Manulife

Group Benefits Life Conversion Option

Facts about converting your Group Life coverage to an individual policy

As a Manulife group plan member, you may be eligible to convert your group life insurance to an individual policy without having to provide evidence of good health or undergo a medical exam, provided you do so within 31 days of the date your group life insurance terminates or reduces. You can convert your Basic Life Insurance amount and Optional Life Insurance amount (if applicable) up to a combined maximum of $200,000 ($400,000 for residents of Quebec) - or as indicated in your group contract. Depending on your plan specifications, you may also be able to convert your spouse's and/or dependent children's coverage to an individual policy. When your group life insurance benefits cease or reduce you may have the following options:

1. Convert your (and/or your spouse's) group life insurance to individual insurance. Residents of Quebec may convert Dependant life coverage. **You must apply within 31 days of termination or reduction of Group Life Insurance coverage.**
2. Replace your (and/or your spouse's and/or your dependant's) group life coverage with an individual plan purchased through your financial advisor or a Manulife agent.
3. Get new Group Life coverage at your next place of employment.

You may choose one of any of the following three options for an individual policy:

Permanent Life – This is a Permanent Life policy with the insurance becoming payable at the death of the insured. Your premiums are guaranteed not to increase, we guarantee administration charges won't change and we offer an investment account that guarantees you a minimum interest rate for the life of the policy.

Once your Application for Conversion is received and assessed, additional documentation will be mailed to your attention. It is your responsibility to ensure these documents are completed and returned to Manulife within three weeks of the date on the accompanying letter.

Non-convertible level term life to Age 65 – This policy provides temporary life insurance from the date of issue, until the insured reaches age 65. This policy cannot be converted to another form of insurance, and will terminate when the insured reaches age 65 or at death, whichever is earlier. This policy does not participate in dividends.

One-year non-renewable, convertible term insurance – This policy provides temporary life insurance from the date of issue for one year only. This policy does not participate in dividends. It can be exchanged at any time during the one-year period without medical evidence, but only to a Permanent Life policy or Non-convertible Level Term Life to Age 65 policy as outlined above.

For more information about applying for conversion of your group life coverage to an individual policy, contact your employer's plan administrator or Manulife at:

Customer Service Centre: 1-800-268-6195

Note: You may prefer to purchase an individual life insurance policy subject to medical evidence rather than convert your group life insurance. If you would like to explore this option, you can contact the Individual Life Services Centre outside Quebec at 1-888-**Manulife** (1-888-626-8543) and within Quebec 1-888-**Manuvie** (1-888-626-8843).

Premium Rates

Your premium rates will depend on the following:

- The type of insurance you choose.
- The amount of insurance you are converting.
- Your age nearest the issue date of your new individual policy.
- Annual or monthly payments.

The chart on page 2 shows annual rates for all three individual insurance plans between the ages of 18 - 80 inclusive. The age is calculated based on the effective date of the new individual insurance plan and the age closest to this date.

Quebec residents only: see page 2 for dependent child rate.

Please contact Manulife if you would like the rates for an age that is different from what is shown here. The annual rates shown are per $1,000 of life insurance. Policy fees and rates are subject to change.

