contracts only.

If you do not have a SSN or ITIN you have 90 days to apply for one and 15 days after you receive it to provide it to us.

**Reasons for not providing a TIN**

- A: You will apply or have applied for a TIN but have not yet received it.  
 B: Your jurisdiction of tax residence does not issue TINs to its residents.  
 C: Other (specify the reason)

**What is your tax residence(s)?** Select all that apply.

**You are a tax resident of Canada.**  
 **You are a tax resident or a citizen of the U.S.** Provide your social security number (SSN) or individual taxpayer identification number (ITIN). \_\_\_\_\_  
 **You are a tax resident of a jurisdiction(s) other than Canada or the U.S.** Provide the information below for each jurisdiction other than Canada or the U.S.  
 Jurisdiction of tax residence Taxpayer identification number (TIN)  
 Reason for not providing a TIN  
 A  B  C, *specify*: \_\_\_\_\_  
 Jurisdiction of tax residence Taxpayer identification number (TIN)  
 Reason for not providing a TIN  
 A  B  C, *specify*: \_\_\_\_\_

**Joint annuitant/owner information**

Non-registered contracts only.

Your name (first, middle initial, last)		Title (Ms. Mr., etc.)	Sex <input type="radio"/> M <input type="radio"/> F
Address (number, street and apartment)		City or town	Province Postal code
Telephone number	Date of birth (dd/mmm/yyyy)	SIN/Business Number (BN)/Trust Account Number	

The following information is required and must always be provided for a joint annuitant or owner.

Employment status  Employed  Self-employed  Retired  Not employed  
 In what industry are you employed? (most recent if retired or not employed) Occupation (most recent if retired or not employed)  
 Name of company/employer (most recent if retired or not employed)  
 Passport  Driver's licence  Other \_\_\_\_\_  
 Document number Jurisdiction  
 Expiry date (dd/mmm/yyyy) Date identity was verified (dd/mmm/yyyy)

For a list of valid industries and occupations, refer to NN1655E, *Valid industries and occupations*.

Which document are you showing an authorized representative to verify your identity, as required by law? If you do not have a valid document, or cannot meet your representative in person, submit a completed NN1663E, *Dual Method Identification*.

**5 Contract owner information (continued)**  
**Declaration of tax status**

If you do not have a SSN or ITIN you have 90 days to apply for one and 15 days after you receive it to provide it to us.

**Reasons for not providing a TIN**

- A: You will apply or have applied for a TIN but have not yet received it.
- B: Your jurisdiction of tax residence does not issue TINs to its residents.
- C: Other (specify the reason)

**Joint annuitant/owner information, continued**

What is your tax residence(s)? Select all that apply.

- You are a tax resident of Canada.
- You are a tax resident or a citizen of the U.S. Provide your social security number (SSN) or individual taxpayer identification number (ITIN). \_\_\_\_\_
- You are a tax resident of a jurisdiction(s) other than Canada or the U.S. Provide the information below for each jurisdiction other than Canada or the U.S.

Jurisdiction of tax residence	Taxpayer identification number (TIN)
Reason for not providing a TIN <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C, specify: _____	
Jurisdiction of tax residence	Taxpayer identification number (TIN)
Reason for not providing a TIN <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C, specify: _____	

**6 Payee information**

Who will receive the payments?

- Primary annuitant while living, then the secondary annuitant
- Annuitants jointly and then the survivor (For non-registered contracts **ONLY**. Not applicable in Quebec.)
- Primary annuitant **ONLY**
- Owner
- Other (For non-registered contracts **ONLY**) Relationship to owner \_\_\_\_\_

Complete this section if the payee is "Other".  
 The payee will receive any income payments due while an annuitant is alive.

Name (first, middle initial, last)		Title (Ms. Mr., etc.)	
Address (number, street and apartment)			
<input type="radio"/> Same as annuitant OR _____			
City or town	Province	Postal code	Telephone number

**7 Annuity type**

What type of annuity are you purchasing? Choose one

Single Life (SL)     Joint and Survivor Life (J&S)     Term Certain (TC)

If your contract is non-registered and qualifies for prescribed status, the taxation will be level unless you check "no" here:  **No**

**8 Return of premium guarantee**

Do you want your full premium returned if death occurs **BEFORE** the payments start?  
 Note: If the full premium is returned, no annuity payments will be paid and the guarantee options in section 9 do not apply.

