



# Signature and disclosure booklet for electronic applications


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## Instructions for the advisor

You and your client need to complete this booklet to make sure we can process the application without delay. Read these instructions carefully.

### What we must receive

Information we need to ensure this application is processed without delay are highlighted with a symbol  in the margin and a bold fill-in box

Print clearly using CAPITAL LETTERS and blue or black ink.

### IMPORTANT:

- This fast-forward symbol ►► appears in the form with instructions to help you determine if a section is required.
- Use the following format when you write dates: 23/JUL/2011.

Return all pages from this booklet to us, with the following exceptions:

- Temporary insurance certificates: leave with the client if they are eligible for temporary coverage
- Medical Information Bureau slip: leave with the client
- Receipt for payment: complete and leave with the client if payment is received
- About your telephone interview / Tips for looking your best in that medical snapshot: leave with the client



### Send this completed signature booklet along with (if applicable):

- the signed sales illustration and, if a deposit of \$100,000 or more will be made to this policy or has been illustrated, *Request for information about affiliations outside Canada*, NN1560E
- initial premium cheque
- void cheque
- **for replacements**, the appropriate replacement form(s), completed and signed.

Visit Repsource at [www.manulife.ca/repsource](http://www.manulife.ca/repsource) for information about our electronic applications.

# Signature and disclosure booklet for electronic applications

In this application, *we*, *us* and *our* refer to The Manufacturers Life Insurance Company. *You* and *your* refer to either the policy owner or the people to be insured. At the start of each section, we've stated who *you* and *your* refer to in that section. For Synergy, the word *policy* also refers to *solution*.

## Before you buy

If you want more information about the insurance product you are considering, visit our client website at [www.manulife.ca/b4ubuy](http://www.manulife.ca/b4ubuy)

## Section 1 – Authorizations and agreements

In this section, *you* and *your* mean the people to be insured, the policy owner and the parent or guardian (tutor, in Quebec) of any children to be insured who are under age 16 (under age 18 in Quebec).

***Please read this entire section carefully. It explains how your personal information is used to issue and administer the insurance policy you have applied for.***

***In Section 4 we ask you to sign. Your signature means that you authorize and agree to the ways we collect, use, share and retain your personal information and that you agree to the terms described in this application. You may not alter any of the wording in Section 1. Any attempt to do so will be of no effect. If you wish to withdraw your consent or opt out of direct marketing, please see the relevant section below.***

### Your personal information is important

We understand that the privacy of your personal information is important to you and we assure you that it's equally important to us. Personal information is fundamental to our business as it allows us to evaluate, issue and administer the policy you have applied for.

#### Collecting your personal information

In addition to the personal information you provide in this application, we may need to:

- request any test that may be necessary for us to decide if and on what terms to insure you, such as a medical examination, X-ray or blood test
- obtain from any doctor, medical practitioner, hospital, medically related facility, insurance company or other organization, person or source that has any information or records of you, your financial situation or your health, any information that we and applicable reinsurers require to issue or administer the insurance policy you have applied for
- obtain your personal information from the Medical Information Bureau, as explained in the notice that we have provided to you
- obtain a copy of all driving-related information from the Motor Vehicle Division in any province that is relevant to this application
- obtain a personal investigation, credit bureau report and/or a consumer report.

We may appoint an agent to collect your personal information on our behalf.

#### Dealing with us by telephone

Customer service calls are recorded for service quality control, information verification and training.

#### Using your personal information

We may use the personal information that we collect to:

- confirm your identity and to uniquely identify you
- confirm the accuracy of the information collected
- understand your financial situation better, evaluate your application, assess the insurance risks we are assuming and review claims submitted to us
- properly administer any financial services and products we provide
- comply with legal and regulatory requirements
- conduct searches to locate you and update your contact information in our files and
- determine whether other financial products offered by us, our affiliates and select financial product providers, are suitable for you so that we can provide you with details on those products.

In addition, we may use your social insurance number and your business number (if applicable) to uniquely identify you and to fulfill our tax-reporting requirements.

## Section 1 – Authorizations and agreements (continued)

### Sharing your personal information

We may share your personal information with the following people, organizations or service providers:

- our corporate affiliates, employees and agents who require this information to perform their jobs
- third-party service providers who require this information to provide their services to us, which may include:
  - paramedical agencies
  - underwriters
  - claims investigators and investigative agencies
  - providers of information processing and storage, programming, printing, mailing and distribution services
- your advisor and any agency that employs your advisor or has named your advisor as its agent, and their employees
- the Medical Information Bureau, as explained in the notice that we have provided to you
- applicable reinsurance companies to allow them to evaluate and administer any insurance risk that they accept
- people to whom you have granted access
- people who are legally authorized to view your personal information.

These people, organizations and service providers may be in other provinces or in jurisdictions outside Canada. Your information may be shared as required by the laws of those jurisdictions.

There are other situations where we may share aspects of your personal information with others, as described below.

- We may share medical information collected about you with your doctor.
- We may share your personal information with an organization or person from whom we are collecting information about you, but only as required to obtain the information we need.
- If laboratory tests performed on our behalf show that you have tested positive for infectious diseases such as HIV or hepatitis, we may report this information to the appropriate public health authorities, as required.

The personal information you provided in this application:

- will become part of all the printed contracts that result from this application, even if you are not the owner or one of the people to be insured for that printed contract, and
- will be shared with all the owners and any subsequent owners of those printed contracts.

### Protecting and retaining your personal information

We protect the personal information that we collect and secure it in an individual insurance file. We will keep your personal information for 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.

In the event that your application is declined, the authorizations, agreements and consent that you provide throughout this application continue in effect.

### Withdrawing consent

You may withdraw your consent for us to collect, use, share or retain your personal information if federal or provincial laws give you this right.

If you have withdrawn your consent or if your consent is not adequate, you agree that until adequate consent is given the following consequences may apply:

- a policy will not be issued, if you withdraw your consent before the policy is issued
- no benefit will be payable under the policy
- you or your estate will not be able to exercise any rights you have under the policy without our agreement and
- at our option, we may choose to terminate the policy.

