

Mail to Manulife, Individual Insurance, at:

**All provinces except Quebec**  
 500 King Street North  
 PO BOX 1669  
 WATERLOO ON N2J 4Z6

**In Quebec**  
 2000, rue Mansfield, bureau 1310  
 Montreal (Quebec) H3A 3A1

- *We, us* and *our* refer to The Manufacturers Life Insurance Company.
- *You* and *your* refer to the owner(s) unless otherwise specified.
- If an insured person has coverage in effect that resulted from accepting a previous Simple Issue Term-20 offer, they are not eligible for this offer.
- If you have any questions about completing this form, contact your advisor or call our customer service centre at 1-888-626-8543 in all provinces except Quebec or 1-888-626-8843 in Quebec. If you are calling from outside of North America, call us collect at 519-747-6600. For more information, please visit manulife.ca.
- **We must receive this application at our head office no more than 10 business days from the date the application was signed or it will be returned.**

## 1 Information about your policy(ies)

If applying for a combined coverage and the qualifying coverages are not in the same policy, the new Term-20 insurance coverage will be issued under the policy number of qualifying coverage #1.

|   |   |                             |                             |
|---|---|-----------------------------|-----------------------------|
| Branch code   | Name of advisor   |                             | Advisor code                |
| Policy number of qualifying coverage #1   | Qualifying coverage number  | Coverage date (dd/mmm/yyyy) |                             |
| Amount of insurance requested   | The amount of Term-20 insurance coverage available is a minimum of \$125,000, to a maximum of half the qualifying coverage or \$250,000, whichever is less. |                             |                             |
| Name of owner(s) (first, middle initial, last or full name of legal entity)   |   |                             |                             |
| Name of insured person #1 (first, middle initial, last)   |   |                             | Date of birth (dd/mmm/yyyy) |
| Policy number of qualifying coverage #2, if different than policy #1  | Qualifying coverage number  | Coverage date (dd/mmm/yyyy) |                             |
| Amount of insurance requested   | The amount of Term-20 insurance coverage available is a minimum of \$125,000, to a maximum of half the qualifying coverage or \$250,000, whichever is less. |                             |                             |
| Name of owner(s), if different than policy #1 (first, middle initial, last or full name of legal entity)  |   |                             |                             |
| Name of insured person #2 (first, middle initial, last)   |   |                             | Date of birth (dd/mmm/yyyy) |
| Will the new Term-20 insurance coverage replace an existing life insurance coverage?<br><input type="radio"/> No <input type="radio"/> Yes ► If yes, complete and attach the required replacement disclosure forms. You must also complete all necessary forms to cancel the existing coverage. |   |                             |                             |

## 2 Evidence of insurability

In this section, *you* and *your* refer to the insured person.

|  |   |   |
|--|---|---|
| Since the qualifying coverage was issued, have you:<br>• become disabled or missed more than 10 consecutive days from work in the last 24 months because of injury or illness;<br>• been diagnosed with or have pending investigations for coronary artery disease, cancer, diabetes, HIV, heart attack, stroke or transient ischemic attack (TIA);<br>• experienced signs or symptoms of disease, illness or injury for which you have not yet consulted a doctor or received treatment;<br>• been charged with a criminal offense, or had your driver's licence suspended for reasons other than parking related offences; or<br>• started smoking or using cigarettes, marijuana, cigars, or any other tobacco product? | Insured person #1                                     | Insured person #2                                     |
|  | <input type="radio"/> No<br><input type="radio"/> Yes | <input type="radio"/> No<br><input type="radio"/> Yes |

If you answer *yes* to the question above, you are **not** eligible for the Simple Issue Term-20 offer.  
 If you answer *no* to the question above and all other offer requirements are met, you are eligible to apply for the Simple Issue Term-20 offer.

## 3 What you need to know about your new Term-20 insurance coverage

**Beneficiaries**  
 Until you provide alternate beneficiary designations, benefits payable under the new Term-20 insurance coverage will be paid to you or your estate. To designate beneficiaries for your new Term-20 insurance coverage, use *Beneficiary designation at a coverage level*, NN0772E.

**Premiums**  
 The premiums for the existing Family Term or Business Term policy will increase. If your policy is paid by automatic monthly withdrawal, we will continue to make monthly withdrawals from that bank account to pay for the premiums under the terms of the existing automatic monthly withdrawal plan. If you want to change or set up an automatic monthly withdrawal plan, use *Request to change or create a new automatic monthly withdrawal plan*, NN0312E.