<p><b>Registered funds</b> (Death of primary annuitant)                  The premium amount must be returned if the primary annuitant dies before payments start.</p> <p><b>Return of premium will be paid to joint annuitant if there is one, otherwise to the person named in this section.</b></p> <p>Name of person (first, middle, last) who will receive the return of premium _____</p>	<p><b>Non-registered funds</b> (Death of all annuitants)</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No - guarantee income payments to commence as scheduled</p> <p>If selected, the return of premium will be paid to the person named in this section, otherwise in accordance with your contract.</p>
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**9 Payment guarantee options**

What guarantee do you want on your annuity payments **AFTER** the payments start?

<p>Choose <u>ONLY</u> one <input checked="" type="checkbox"/></p> <p><input type="radio"/> Period: _____ years _____ months</p> <p><input type="radio"/> Principal Protection (cash refund)</p> <p><input type="radio"/> Installment refund</p> <p><input type="radio"/> <i>No guarantee*</i>                  (not available for non-registered contracts)</p>	<p><b>*If you choose No guarantee you must sign below.</b></p> <p>My signature below confirms I understand and agree that if the death occurs on or after the day the first income payment is made, no income payments or other amounts are payable after the death of all annuitants and that I agree to the statements on the back of this application.</p> <p>_____ (signature of owner(s))</p>
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**10 Payment details**

When do you want your payments to start?  
 Choose one

How often do you want to receive your payments?  
 Choose one

Estimated first income payment based on annuity quotation: \$ \_\_\_\_\_

One month after purchase date     Specific date: (dd/mmm/yyyy) (1st to the 28th only)

One year after purchase date

Monthly     Quarterly     Semi-annually     Annually

We reserve the right to periodically request written proof of the survival of an annuitant or the person entitled to payments. If not received, your payments shall be suspended.

### 11 Additional payment details

If this section is not completed, payments will remain level.

If the funds are locked-in, restrictions may apply under applicable pension legislation.

Do you want your payments **increased** each year?

Yes, **increased by**  % per year on the anniversary of the first payment date

Do you want your payments **reduced** if either annuitant dies? (Joint and Survivor Life contracts only)  
Payments will not be reduced until after the guarantee period specified in section 10 has expired.

Yes, **reduced by**  % on the death of: (Select one of the following)

First annuitant to die     Primary annuitant     Secondary annuitant

Do you want your payments reduced after a period of time to integrate with your OAS or CPP/QPP?

Yes, **reduced to** \$  on  (dd/mmm/yyyy)

### 12 Payment direction

Where should we send the payments?

Direct deposit to the payee's bank account (**attach a personalized blank cheque marked "Void"**)

Bank/Financial institution	Address	Transit #	Bank #	Your account #
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Applied to existing Manulife contract #

Cheque mailed to payee at address shown in section 7, above (available for annual payments only)

To be combined with existing Manulife contract number(s)

Other (for split payments)

### 13 Beneficiary information

Do not complete this section if *No guarantee* is chosen.

The person(s) you name here will receive a death benefit, if applicable, or other amounts falling due after the death of all annuitants.

If you designate a beneficiary as irrevocable, your ownership rights are severely restricted (e.g. beneficiary changes, assignments, etc.). An irrevocable beneficiary who is a minor cannot provide consent, nor can anyone acting on the minor's behalf.

A secondary beneficiary will be entitled to receive amounts payable only if all primary beneficiaries predecease the last surviving annuitant.

Primary beneficiary name(s) and date(s) of birth (dd/mmm/yyyy)	Relationship to annuitant (in Quebec-relationship to policyholder)	Share of benefits
<input type="text"/>	<input type="text"/>	%
<input type="text"/>	<input type="text"/>	%

**For Quebec applicants only**, if you have named your spouse as beneficiary, the designation is irrevocable unless you check revocable here:  **Revocable**

Secondary beneficiary name(s) and date(s) of birth (dd/mmm/yyyy)	Relationship to annuitant (in Quebec-relationship to policyholder)	Share of benefits
<input type="text"/>	<input type="text"/>	%
<input type="text"/>	<input type="text"/>	%

Do you wish the beneficiary(s) named above to be able to commute any remaining guaranteed income payments?  Yes  No

If this section is not completed, it will be deemed you have chosen "yes" here.

Note: If funds are registered and the beneficiary is not the spouse of the annuitant at the time of death, any remaining income payments **MUST** be commuted under the *Income Tax Act* (Canada).