You may at any time withdraw your consent for us to use your social insurance number and your business number for the purpose of uniquely identifying you. However, withdrawal of this consent may affect our ability to ensure the accuracy of your personal and financial information.

To withdraw your consent, you must use the form and the process for withdrawal of consent that we determine.

Contact us for detailed information or for forms by calling our customer service centre at

1-888-626-8543 in all provinces except Quebec

1-888-626-8843 in Quebec, or

by writing to the privacy office at the address on this page.

### Opting out of direct marketing

You have the right to opt out of additional product offerings. By withdrawing your consent for us to use your personal information for the purpose of marketing, you understand it will not affect our ability to continue to provide you with the products and services you have requested, but it will exclude you from receiving direct personalized marketing or special offers on other products and services.

Contact us to opt out of direct marketing by calling our customer service centre at

1-888-626-8543 in all provinces except Quebec, or

1-888-626-8843 in Quebec.

### Your right to access your personal information

You can ask to review your personal information in our files and to have any inaccuracies corrected by sending a written request to:

Privacy office – Individual Insurance

25 Water Street S.

PO Box 800 Stn C

Kitchener ON N2G 4Y5

### Where you can find more information about our privacy policy

To obtain a copy of our policies and practices for handling personal information, contact our privacy office at the address above, or visit [www.manulife.ca](http://www.manulife.ca) > Privacy Policy.

## Section 1 – Authorizations and agreements (continued)

### Issuing the policy

Insurance under each policy takes effect when

- the policy contract has been delivered and
  - the first premium has been paid,
- provided there has been no change in the insurability of the people to be insured since this application for insurance was completed.

- The application includes this booklet, any answers you have provided through any of our electronic application processes, any telephone interview or paramedical interview associated with this application and all written statements submitted in connection with it.
- The application includes the pages numbered 1 to 14 plus all written statements submitted in connection with it.
- If you are eligible for temporary insurance and if we have accepted a premium payment in connection with this application and if we issue a policy to you based on the terms of this application, we will apply the payment to

that policy. If we decline your application, or if we offer you a policy based on terms other than those outlined in your application and you do not accept the policy, we will refund the payment.

- If you have applied for both life and critical illness insurance and if we agree to provide both types of insurance, we will issue two policy contracts: one for life insurance and one for critical illness insurance. This application will form a part of each of those policy contracts.
- When you take delivery of the policy contract, you agree to its terms, including any changes we have made to the terms. Your contract includes this application, the policy provisions and any attached documents, including medical reports.
- You understand that the authorizations you provide will remain in effect after the policy owner and/or the people to be insured die so we can evaluate and review any claim under the policy.

#### How we resolve complaints

We're delighted that you are interested in purchasing an insurance product from us and we're committed to continually affirming your confidence in us in the years to come. If you have any concerns with the product itself or with the service you receive, you can rest assured that we will handle all of your questions and concerns fairly and efficiently.

To discuss any questions or concerns you may have, contact your advisor or our head office at 1-888-626-8543 in all provinces except Quebec, or 1-888-626-8843 in Quebec.

More information about our complaint resolution process is available on the Internet at [www.manulife.ca](http://www.manulife.ca) under *Consumer Assistance*.

### 1.1 Authorizing withdrawals from your bank account

In this section *you* and *your* refer to the owner(s) of the bank account from which withdrawals will be made.

#### ►► Complete this section if you are making regular payments by automatic monthly withdrawal.

If the owner or insured person is making the payments, their signature in section 4 means that they have read and agree to the authorizations here. They do **not** have to sign below.

By asking us to take payments from your bank account, you agree that you have read and agree to the following information:

#### Authorization for variable amount automatic monthly withdrawals to make your regular payments

If you have asked us to establish an automatic monthly withdrawal plan to make your regular payments, you agree to the following:

- you authorize us to make monthly withdrawals from your bank account to pay for the policy
- except as otherwise stated in this agreement, the withdrawals will occur on the date that you specified in your application
- the withdrawals from your bank account are in variable amounts. In certain circumstances, we may increase these withdrawals to administer your policy. (Example: if the premiums for the policy are scheduled to change.) If you have a policy with insufficient account value to cover the monthly deduction, we will not increase the payments withdrawn from your bank account to prevent your policy from terminating, and

- you waive the right to receive 10 days' notice of the amount and date of each automatic monthly withdrawal to be made from your account.

#### What we will do if your bank or financial institution does not honour an automatic monthly withdrawal

If your bank or financial institution does not honour an automatic monthly withdrawal the first time we present it for payment, we may attempt to withdraw that payment again within 30 days.

If that withdrawal is not honoured, we may attempt to withdraw that amount again together with your next month's automatic monthly withdrawal.

We reserve the right to end the automatic monthly withdrawal plan immediately if a withdrawal is not honoured.

## Section 1 – Authorizations and agreements (continued)

### Making changes to your automatic monthly withdrawal plan

You can request changes to the amount of the automatic monthly withdrawal or the account from which the automatic monthly withdrawal is being taken by telephone or in writing. We must receive the request at least three days before the automatic monthly withdrawal date. The advisor for this policy can also make these changes on your behalf.

### Universal life or Performax Gold policies

For universal life or Performax Gold policies, we have the right to change your monthly withdrawal date to be at least four days before your policy processing day.

### Personal withdrawals

All automatic monthly withdrawals from your bank account will be treated as personal withdrawals as defined by the Canadian Payments Association in Rule H1 at [www.cdnpay.ca](http://www.cdnpay.ca).

### Cancelling this agreement

You or we can end this agreement at any time by giving 10 days' written notice, counted from the date the notice is mailed. For a sample cancellation form or more information about cancelling an automatic monthly withdrawal plan, contact your bank or financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).

### Certification

You certify that all people whose signatures are required on this account have signed below, including any required joint account owners or corporate signing officers.

If the account owner is the policy owner or one of the people to be insured under the policy, they must sign in section 4. Their signature in section 4 is authorization for automatic monthly withdrawals. They do **not** have to sign below.

If an account owner is not the policy owner or one of the people to be insured under the policy, that account owner must sign below to authorize the withdrawals.