	Permanent Life		Non-convertible Level Term Life to Age 65		One-year Non-renewable Convertible Term			Permanent Life		Non-convertible Level Term Life to Age 65		One-year Non-renewable Convertible Term	
Age	**Male**	**Female/ Non-binary**	**Male**	**Female/ Non-binary**	**Male**	**Female/ Non-binary**	**Age**	**Male**	**Female/ Non-binary**	**Male**	**Female/ Non-binary**	**Male**	**Female/ Non-binary**
18	$7.63	$7.01	$2.83	$2.12	$2.53	$2.01	**50**	$27.79	$23.71	$9.49	$6.80	$9.70	$6.87
19	$8.07	$7.37	$2.80	$2.09	$2.53	$2.01	**51**	$28.87	$24.77	$9.81	$7.02	$10.82	$7.65
20	$8.69	$7.74	$2.78	$2.07	$2.53	$2.01	**52**	$29.91	$25.58	$10.12	$7.24	$11.85	$8.37
21	$9.03	$8.07	$2.75	$2.05	$2.53	$2.01	**53**	$30.90	$26.69	$10.45	$7.47	$12.95	$9.14
22	$9.21	$8.42	$2.71	$2.04	$2.53	$2.01	**54**	$32.12	$27.45	$10.79	$7.71	$14.12	$9.96
23	$9.43	$8.77	$2.67	$2.01	$2.53	$2.01	**55**	$33.18	$28.64	$11.12	$7.95	$15.45	$10.89
24	$9.88	$9.12	$2.65	$1.99	$2.53	$2.01	**56**	$34.60	$29.57	$11.66	$8.32	$16.80	$11.83
25	$10.33	$9.49	$2.60	$1.96	$2.53	$2.01	**57**	$36.42	$30.46	$12.24	$8.70	$18.23	$12.83
26	$10.53	$9.64	$2.72	$2.04	$2.53	$2.01	**58**	$38.04	$31.64	$12.82	$9.10	$19.68	$13.85
27	$10.73	$9.79	$2.84	$2.13	$2.53	$2.01	**59**	$39.74	$32.83	$13.38	$9.48	$21.23	$14.93
28	$10.93	$9.94	$2.96	$2.22	$2.53	$2.01	**60**	$41.63	$34.01	$13.92	$9.89	$22.91	$16.11
29	$11.13	$10.08	$3.10	$2.31	$2.64	$2.01	**61**	$44.75	$35.26	$14.43	$10.48	$24.68	$17.35
30	$11.33	$10.23	$3.23	$2.41	$2.77	$2.01	**62**	$46.66	$36.54	$15.00	$11.24	$26.83	$18.85
31	$11.77	$10.71	$3.50	$2.59	$2.91	$2.11	**63**	$48.39	$37.89	n/a	n/a	$29.52	$20.73
32	$12.13	$11.04	$3.76	$2.79	$2.97	$2.15	**64**	$50.06	$39.59	n/a	n/a	$32.71	$22.97
33	$12.65	$11.41	$4.05	$3.00	$3.00	$2.18	**65**	$54.70	$42.23	n/a	n/a	$36.35	$25.51
34	$13.35	$11.72	$4.36	$3.20	$3.09	$2.24	**66**	$56.71	$43.41	n/a	n/a	$40.47	$28.40
35	$13.76	$12.24	$4.66	$3.42	$3.16	$2.29	**67**	$59.28	$45.08	n/a	n/a	$44.78	$31.41
36	$14.29	$12.63	$4.94	$3.62	$3.25	$2.35	**68**	$61.73	$47.10	n/a	n/a	$49.17	$34.48
37	$14.75	$12.89	$5.22	$3.81	$3.34	$2.42	**69**	$63.70	$48.67	n/a	n/a	$53.20	$37.31
38	$15.12	$13.11	$5.51	$4.01	$3.42	$2.47	**70**	$68.93	$51.67	n/a	n/a	$55.00	$39.50
39	$15.84	$13.85	$5.82	$4.23	$3.52	$2.54	**71**	$72.12	$54.85	n/a	n/a	$58.00	$41.50
40	$16.37	$14.36	$6.13	$4.45	$3.65	$2.63	**72**	$75.34	$58.18	n/a	n/a	$61.00	$43.50
41	$17.33	$14.54	$6.57	$4.76	$3.79	$2.73	**73**	$78.61	$61.67	n/a	n/a	$64.00	$45.50
42	$18.13	$15.24	$7.02	$5.08	$3.99	$2.87	**74**	$81.90	$65.60	n/a	n/a	$67.00	$47.50
43	$19.00	$15.95	$7.49	$5.41	$4.30	$3.08	**75**	$84.93	$67.63	n/a	n/a	$70.00	$49.50
44	$19.85	$16.64	$7.96	$5.74	$4.71	$3.37	**76**	$89.18	$71.01	n/a	n/a	$74.00	$52.00
45	$20.28	$17.09	$8.46	$6.10	$5.27	$3.76	**77**	$93.93	$74.77	n/a	n/a	$78.00	$55.00
46	$21.08	$17.82	$8.66	$6.23	$5.90	$4.21	**78**	$97.35	$77.48	n/a	n/a	$82.00	$58.00
47	$21.90	$18.56	$8.86	$6.37	$6.68	$4.75	**79**	$103.09	$82.03	n/a	n/a	$86.00	$62.00
48	$22.71	$19.32	$9.07	$6.51	$7.58	$5.38	**80**	$107.28	$85.35	n/a	n/a	$90.00	$66.00
49	$23.53	$20.09	$9.28	$6.66	$8.60	$6.10							

The annual rates shown are per $1,000 of life insurance. The minimum partial conversion amount is $10,000.