### 14 Additional information

### 15 What is the purpose and intended use(s) of this contract?

(Non-registered contracts only)

- Daily expenses  
 Health care expenses  
 Education expenses

### 16 Are you acting on behalf of a third party?

(Non-registered contracts only)

**Are you acting on behalf of a third party?** (For example, if a third party is contributing the funds.)

- No  
 Yes (Please complete form NN0975E, *Client and Third Party Identity Verification*.)

**17 Please sign here**

By signing here, you confirm that you, and the annuitant(s), if different from the owner, have read and agree to the terms and conditions on the back of this application including the Personal Information Statement. This application, along with the contract provisions constitute the entire contract. Acceptance of the contract by your signature will constitute agreement to its terms. A copy, fax, scan or image of the beneficiary designation in this application is as valid as the original.

Signature of <b>primary</b> annuitant		Signature of <b>secondary</b> annuitant	
Signature(s) of owner(s) if different from the annuitant(s)		Province	Date signed (dd/mmm/yyyy)

By signing here, representatives confirm that they are appropriately licensed and that they will receive compensation, if applicable, if this application is accepted by Manulife and Manulife Assurance Company of Canada, if applicable. Representatives also confirm:

- they have examined the original, valid, and unexpired identity verification documentation, and any other information provided by the policy owner(s), and:
  - they have complied with the instruction set out above, including confirming that the government-issued photo identification document is valid, has a unique identifying number, has not expired, and is in good condition without apparent alteration;
  - the photo on the identification document is substantially similar to the client, and the name matches the new owner name(s) on the application;
  - they have no reason to believe that the person presenting him or herself was not the individual on the identification document;
- **they have completed and attached form NN0975E, *Client and Third Party Identity Verification*, if they have reasonable grounds to suspect the owner(s) is acting on behalf of a third party.**

Signature of representative	Contact phone number	Contact fax number	Date signed (dd/mmm/yyyy)
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In this application, the terms *you*, *your* and *owner* refer to the person who has policyowner's or policyholder's rights under the contract. The terms *we*, *our* and *us* refer to **The Manufacturers Life Insurance Company** (Manulife).

### What you understand and agree to when you sign this application

Your signature on this application confirms that:

- the personal information you provided in this application is complete and accurate; and you will tell us if any of the information changes
- no representative of Manulife has the authority to change or waive any question in the application, or any other provision
- this application may be null and void if there has been a misrepresentation
- you permit Manulife to correct any errors or omissions on the application through an amendment letter
- if you are applying for a registered contract, you have asked us to register it under the *Income Tax Act* (Canada) and any applicable provincial income tax legislation
- a copy of this application is a receipt for the amount sent with the application to Manulife
- by providing Direct Deposit information, you are authorizing Manulife to deposit scheduled payments due from this contract into the bank account indicated. Manulife will have no further liability with respect to these payments and may at any time discontinue Direct Deposit of scheduled payments and start issuing cheques requiring personal endorsement
- you request that this application and all documents and correspondence relating to the Contract be in English. Vous demandez que la

demande de souscription et tous les documents et la correspondance afférents au contrat soient en anglais.

- if this application is accepted by Manulife, a contract will be forwarded to your Advisor to be delivered to you. If this application is not accepted by Manulife, any monies received will be refunded
- if this is an annuitization of an existing Manulife contract, Manulife is discharged from all liability under the original contract
- if you have indicated that funds are coming from another Manulife contract your signature constitutes authorization to withdraw the funds as described in that relevant section
- we will keep the information you have provided in this application confidential in an investment file. Access to it will be limited to Manulife and its employees and representatives performing their duties, those to whom you have granted access, and those authorized by law
- there are no rescission rights with respect to this contract
- you may discuss any questions or concerns you may have with your representative or Head Office. You understand more information about our complaint resolution procedures is available on the Internet at [www.manulife.ca](http://www.manulife.ca) under *Contact Us*

### If you have requested *No guarantee* for the Payment guarantee option, you understand and agree to the following statements

- you may not name a beneficiary because even if only one payment is made there is no death benefit payable
- you have obtained or have chosen not to obtain independent legal and estate planning advice

- you have received quotes showing an annuity with *No guarantee* and an annuity with a guarantee

### Features & Benefits

- payment guarantees ensure a specific amount is paid to you, your payee or your beneficiaries
- your income can last for a single life, multiple lives or a chosen period of time
- payments can be level, can increase or can decrease under certain conditions
- for non-registered funds, partial tax-deferral is available for your income

- the death benefit is dependent on the guarantee options chosen. If death occurs after the chosen guarantee period, no death benefit will be payable
- you have the right to request a sample contract for further details.