- If withdrawals are to be made from a joint account and if your bank or financial institution requires both signatures, both account owners must sign.
- If withdrawals are to be made from a corporate account, identify the corporate account and provide the signatures and titles of two corporate signing officers or the signature and title of one signing officer and the corporate seal. If the corporation does not have a corporate seal and you are the only person authorized to sign on behalf of the corporation, sign in the box for account owner #1 and write your initials in the box provided.

Name of account owner #1 or corporate signing officer #1 (if not a person to be insured or the policy owner)	Date (dd/mmm/yyyy)
Signature of account owner #1 or corporate signing officer #1 <b>X</b>	Title (if applicable)
Initial here <input type="text"/> 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 account owner #2 or corporate signing officer #2 (if not a person to be insured or the policy owner)	Date (dd/mmm/yyyy)
Signature of account owner #2 or corporate signing officer #2 <b>X</b>	Title (if applicable)

### Unauthorized withdrawals

You have certain recourse rights if any withdrawal does not comply with this agreement. For example, you have the right to receive reimbursement for any withdrawal that is not authorized or is not consistent with this agreement. To obtain more information on your recourse rights, contact your bank or financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).


### Your personal information

You authorize us to collect, use, release and exchange any personal information necessary to fulfill any obligations relating to withdrawals made from your bank account.

### For more information about withdrawals from your bank account

If you have any questions or concerns about withdrawals from your bank account, contact us using the contact information on page 3 of this booklet, in the section titled *How we resolve complaints*.

For more information about your rights, contact your bank or financial institution or the Canadian Payments Association at [www.cdnpay.ca](http://www.cdnpay.ca).

 **Sign in Section 4 to acknowledge that you have read and consent to these statements.**

## Section 2 - Identity verification and allocation instructions

### **Must be completed for universal life and Performax Gold policies**

In this section, *you* and *your* mean the policy owner, signing officers and trustees identified on this form, unless otherwise specified.

If a deposit of \$100,000 or more will be made to this policy or has been illustrated, the form *Request for information about affiliations outside Canada*, NN1560E must be submitted with this signature booklet.

The advisor must verify the identity of all owners, signing officers and trustees by reviewing one valid personal identification document. A valid document:

- is an original, not a copy
- is issued by a provincial, territorial or federal government
- has a unique identifying number
- has not expired (if document has an expiry date)
- can be a birth certificate only if the person is still using the name exactly as it appears on the birth certificate

### 2.1 Owners who are individuals or sole proprietors

#### a. Policy owner #1

Name of policy owner #1 (first, middle initial, last)		Date of birth (dd/mmm/yyyy)	
Address	City	Province	Postal code
Are you: (select one and tell us your job title, the name of your company/employer and the goods or services that your company/employer provides)			
<input type="checkbox"/> employed <input type="checkbox"/> self-employed <input type="checkbox"/> retired <input type="checkbox"/> not employed			
Job title (current or most recent)		Name of your company/employer (current or most recent)	
Describe the goods or services provided by your current or most recent company/employer			

#### Which original document was reviewed by the advisor to verify the owner's identity?

Driver's licence   
  Birth certificate   
  Passport   
  Permanent resident card   
  Other

Identifying number of the document reviewed	Jurisdiction of issue
	<input type="checkbox"/> Federal <input type="checkbox"/> Provincial or territorial (specify province or territory) _____

#### b. Policy owner #2

Name of policy owner #2 (first, middle initial, last)		Date of birth (dd/mmm/yyyy)	
Address	City	Province	Postal code
Are you: (select one and tell us your job title, the name of your company/employer and the goods or services that your company/employer provides)			
<input type="checkbox"/> employed <input type="checkbox"/> self-employed <input type="checkbox"/> retired <input type="checkbox"/> not employed			
Job title (current or most recent)		Name of your company/employer (current or most recent)	
Describe the goods or services provided by your current or most recent company/employer			

#### Which original document was reviewed by the advisor to verify the owner's identity?

Driver's licence   
  Birth certificate   
  Passport   
  Permanent resident card   
  Other

Identifying number of the document reviewed	Jurisdiction of issue
	<input type="checkbox"/> Federal <input type="checkbox"/> Provincial or territorial (specify province or territory) _____

### 2.2 Owners who are companies or organizations

In this section, *company* or *organization* means a corporation, partnership, association or other organization.

Full legal name of the company or organization that will own this policy
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**What is the principal business or activity of the company or organization?** (Example: retail clothing store, consultants in public relations)

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## Section 2 - Identity verification and allocation instructions (continued)

### Signing officer or trustee #1

Name of signing officer or trustee #1 signing the application on behalf of this company or organization (first, middle initial, last)

#### Which original document was reviewed by the advisor to verify the identity of the signing officer or trustee #1?

Driver's licence     Birth certificate     Passport     Permanent resident card     Other

Identifying number of the document reviewed	Jurisdiction of issue <input type="checkbox"/> Federal <input type="checkbox"/> Provincial or territorial (specify province or territory) _____
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### Signing officer or trustee #2

Name of signing officer or trustee #2 signing the application on behalf of this company or organization (first, middle initial, last)

#### Which original document was reviewed by the advisor to verify the identity of the signing officer or trustee #2?

Driver's licence     Birth certificate     Passport     Permanent resident card     Other

Identifying number of the document reviewed	Jurisdiction of issue <input type="checkbox"/> Federal <input type="checkbox"/> Provincial or territorial (specify province or territory) _____
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#### a. How is this company or organization set up? (Select one)

- Unincorporated association/community organization
- Partnership
- Trust
- Condominium corporation
- Trade/Labour union
- Corporation ▶ Provide the following incorporation and director information.

For all of these, you must attach:

- Charter documents (Example: partnership agreement, trust agreement, articles of association) **AND**
- Documentation that gives signing officers the authority to contract/invest on behalf of the organization (Example: resolution signed by the board of directors, minutes of meeting where signing authority was given)



Incorporation number	Jurisdiction of registration <input type="checkbox"/> Federal <input type="checkbox"/> Provincial or territorial (specify province or territory) _____
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Provide the information below for **all** directors of this corporation. (Attach additional pages if necessary.)