For Quebec residents only: The minimum amount required for conversion of a plan member's coverage is $10,000 and of a spouse or dependant's coverage is $5,000. The conversion rates for dependants aged 18 or younger are:

Permanent Life				**Non-convertible Level Term Life to Age 65**				**One-year Convertible**			
Male	$7.63	**Female/Non-binary**	$7.01	**Male**	$2.83	**Female/ Non-binary**	$2.12	**Male**	$2.53	**Female/ Non-binary**	$2.01

Calculating your premiums for Permanent Life:

To calculate the **Annual** premium for Permanent Life product:
Rate (see above rate table) × number of ($1,000) units of insurance = annual premium before premium tax.
(Annual premium before tax) ÷ (1 – provincial premium tax rate) = annual premium after tax. Please select the provincial premium tax rate based on the province or territory of the Manulife group plan member.

3.00%: Alberta, Northwest Territories, Nova Scotia, Nunavut, Saskatchewan
2.00%: Ontario, British Columbia, Manitoba, New Brunswick, Yukon
3.30%: Quebec
3.75%: Prince Edward Island
5.00%: Newfoundland and Labrador

Example #1: Male, residing in Labrador, age 60 (within six months of new issue date) converting $30,000 to Permanent Life:
Annually before tax: $41.63 × 30 = $1,248.90 annual premium before tax.
Annually after tax: $1,248.90 ÷ 0.95 = $1,314.63 annual premium after tax.

To calculate the **Monthly** premium for Permanent Life product:
Calculate the annual rate and divide by 12. **Monthly**: annual premium $1,314.63/year ÷ 12 months = $109.55/monthly

Calculating your premiums for Non-convertible Level Term Life to Age 65 or One-year Convertible Term product:

To calculate the **Annual** premium for the Non-convertible Level Term Life to Age 65 or One-year Convertible Term product: Rate (see above rate table) × number of ($1,000) units of insurance + $50 annual policy fee = annual premium

Example #2: Female /Non-binary, age 62 (within six months of new issue date) converting $40,000 to One-year Convertible Term product: **Annually:** $18.85 × 40 = $754 + $50 (annual policy fee) = $804/year

To calculate the **Monthly** premium for Non-convertible Level Term Life to Age 65 or One-year Convertible Term product: Rate (see above rate table) × number of ($1,000) units of insurance × .0892 + $6.00 monthly fee = monthly premium Rate $18.85 × 40 = $754 × .0892 = $67.26 + $6 monthly fee = $73.26 monthly premium

Important: Should you decide to convert your group life insurance, **you must complete and submit the attached application within 31 days of the date your group coverage expires or reduces. Failure to submit within 31 days may result in the loss of this conversion option**. Depending upon your payment plan, you may need to provide Manulife with some banking information so that we can automatically withdraw your premium payments from your bank account.

When submitting your application, please ensure you send in the following:

- **Application completed in full**
- **If paying annually, full annual premium**
- **If paying monthly, void cheque with fully completed Request for Pre-Authorized Debit (PAD) plan section of form completed and a separate cheque for the first month's premium plan. Please ensure to complete and sign pages 8 and 9 of the application.**
- **If Permanent Life coverage selected, form NN1558E, Identifying owners of Individual Insurance policies must be completed in full. You will be required to sign an illustration once eligibility has been confirmed by Manulife. Manulife will send you a copy of the illustration to be signed.**

You must submit a completed application and provide payment in order for the policy to be issued.

Manulife

Mail or fax to Manulife at:

Outside Quebec
500 King Street North
P.O. Box 1669
Waterloo, Ontario N2J 4Z6
Fax: 1-877-763-8834

Inside Quebec
2000, rue Mansfield
Bureau 1310
Montréal (Québec) H3A 3A1
Télécopieur : 1 877 271-5494

Group Benefits
Group Insurance – Application for Conversion

Please print.

1. Plan sponsor information

(to be completed by the plan sponsor)

Plan sponsor's name:

Benefit termination/reduction date (dd/mmm/yyyy):

Plan member's name (first, middle initial, last):

Plan member's group insurance

Is the member approved for/or waiting to be approved for either disability benefits or waiver of premium? ◯ Yes ◯ No

	Amount	Plan contract number	Division number
Basic Life coverage	$		
Optional Life coverage	$		

Signature of plan administrator: | Title: | Date signed (dd/mmm/yyyy):

Plan administrator's name: | Email: | Telephone number: ( )

Spouse's group insurance

Basic Life: $ | Optional Life: $

Signature of plan administrator: | Title: | Date signed (dd/mmm/yyyy):

Plan administrator's name: | Email: | Telephone number: ( )

Dependant group insurance

(Quebec residents only)

If more than 2 dependants please attach a separate listing.