**When the new Term-20 insurance coverage becomes effective**  
 If you are eligible, the new Term-20 insurance coverage will take effect when

- you have completed this form and all people required have signed this form,
- each insured person applying for coverage has answered *no* to the question in section 2,
- you have paid the amount of your first premium for the new Term-20 insurance coverage and any outstanding premiums on the existing Family Term or Business Term policy, and
- we approve this *Application for the Simple Issue Term-20 offer*.

#### 4 Acknowledgements and signatures

Each owner and insured person applying for Term-20 insurance coverage must read the statements in this form and agree with the statements that apply to them.

By signing on page 2 you are confirming that

- you have read this application and confirm that the statements in it are complete, current and accurate to the best of your knowledge and belief. You will immediately notify us of any errors or omissions,
- you are a Canadian resident,
- you are asking us to add a new Term-20 insurance coverage as described in this application. You authorize us to issue a new contract,
- if you are eligible for the Simple Issue Term-20 offer, you understand the new insurance coverage takes effect when all conditions described in section 3, *What you need to know about your new Term-20 insurance coverage*, are met,
- if an insured person already has coverage in effect that resulted from accepting a previous Simple Issue Term-20 offer, any coverage issued as a result of this application is void,
- if we contest the validity of your new Term-20 insurance coverage, we can use the evidence of insurability you provided to obtain or reinstate the qualifying coverage and the evidence of insurability provided to us at the time of this *Application for the Simple Issue Term-20 offer*, and
- all acknowledgements, authorizations and agreements provided in the application for the qualifying coverage continue to apply to your policy.

By signing below, the owners of the bank account from which withdrawals will be made confirm that

- they authorize us to increase the monthly withdrawal for this policy to cover the amount of the cost increase,
- **they waive the right to receive 10 days' notice of the amount of automatic monthly withdrawal**, and
- all people whose signatures are required on this account have signed below, including any required joint account owners or corporate signing officers.

If an owner of the account from which payments are to be made is **not** the policy owner or one of the people to be insured under the policy, the account owner must sign below to authorize withdrawals.

#### For corporate signatures we require:

- two signing officers' signatures and titles **or**
- one signing officer's signature, title and the corporate seal;

if the corporation does not have a seal and you are the only person authorized to sign on behalf of the corporation, in addition to signing, write your initials in the box provided.

If withdrawals are to be made from a joint account and your bank or financial institution requires both signatures, both account owners must sign.

|  |  |  |  |
|--|--|--|--|
| Signed at (city or town, province)   |  | Date (dd/mmm/yyyy)                                   |  |
| Signature of original policy owner #1<br>X<br>Title (if applicable)                            |  | Signature of witness<br>X                            |  |
| Initial here   | Write your initials here to confirm that you are the only person authorized to sign on behalf of the corporation and that it does not have a seal. You must also sign above. |  |  |
| Signature of original policy owner #2<br>X<br>Title (if applicable)                            |  | Signature of witness<br>X                            |  |
| Signature of insured person #1 (if different from policy owner)<br>X                           |  | Signature of witness<br>X                            |  |
| Signature of insured person #2 (if different from policy owner)<br>X                           |  | Signature of witness<br>X                            |  |
| Signature of collateral assignee/hypothecary creditor<br>X<br>Title (if applicable)            |  | Signature of witness<br>X                            |  |
| Initial here   | Write your initials here to confirm that you are the only person authorized to sign on behalf of the corporation and that it does not have a seal. You must also sign above. |  |  |
| Signature of collateral assignee/hypothecary creditor<br>X<br>Title (if applicable)            |  | Signature of witness<br>X                            |  |
| Name of account owner (first, middle initial, last or full name of legal entity)               |  | Relationship to person to be insured or policy owner |  |
| Signature of account owner (if that person has not signed above)<br>X<br>Title (if applicable) |  | Signature of witness<br>X                            |  |
| Initial here   | Write your initials here to confirm that you are the only person authorized to sign on behalf of the corporation and that it does not have a seal. You must also sign above. |  |  |
| Name of additional account owner or corporate signing officer (if applicable)                  |  | Relationship to person to be insured or policy owner |  |
| Signature of account owner (if that person has not signed above)<br>X<br>Title (if applicable) |  | Signature of witness<br>X                            |  |
| Signature of advisor<br>X  |  |  |  |