#### Director #1

Name (first, middle initial, last)	
Is the individual: (select one and tell us the individual's job title, the name of their company/employer and the goods or services that the company/employer provides) <input type="checkbox"/> employed <input type="checkbox"/> self-employed <input type="checkbox"/> retired <input type="checkbox"/> not employed	
Job title (current or most recent)	Name of the individual's company/employer (current or most recent)
Describe the goods or services provided by the individual's current or most recent company/employer	

#### Director #2

Name (first, middle initial, last)	
Is the individual: (select one and tell us the individual's job title, the name of their company/employer and the goods or services that the company/employer provides) <input type="checkbox"/> employed <input type="checkbox"/> self-employed <input type="checkbox"/> retired <input type="checkbox"/> not employed	
Job title (current or most recent)	Name of the individual's company/employer (current or most recent)
Describe the goods or services provided by the individual's current or most recent company/employer	

## Section 2 - Identity verification and allocation instructions (continued)

### Director #3

Name (first, middle initial, last)	
Is the individual: (select one and tell us the individual's job title, the name of their company/employer and the goods or services that the company/employer provides) <input type="checkbox"/> employed <input type="checkbox"/> self-employed <input type="checkbox"/> retired <input type="checkbox"/> not employed	
Job title (current or most recent)	Name of the individual's company/employer (current or most recent)
Describe the goods or services provided by the individual's current or most recent company/employer	

### Director #4

Name (first, middle initial, last)	
Is the individual: (select one and tell us the individual's job title, the name of their company/employer and the goods or services that the company/employer provides) <input type="checkbox"/> employed <input type="checkbox"/> self-employed <input type="checkbox"/> retired <input type="checkbox"/> not employed	
Job title (current or most recent)	Name of the individual's company/employer (current or most recent)
Describe the goods or services provided by the individual's current or most recent company/employer	

**b. Is this company or organization a not-for-profit organization?**  No  Yes

**c. Does this company or organization solicit charitable financial donations from the public?**  No  Yes

**d. Is this company or organization a registered charity?**  No  Yes  
 ▶ If yes, provide Canada Revenue Agency registration number

**e. Does any individual directly or indirectly own or control 25 per cent or more of the company or organization that will own this policy?**  No  Yes  
 ▶ If yes, provide the following information about those individuals.

### Individual #1

Name (first, middle initial, last)		Percentage of ownership or control	
Address	City	Province	Postal code
Is the individual: (select one and tell us the individual's job title, the name of their company/employer and the goods or services that the company/employer provides) <input type="checkbox"/> employed <input type="checkbox"/> self-employed <input type="checkbox"/> retired <input type="checkbox"/> not employed			
Job title (current or most recent)	Name of the individual's company/employer (current or most recent)		
Describe the goods or services provided by the individual's current or most recent company/employer			

### Individual #2

Name (first, middle initial, last)		Percentage of ownership or control	
Address	City	Province	Postal code
Is the individual: (select one and tell us the individual's job title, the name of their company/employer and the goods or services that the company/employer provides) <input type="checkbox"/> employed <input type="checkbox"/> self-employed <input type="checkbox"/> retired <input type="checkbox"/> not employed			
Job title (current or most recent)	Name of the individual's company/employer (current or most recent)		
Describe the goods or services provided by the individual's current or most recent company/employer			

## Section 2 - Identity verification and allocation instructions (continued)

### Individual #3

Name (first, middle initial, last)			Percentage of ownership or control	
Address		City	Province	Postal code
Is the individual: (select one and tell us the individual's job title, the name of their company/employer and the goods or services that the company/employer provides) <input type="checkbox"/> employed <input type="checkbox"/> self-employed <input type="checkbox"/> retired <input type="checkbox"/> not employed				
Job title (current or most recent)		Name of the individual's company/employer (current or most recent)		
Describe the goods or services provided by the individual's current or most recent company/employer				

### Individual #4

Name (first, middle initial, last)			Percentage of ownership or control	
Address		City	Province	Postal code
Is the individual: (select one and tell us the individual's job title, the name of their company/employer and the goods or services that the company/employer provides) <input type="checkbox"/> employed <input type="checkbox"/> self-employed <input type="checkbox"/> retired <input type="checkbox"/> not employed				
Job title (current or most recent)		Name of the individual's company/employer (current or most recent)		
Describe the goods or services provided by the individual's current or most recent company/employer				

## 2.3 Identifying third parties

In this section, *company or organization* means a corporation, trust, partnership, association or other organization.

**This section must be completed for all policies.**

<b>a. Will anyone other than the owner be paying for this policy?</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>b. Does the owner intend to transfer ownership of this policy to another individual, company or organization within the next year?</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>c. Is there someone else who expects to participate in, make decisions about or benefit from this policy in any way?</b> This does not include someone named as an owner, insured person, payor, beneficiary or signing officer.	<input type="checkbox"/> No <input type="checkbox"/> Yes

**If you answered yes to any question in section 2.3 a - c, identify all third parties (individuals, companies or organizations) who will be involved in this policy.** Attach additional pages if necessary.

This third party was identified in question: (select one) <input type="checkbox"/> 2.3a <input type="checkbox"/> 2.3b <input type="checkbox"/> 2.3c				
Name of the third party (individual, company or organization)				
Address		City	Province	Postal code
Relationship of this individual, company or organization to the owner of the policy				

**If the third party is a company or organization:**

Name of the company or organization	
Describe the goods or services provided by the company or organization	

**Is the company or organization incorporated?**     No     Yes    If yes, tell us:

Incorporation number	Jurisdiction of registration <input type="checkbox"/> Federal <input type="checkbox"/> Provincial or territorial (specify province or territory) _____
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**If the third party is an individual:**

Date of birth	Job title (current or most recent)
Name of the individual's company/employer (current or most recent)	
Describe the goods or services provided by the individual's current or most recent company/employer	

## Section 2 - Identity verification and allocation instructions (continued)

### 2.4 For universal life policies only

#### a. Initial deposit allocation

Select the investment account code and name from the list of investment options on *Universal life investment accounts*, NN0983E. For example: MA502 = CI Harbour Growth and Income.

If your deposit does not meet the minimum deposit requirements for the GIAs, the portion of the deposit meant for the GIAs will be placed in the Savings Account.