Basic Life: $ | Optional Life: $

Signature of plan administrator: | Title: | Date signed (dd/mmm/yyyy):

Plan administrator's name: | Email: | Telephone number: ( )

Basic Life: $ | Optional Life: $

Signature of plan administrator: | Title: | Date signed (dd/mmm/yyyy):

Plan administrator's name: | Email: | Telephone number: ( )

2. Plan member (Proposed life insured) information

(to be completed by the plan member)

*Select male, female or non-binary consistent with your current biological sex.

For the purpose of this application, non-binary does not refer to an individual's sexual orientation, gender identity, gender expression or gender perception.

Full name (first, middle initial, last): | Plan member certificate number:

Mailing address (number, street and apt.): | City/Town: | Province: | Postal code:

Email: | Telephone number: ( )

Date of birth (dd/mmm/yyyy): | Sex* ◯ Male ◯ Female ◯ Non-binary | Social Insurance Number (SIN): | Cellular number: ( )

Beneficiary name (first, middle initial, last)**: ◯ Revocable ◯ Irrevocable | Relationship to plan member: | Percentage: %

Beneficiary name (first, middle initial, last)**: ◯ Revocable ◯ Irrevocable | Relationship to plan member: | Percentage: %

Beneficiary name (first, middle initial, last)**: ◯ Revocable ◯ Irrevocable | Relationship to plan member: | Percentage: %

Continued on the next page.

2. Plan member (Proposed life insured) information (continued)

** Note: In the province of Quebec, in the absence of a revocable/ irrevocable designation, the legal spouse is deemed to be irrevocable and other beneficiaries are deemed revocable. An irrevocable designation cannot be changed without the beneficiary's written consent.

Percentages must total 100% to be valid.

Note: If beneficiary is shown as irrevocable, his/her consent is required to change it. Include a signed and dated consent with this form. **You are responsible for ensuring the validity of your designation.**

What is the new occupation? _____

Will you have Group Life coverage with your new occupation within 31 days of above benefit cease date? ◯ Yes ◯ No

How much life insurance coverage will you have under your new group plan? $ _____

Individual plan requested:

◯ Permanent Life
◯ Non-convertible Level Term Life to Age 65
◯ One-year Non-renewable Convertible Term

Amount of Insurance to convert (Maximum $200,000/$400,000 for Quebec residents or as indicated in your Group Contract)

$ _____

Premium payment option:

◯ Annual
◯ Monthly - (PAD required, see pages 8 and 9)

Spouse (Proposed life insured) information

*Select male, female or non-binary consistent with your current biological sex.

For the purpose of this application, non-binary does not refer to an individual's sexual orientation, gender identity, gender expression or gender perception.

** Note: In the province of Quebec, in the absence of a revocable/ irrevocable designation, the legal spouse is deemed to be irrevocable and other beneficiaries are deemed revocable. An irrevocable designation cannot be changed without the beneficiary's written consent.

Percentages must total 100% to be valid.

Full name (first, middle initial, last): _____

Date of birth (dd/mmm/yyyy): _____

Plan member certificate number: _____

Sex*: ◯ Male ◯ Female ◯ Non-binary

Social Insurance Number (SIN): _____

Beneficiary name (first, middle initial, last)**: _____ ◯ Revocable ◯ Irrevocable Relationship to plan member: _____ Percentage: _____ %

Beneficiary name (first, middle initial, last)**: _____ ◯ Revocable ◯ Irrevocable Relationship to plan member: _____ Percentage: _____ %

Beneficiary name (first, middle initial, last)**: _____ ◯ Revocable ◯ Irrevocable Relationship to plan member: _____ Percentage: _____ %

Note: If beneficiary is shown as irrevocable, his/her consent is required to change it. Include a signed and dated consent with this form. **You are responsible for ensuring the validity of your designation.**

What is the new occupation? _____

Will you have Group Life coverage with your new occupation within 31 days of above benefit cease date? ◯ Yes ◯ No

How much life insurance coverage will you have under your new group plan? $ _____

Individual plan requested:

◯ Permanent Life
◯ Non-convertible Level Term Life to Age 65
◯ One-year Non-renewable Convertible Term

Amount of Insurance to convert (Maximum $200,000/$400,000 for Quebec residents or as indicated in your Group Contract)

$ _____

Premium payment option:

◯ Annual
◯ Monthly - (PAD required, see pages 8 and 9)

Dependant (Proposed life insured) information

(Quebec residents only)

If more than 2 dependants please attach a separate listing.