## Personal Information Statement

In this Statement, “you” and “your” refer to the account holder or holder of rights under the contract, the annuitant and the parent or guardian of any child named as annuitant who is under the legal age for providing consent. “We”, “us”, “our” and “the Company” refer to The Manufacturers Life Insurance Company and our affiliated companies and subsidiaries.

Updates to this Statement and further information about our privacy practices are posted to [www.manulife.ca](http://www.manulife.ca).

We collect, use, verify and disclose your personal information for identified purposes, and only with your consent, or as permitted or required by law. By signing the application, you give your consent for us to collect, use, and disclose your personal information, as set out in this Personal Information Statement. Any alterations to the consent must be agreed to in writing by the Company.

### What personal information do we collect?

Depending on the product you have applied for, we collect specific personal information about you such as:

- Identifying information such as your name, address, telephone number(s), email address, your date of birth, driver’s license, passport number or your Social Insurance Number (SIN)
- Information about how you use our products and services, and information about your preferences, demographics, and interests
- Other personal information we may require to administer our business relationship with you

We use fair and lawful means to collect your personal information.

### Where do we collect your personal information from?

- Your completed applications and forms
- Other interactions between you and the Company,
- Other sources, such as:
  - Your advisor or authorized representative(s)
  - Third parties with whom we deal in issuing and administering your contract now, and in the future
  - Public sources, such as government agencies, and internet sites

### What do we use your personal information for?

We will use your personal information to:

- Help us properly administer the products and services that we provide and to manage our relationship with you
- Confirm your identity and the accuracy of the information you provide
- Evaluate your application, and issue and administer the rights under the contract
- Comply with legal and regulatory requirements
- Understand more about you and how you like to do business with us
- Analyze data to help us understand our customers better so we can improve the products and services we provide
- Determine your eligibility for, and provide you with details of, other products or services that may be of interest to you

## **Who do we disclose your personal information to?**

- Persons, financial institutions and other parties with whom we deal in issuing and administering your contract now, and in the future
- Authorized employees, agents and representatives
- Your advisor and any agency which has entered into an agreement with us and has supervisory authority, directly or indirectly, over your advisor, and their employees
- Any person or organization to whom you gave consent
- People who are legally authorized to view your personal information
- Service providers who require this information to perform their services for us (for example data processing, programming, data storage, market research, printing and distribution services and investigative agencies)

The abovementioned people, organizations and service providers are both within Canada and jurisdictions outside Canada, and would therefore be subject to the laws of those jurisdictions.

Where personal information is provided to our service providers, we require them to protect the information in a manner that is consistent with our privacy policies and practices.

## **How long do we keep your information?**

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.

## **Withdrawing your consent**

You may withdraw your consent for us to use your SIN or Business Number, if applicable, for non-tax administration purposes. You may also withdraw your consent for us to use your personal information to provide you with other service or product offerings, excluding those mailed with your statements.

You may not withdraw your consent for us to collect, use, retain or disclose personal information we need to issue or administer the contract unless federal or provincial laws give you this right. If you do so, a contract may not be issued and benefits will not be payable under the contract or we may treat your withdrawal of consent as a request to terminate the contract.

If you wish to withdraw your consent, phone our customer care centre at 1-888-MANULIFE (626-8543), or 1-888-MANUVIE (626-8843) in Quebec, or write to the Privacy Officer at the address below.

## **Accuracy and Access**

You will notify us of any change to your contact information. You have the right to access and verify your personal information maintained in our files, and to request any factually inaccurate personal information be corrected, if appropriate. If you have a question, a concern, wish to receive more information about parties who have access to your information or about our privacy policies and procedures, and/or wish to review your personal information in our files or correct any inaccuracies, you may send a written request to:

### **Privacy Officer**

**Manulife**

**500 King Street N**

**Waterloo, ON N2J 4C6**

**[Privacy\\_office\\_canadian\\_division@manulife.com](mailto:Privacy_office_canadian_division@manulife.com)**

Please note the security of email communication cannot be guaranteed. Do not send us information of a private or confidential nature by email. By contacting us via email you are authorizing us to communicate with you by email.