Investment account code	Investment account name	% of deposit allocated
<b>TOTAL</b>		<b>100%</b>

If you have selected a Simple Interest GIA, please specify the Daily Interest Account to receive simple interest (default is Savings Account).



Allocate future deposits same as initial deposit allocation above. (Select this option OR fill out **Future deposits**.)

#### b. Future deposits

Select the investment account code and name from the list of investment options on *Universal life investment accounts*, NN0983E. For example: MA502 = CI Harbour Growth and Income.

If your deposit does not meet the minimum deposit requirements for the GIAs, the portion of the deposit meant for the GIAs will be placed in the Savings Account.

Investment account code	Investment account name	% of deposit allocated
<b>TOTAL</b>		<b>100%</b>

If you have selected a Simple Interest GIA, please specify the Daily Interest Account to receive simple interest (default is Savings Account).

#### c. Side account deposits

Deposits placed into the Side Account will be allocated to the accounts in the Side Account in the same proportions as you specified above for initial and future deposits to your policy. Each indexed account and balanced index account in the Holding Side Account earns interest at a rate equal to the rate of the Savings Side Account.

### 2.5 For Performax Gold policies only

#### Allocation instructions for additional payments

Any additional payments will be allocated 100% to the Accumulation Account unless you provide alternate instructions.

	% allocation
To be applied to the Accumulation Account	
To purchase Deposit Option Insurance for insurance coverage number _____	
To purchase Deposit Option Insurance for insurance coverage number _____	
To purchase Deposit Option Insurance for insurance coverage number _____	
<b>TOTAL</b>	<b>100%</b>

## Section 3 – Temporary insurance questions

In this section, *you* and *your* refer to the people to be insured.  
Temporary insurance can apply to an individual life.

### 3.1 Eligibility for temporary life insurance

▶▶ **Do not complete this section if you are applying for UltraVision. Temporary life insurance is not offered with UltraVision.**

Only people from the ages of 15 days to 75 years inclusive are eligible for temporary life insurance.

Each person to be insured under the policy who is applying for temporary life insurance must answer the following questions.

	Person "A" to be insured	Person "B" to be insured
a. In the past 12 months, have you consulted a doctor or other health practitioner for, been treated for or had any indication of heart attack, cancer, stroke or AIDS or HIV infection?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
b. In the past 60 days, have you consulted a doctor or other health practitioner and been told to have a further examination, diagnostic test or surgery which has not been performed, or for which the results are not known (other than pregnancy or childbirth)?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes

If a person to be insured answers *yes* to either question a or b above, that person is **not** eligible for temporary life insurance.

If a person to be insured answers *no* to questions a and b above, and if the conditions described on the *Temporary life insurance certificate* are met, temporary life insurance coverage for that person begins immediately.

The *Temporary life insurance certificate* explains your coverage.

### 3.2 Eligibility for temporary critical illness insurance

▶▶ **Do not complete this section if you are applying for Synergy. Temporary critical illness insurance is not offered with Synergy.**

Only people from the ages of 18 years to 60 years inclusive are eligible for temporary critical illness insurance.

Each person to be insured under the policy who is applying for temporary critical illness insurance must answer the following questions.

	Person "A" to be insured	Person "B" to be insured
a. Do you have, or have you ever consulted a doctor or other health practitioner for, been treated for or had any indication of heart or blood vessel disease, heart attack, chest pain, diabetes, cancer or tumours, transient ischemic attacks, stroke or chronic kidney, liver or lung disease, multiple sclerosis, paralysis, blindness, deafness, loss of speech, loss of limbs, coma, severe burns, AIDS or HIV infection?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
b. In the past two years, have you been refused coverage for life, critical illness, disability or long term care insurance or been offered insurance with restricted benefits or at higher than standard rates?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
c. In the past 60 days, have you been admitted or advised to be admitted to a hospital or clinic, other than for pregnancy or childbirth?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
d. In the past 60 days, have you consulted a doctor or other health practitioner and been told to have a further examination, diagnostic test or surgery which has not been performed, or for which the results are not known (other than pregnancy or childbirth)?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes

If a person to be insured answers *yes* to any of questions a – d above, that person is **not** eligible for temporary critical illness insurance.

If a person to be insured answers *no* to questions a – d above, and if the conditions described on the *Temporary critical illness insurance certificate* are met, temporary critical illness insurance coverage for that person begins immediately.

The *Temporary critical illness insurance certificate* explains your coverage.

### 3.3 Instructions for the advisor

**!** Leave any unused temporary insurance certificate attached to this application.

If **any** of the people to be insured are eligible for temporary insurance (that is, meet **all** the conditions on the applicable temporary insurance certificates on the following pages):

- accept payment for the full amount of the first premium on the policy

Amount paid by cheque: ▶

(The cheque must be in Canadian funds drawn on a Canadian financial institution, made payable to Manulife Financial.)

- give the policy owner the applicable certificate and the receipt for payment
- tell the policy owner that temporary insurance begins immediately for the people to be insured who are eligible as soon as we receive payment and if all the applicable conditions are met.

**Otherwise,**

- **do not accept payment.**

# Manulife Financial Temporary life insurance certificate

In this certificate:

- *we, us* and *our* mean The Manufacturers Life Insurance Company
- *you* and *your* mean the policy owner
- *this application* means the electronic application for life and/or critical illness insurance associated with the signature booklet with the same number that appears on this certificate
- *insured person* means a person listed in this application as a person to be insured or a child to be insured under a child rider; and
- *this agreement* means this temporary life insurance certificate.

## Conditions

If you are applying for UltraVision, temporary life insurance is not offered. Subject to the terms and conditions of this agreement, we agree to provide temporary life insurance coverage on each insured person who meets the following requirements:

- the insured person, except any child who is only to be insured under a child rider, answered *no* to questions a and b in section 3.1 and
- the age of the insured person is from 15 days to 75 years inclusive.

This agreement will take effect if the following conditions are satisfied:

- you complete and sign the application
- you pay your first premium when this application is completed

- your first premium payment is at least 1/12th of the annual premium for your basic life insurance policy and any additional benefits or riders
- the bank or financial institution honours the cheque when we first present it for payment and
- no information has been misrepresented or left out of this application, including information about children to be insured under a child rider, that would affect our decision to provide insurance or the terms under which we provide it.

No person may change this certificate in any way.

## Temporary life insurance

1. The temporary life insurance coverage for an insured person will be in the same amount (subject to the maximum amount specified below) and of the same type (single life, joint first-to-die or joint last-to-die) as that applied for under this application with respect to that insured person.
2. If you have applied for joint last-to-die coverage on the insured person and you have not applied for single life coverage on the insured person, no benefit will be paid with respect to the death of that insured person unless all people insured under that joint last-to-die coverage die while this agreement is in effect.



*Detach and leave with the policy owner*

*continued on the back*

# Manulife Financial Temporary critical illness insurance certificate

In this certificate:

- *we, us* and *our* mean The Manufacturers Life Insurance Company
- *you* and *your* mean the policy owner
- *this application* means the electronic application for life and/or critical illness insurance associated with the signature booklet with the same number that appears on this certificate
- *insured person* means a person listed in this application as a person to be insured, and does not include children to be insured under a child rider
- *this agreement* means this temporary critical illness insurance certificate
- *covered condition* means a condition as defined in the **Covered conditions** section of the standard policy contract
- *definite diagnosis* means the written statement by a specialist, supported by the appropriate investigation and medical evidence, that the insured person meets the definition of a covered condition in the standard policy contract
- *specialist* means a licensed medical practitioner who has been trained in the specific area of medicine relevant to the covered condition for the benefit that is being claimed, and who has been certified by a specialty examining board. If a specialist is not available, and if we approve, a condition may be diagnosed by a qualified medical practitioner practising in Canada or the United States. Examples of specialists are included in the standard policy contract. The specialist must not be the policy owner, the insured person or a relative or business associate of the owner or the insured person.
- *satisfy* or *satisfies* means that the insured person must be living and meets all the requirements in the policy for the benefit they are claiming. *Additional information on the meaning of this word can be found in the standard policy contract.*
- *standard policy contract* means the standard policy contract offered by us for sale on the date of this application, for the type of critical illness insurance applied for on this application. You can obtain the standard policy contract from your advisor or at [www.manulife.ca/b4ubuy](http://www.manulife.ca/b4ubuy).

## Conditions

If you are applying for Synergy, temporary critical illness insurance is not offered.

Subject to the terms and conditions of this agreement, we agree to provide temporary critical illness insurance coverage on each insured person who meets the following requirements:

- the insured person answered *no* to questions a, b, c and d in section 3.2 and
- the age of the insured person is from 18 years to 60 years inclusive.

This agreement will take effect if the following requirements are satisfied:

- you complete and sign this application
- you pay your first premium when this application is completed
- your first premium payment is at least 1/12th of the annual premium for your critical illness insurance policy and any additional benefits or riders
- the bank or financial institution honours the cheque when we first present it for payment and
- no information has been misrepresented or left out of this application, including information about children to be insured under a child rider, that would affect our decision to provide insurance or the terms under which we provide it.

No person may change this certificate in any way.

## Temporary critical illness insurance

The temporary critical illness insurance under this agreement covers all of the covered conditions included in the coverage you applied for, as defined in the **Covered conditions** section of the standard policy contract, except for the covered conditions specifically excluded in **Exclusions and limitations**, below.

1. We will pay a benefit to you on the occurrence of a covered condition if:
  - the definite diagnosis of the covered condition occurs while this agreement is in effect
  - the terms of this agreement are met
  - the insured person satisfies all the criteria for the diagnosed covered condition and
  - the insured person has satisfied the waiting period for the diagnosed covered condition as defined in the standard policy contract.

*continued on the back*

## Temporary life insurance certificate (continued)

3. The combined maximum benefit payable for any insured person under all temporary life and critical illness insurance agreements with us is the amount of insurance, including accidental death benefits, applied for on that insured person or \$1,000,000, whichever is less.
4. With respect to the maximum benefit payable for an insured person, the benefit payable under any temporary critical illness insurance agreement will take precedence over any benefit payable under this agreement.
5. If the total amount of life insurance you've applied for on an insured person is greater than the maximum allowable under this agreement and that insured person dies while covered under this agreement, we will refund the portion of any premium you've paid for coverage for that insured person over their allowable maximum.
6. The beneficiary under this agreement will be the beneficiary named for that insured person in this application.
7. The temporary life insurance outlined in this agreement will end on the earliest of:
  - the date we deliver a life insurance policy as a result of this application
  - the date we mail you a notice that we have declined your application for life insurance
  - the date we mail you a notice that the insurance under this agreement has been cancelled
  - 90 days from the date this application was signed.This agreement terminates on the date specified above regardless of whether we have refunded the premium that you paid with this application.
8. If we issue a life insurance policy to you based on the terms of this application, we will apply your first premium payment to the premiums due under the policy. If we decline your application, or if we offer you a policy based on terms other than those outlined in your application and you do not accept the policy, we will refund your first premium payment.

### Exclusions and limitations

If an insured person commits suicide, whether sane or insane, we will not pay a death benefit for that insured person. We will refund the premium you paid for life insurance coverage for that insured person and all coverage for that insured person under this agreement will end.



## Temporary critical illness insurance certificate (continued)

2. The amount of the benefit payable under this agreement is the amount of Lifecheque coverage you have applied for on the insured person, subject to:
  - the maximum benefit amounts established by this agreement and
  - any other exclusions and limitations in this agreement.
3. The maximum benefit for any insured person under all temporary critical illness insurance agreements with us is the total amount of critical illness insurance coverage applied for on that insured person or \$500,000, whichever is less.
4. The combined maximum benefit for any insured person under all life and critical illness temporary insurance agreements with us is the amount of insurance applied for on that person, including accidental death benefits, or \$1,000,000, whichever is less.
5. In determining the maximum benefit payable for an insured person, the benefit payable under this agreement will take precedence over any benefit payable under a temporary life insurance agreement.
6. If we pay a benefit to you under this agreement, we will refund any premium collected for insurance coverage that exceeds our maximum benefit payable under this agreement for that insured person.
7. Temporary critical illness insurance coverage on the insured person ends on the earliest of:
  - the date we deliver a critical illness insurance policy as a result of this application
  - the date we mail you a notice that we have declined your application for critical illness insurance
  - the date when a benefit is payable under this agreement
  - the date we mail you a notice that the insurance under this agreement has been cancelled.
- 90 days from the date you sign this application, unless the insured person has been given a definite diagnosis of a covered condition and is in the waiting period for that condition, in which case the temporary critical illness insurance coverage on the insured person:
  - will be limited to that condition and
  - will end on the date the insured person is no longer satisfying the waiting period for that condition.This agreement terminates on the date specified above regardless of whether we have refunded the premium that you paid with this application.
8. If we issue a critical illness policy to you based on the terms of this application, we will apply your first premium payment to the premiums due under the policy. If we decline your application, or if we offer you a policy based on terms other than those outlined in your application and you do not accept the policy, we will refund your first premium payment.

### Exclusions and limitations

No LivingCare benefit, early intervention benefit or recovery benefit is payable under this agreement.

The exclusions and limitations described throughout the standard policy contract apply.

No payment will be made under this agreement for the covered conditions cancer and benign brain tumour, as defined in the standard policy contract.



# Manulife Financial

## Authorization to share information – Person A

You and your refer to the people to be insured and the parent or guardian (tutor, in Quebec) of children to be insured who are under age 18. Us and our refer to The Manufacturers Life Insurance Company (Manulife Financial). By signing below, you authorize and direct doctors and other medical practitioners, health care professionals, hospitals, clinics and other medically related facilities, insurance companies, the Medical Information Bureau and any other organization, institution, association or person that has information, records or knowledge of you or your health, or of your children or their health (if applicable), to share or exchange information with us or applicable reinsurers.

Signed at (city or town)	Date (dd/mmm/yyyy)
Signature of Person "A" to be insured X	
Signature of witness X	



If the person to be insured is under age 18:  
Relationship to the person to be insured:  
 mother  father  guardian (tutor, in Quebec)

Signature of parent or guardian/tutor X
Signature of witness X



# Manulife Financial

## Authorization to share information – Person B

You and your refer to the people to be insured and the parent or guardian (tutor, in Quebec) of children to be insured who are under age 18. Us and our refer to The Manufacturers Life Insurance Company (Manulife Financial). By signing below, you authorize and direct doctors and other medical practitioners, health care professionals, hospitals, clinics and other medically related facilities, insurance companies, the Medical Information Bureau and any other organization, institution, association or person that has information, records or knowledge of you or your health, or of your children or their health (if applicable), to share or exchange information with us or applicable reinsurers.

Signed at (city or town)	Date (dd/mmm/yyyy)
Signature of Person "B" to be insured X	
Signature of witness X	



If the person to be insured is under age 18:  
Relationship to the person to be insured:  
 mother  father  guardian (tutor, in Quebec)

Signature of parent or guardian/tutor X
Signature of witness X

# Manulife Financial

## Receipt for payment

Amount received \$
-----------------------

The first premium must be paid by cheque in Canadian funds drawn on a Canadian financial institution, and made payable to Manulife Financial.

By signing below, the advisor confirms that this first premium is for the insurance applied for in this application, covering the people listed below.

Name of Person "A" to be insured (first, middle initial, last)	Name of Person "B" to be insured (first, middle initial, last)
Total amount of insurance coverage applied for \$	Date (dd/mmm/yyyy)
Signature of advisor X	



Detach and leave with the policy owner

# Manulife Financial

## Medical Information Bureau

We consider the information contained in your application to be confidential. However, Manulife Financial or reinsurers involved with your policy may make a report to the Medical Information Bureau based on your application, or to other insurance companies to which you apply for life, health or critical illness insurance, or to which a claim for benefits has been made.

The Medical Information Bureau is a non-profit organization set up by life insurance companies to share information among its members. If you apply for insurance or submit a claim to a member company, the Medical Information Bureau will share any information it has on file.

You may review the information in your file, and request a correction if necessary, by contacting the bureau at:

Medical Information Bureau  
330 University Avenue, Suite 501,  
Toronto, Ontario M5G 1R7  
Telephone: (416) 597-0590  
Fax: (416) 597-1193  
Email: canada\_disclosure@mib.com

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intentionally.**

## Section 4 – Signatures

Please review the application, including the authorizations and agreements on pages 1, 2, 3 and 4 and sign below.

By signing below you are confirming that:

- you have read this application (including Section 1 and 2) and confirm that the statements in it are complete, current and accurate to the best of your knowledge and belief; if you have not read the application, you confirm that you will read it when the policy is delivered; you will immediately notify us of any errors or omissions
- if this application results in a new policy, you have read and understood the final version of the policy illustration (if one is required), including the fact that some values may not be guaranteed; you will contact us immediately if you have any concerns regarding your illustration
- if you are eligible for temporary insurance, you have read and understood the *Temporary life insurance certificate* and/or the *Temporary critical illness certificate* (see pages 11 and 12) and you understand that the temporary insurance applies only to those people to be insured who meet all of the conditions for eligibility, regardless of the amount of premium paid with this application
- you agree to the terms described in the application
- a copy of this authorization and agreement is as valid as the original document.



Signed at (city or town, province)	Date (dd/mmm/yyyy – for example, 23/JUL/2011)
------------------------------------	---

Signature of Person "A" to be insured X	Signature of witness X
Signature of Person "B" to be insured X	Signature of witness X

Signature of child to be insured if age 16 or over (all provinces except Quebec) X	Signature of witness X
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**Note:** If the policy owner is a corporation, we require the signatures and titles of the two signing officers or the signature and title of one signing officer 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, sign in the signature box for policy owner #1 and write your initials in the box provided.



Signature of policy owner #1 (if not Person "A" or "B") X	Title (if the policy is owned by a business)
Signature of policy owner #2 (if not Person "A" or "B") X	Title (if the policy is owned by a business)
For corporations: Full legal name (including Company, Limited, Inc., etc.)	

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 witness X	Name of witness if not advisor
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If a person to be insured is under age 16 (under age 18 in Quebec), the mother, father or guardian (if they are not also a policy owner) must sign below to consent to this application for insurance.

Relationship to the person to be insured:  Mother  Father  Guardian



Signature of parent or guardian X	Signature of witness X
--------------------------------------	---------------------------

### Your advisor's access to your personal information

- If our findings concerning your blood pressure, cholesterol level or physical build affect your application, we may share this information with your advisor.
- If the information you provide in this application or in any associated telephone interview or paramedical interview affects your application, we may tell your advisor whether the relevant information relates to your family history, medical information or lifestyle.

You agree that we may share the information with your advisor as described above and that your advisor can use this information to discuss your insurance options with you. If you do not agree, select the applicable box below.

Person "A" to be insured does not agree

Person "B" to be insured does not agree

---

# Advisor's report

In this report, *you* and *your* refer to the advisor who is selling the policy.

By signing below:

- you confirm that you hold all necessary licences and certificates to sell the products applied for in this application for the area where you sold them
- you verify that you believe the information provided on this form is current, correct and complete
- if this application includes a universal life or Performax Gold policy,
  - you verify that you have reviewed the original, valid and unexpired identity documents and any other information provided by all owners, signing officers or trustees
  - you agree to tell us if you suspect that someone who has **not** been identified in the application form or product page form will be
    - paying for or making deposits to the policy
    - making decisions about or participating in any way in the policy
    - expecting to benefit in any way from the policy.

(You can email us at [ind\\_insurance\\_compliance@manulife.com](mailto:ind_insurance_compliance@manulife.com) or complete *Report to Individual Insurance Compliance*, NN1557E and mail or fax it to us.)

- you confirm that you have disclosed the following information to the owner of this policy:
  - the name of the company or companies you represent,
  - that you receive commissions for the sale of life and living benefits insurance products and may receive bonuses, invitations to conferences or other incentives, and
  - any conflicts of interest you may have with respect to this transaction.



Name of advisor (first, middle initial, last)	Branch code	Advisor code
Signature of advisor X		

# About your telephone interview

Fast. Simple. From the comfort of your home or office.

Your application for insurance is almost complete. The next step is the telephone interview. This is a fast and simple step you can complete from the comfort of your home or the convenience of your office.

It's a simple 15 to 20 minute telephone call in which you are asked about your medical history, your doctor's name and any medications you take. You will also be asked non-medical questions related to habits, hobbies and driving.

## Who will be asking the questions?

Manulife Financial has selected medical professionals to conduct your interview. A representative will call you within 48 hours after your application is received.

If we leave a telephone message about your interview, it's important to return the call as soon as possible, so that your application can proceed.

If you want to book the appointment yourself, you can call us directly. The numbers are: 1-866-212-3924 (English) and 1-866-397-6769 (French).

Please note that all interviews are recorded for information verification purposes. This ensures that your information has been submitted accurately and the questions were asked appropriately. Please be assured that recordings are kept in strictest confidence. If you have any questions or concerns, please feel free to discuss them with the tele-interviewer when he or she calls you.

## What happens to this information?

We understand how important your privacy is to you. It's very important to us, as well. We will use your personal information to underwrite and administer your insurance, as described in this *Signature and disclosure booklet for electronic applications*.

## Do I need to prepare for the interview?

Preparing will help the interview go quickly. Here are some of the things you'll be asked to provide:

- Name, address and phone number of all physicians
- Dates and details about any illness, test or hospitalization
- Names of medications, plus the dosage and frequency and reasons for taking it
- Family medical history
- Your height, weight and the height and weight of any child also being insured.

You may want to write this information down and have it handy when we call.

## In addition to the interview, what about medical requirements?

Some type of medical requirements are necessary for most insurance policies. If required, you will be contacted to arrange an appointment for a medical professional to visit you at your home or office, whichever you prefer.

The medical professional who performs your exam will measure your blood pressure and build and will collect any blood and urine samples required.

See the back of this page for a few helpful suggestions to prepare for your medical exam.

# Tips for looking your best in that medical snapshot

Now that you've applied for insurance, the next step is to have a medical examination to provide a snapshot of your current health. We assume that you have done everything possible to ensure that this snapshot is as good as it can be since we use this information to determine if you qualify for the insurance. Abnormal findings can create problems in obtaining coverage, and possibly with future applications as well. It is in your best interest to make sure this "snapshot" of your health is as accurate as possible.

Just as you would spruce yourself up for a family photo, these tips can help you make sure the picture you present is the best one possible. Your cooperation will make the examination process more effective for you and Manulife.

## The basics

- Get a good rest the night before the exam.
- Wear short sleeves or sleeves that can be easily rolled up.
- Don't do any heavy exercise for 24 hours before the exam.

## Food, beverages and smoking

- Avoid food and beverages (except water) for two hours prior to your appointment. If possible, fast for 12 hours if a blood test is being done (unless a medical condition prevents this).
- Drink water prior to the exam to help you provide a urine specimen.
- Avoid caffeine for several hours.
- Avoid alcoholic beverages for at least eight hours.
- Do not smoke for at least one hour before the exam.

## Medications

- If you are taking any prescription medications, continue to take them as prescribed. Bring all prescription medications to the exam for reference.
- Avoid taking non-prescription medications such as cold remedies, pain relievers and herbal remedies for at least 24 hours prior to the exam. If you have taken one, tell the examiner what you took and why.
- If you are ill or under severe stress at the time of the exam, consider rescheduling for a future date when you've fully recovered. If you don't reschedule, please advise the examiner of your circumstances, to avoid abnormal results (for example, elevated blood pressure readings).



For your future™

 **Manulife Financial**

 **Financière Manuvie**

From/Expéditeur : \_\_\_\_\_

Branch code/Code de la succursale : \_\_\_\_\_

Advisor name/Nom du conseiller : \_\_\_\_\_

**To/Destinataire :**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Affix this page to an envelope.

Remember to enclose:

- Completed Signature and disclosure booklet
- and, if required:
- Signed illustration
  - Cheque for initial premium
  - Void cheque

Joindre cette page à une enveloppe.

N'oubliez pas de joindre :

- Livret Renseignements et signatures rempli
- et, au besoin :
- Projet signé
  - Chèque de la première prime
  - Chèque portant la mention « NUL »