*Select male, female or non-binary consistent with your current biological sex.

For the purpose of this application, non-binary does not refer to an individual's sexual orientation, gender identity, gender expression or gender perception.

** Note: In the province of Quebec, in the absence of a revocable/ irrevocable designation, the legal spouse is deemed to be irrevocable and other beneficiaries are deemed revocable. An irrevocable designation cannot be changed without the beneficiary's written consent.

Percentages must total 100% to be valid.

Full name (first, middle initial, last): _____

Date of birth (dd/mmm/yyyy): _____

Plan member certificate number: _____

Sex*: ◯ Male ◯ Female ◯ Non-binary

Social Insurance Number (SIN): _____

Beneficiary name (first, middle initial, last)**: _____ ◯ Revocable ◯ Irrevocable Relationship to plan member: _____ Percentage: _____ %

Beneficiary name (first, middle initial, last)**: _____ ◯ Revocable ◯ Irrevocable Relationship to plan member: _____ Percentage: _____ %

Beneficiary name (first, middle initial, last)**: _____ ◯ Revocable ◯ Irrevocable Relationship to plan member: _____ Percentage: _____ %

Note: If beneficiary is shown as irrevocable, his/her consent is required to change it. Include a signed and dated consent with this form. **You are responsible for ensuring the validity of your designation.**

What is the new occupation? _____

Will you have Group Life coverage with your new occupation within 31 days of above benefit cease date? ◯ Yes ◯ No

How much life insurance coverage will you have under your new group plan? $ _____

Individual plan requested:

◯ Permanent Life
◯ Non-convertible Level Term Life to Age 65
◯ One-year Non-renewable Convertible Term

Amount of Insurance to convert (Maximum $200,000/$400,000 for Quebec residents or as indicated in your Group Contract)

$ _____

Premium payment option:

◯ Annual
◯ Monthly - (PAD required, see pages 8 and 9)

Continued on the next page.

Dependant (Proposed life insured) information (continued)

*Select male, female or non-binary consistent with your current biological sex.

For the purpose of this application, non-binary does not refer to an individual's sexual orientation, gender identity, gender expression or gender perception.

** Note: In the province of Quebec, in the absence of a revocable/ irrevocable designation, the legal spouse is deemed to be irrevocable and other beneficiaries are deemed revocable. An irrevocable designation cannot be changed without the beneficiary's written consent.

Percentages must total 100% to be valid.

Full name (first, middle initial, last):

Date of birth (dd/mmm/yyyy): | Plan member certificate number: | Sex*: ◯ Male ◯ Female ◯ Non-binary | Social Insurance Number (SIN):

Beneficiary name (first, middle initial, last)**: ◯ Revocable ◯ Irrevocable | Relationship to plan member: | Percentage: %

Beneficiary name (first, middle initial, last)**: ◯ Revocable ◯ Irrevocable | Relationship to plan member: | Percentage: %

Beneficiary name (first, middle initial, last)**: ◯ Revocable ◯ Irrevocable | Relationship to plan member: | Percentage: %

Note: If beneficiary is shown as irrevocable, his/her consent is required to change it. Include a signed and dated consent with this form. **You are responsible for ensuring the validity of your designation.**

What is the new occupation?

Will you have Group Life coverage with your new occupation within 31 days of above benefit cease date? ◯ Yes ◯ No

How much life insurance coverage will you have under your new group plan? $

Individual plan requested:

◯ Permanent Life
◯ Non-convertible Level Term Life to Age 65
◯ One-year Non-renewable Convertible Term

Amount of Insurance to convert (Maximum $200,000/$400,000 for Quebec residents or as indicated in your Group Contract)
$

Premium payment option:
◯ Annual
◯ Monthly - (PAD required, see pages 8 and 9)

3. Declaration, authorizations and consent

In this section, **you** and **your** refer to the life applicant.

I, the Applicant, declare, to the best of my knowledge and belief, that all answers and statements recorded in this application are true and complete and agree that:

1. This application will be the basis of my contract issued hereunder;
2. Manulife will not be bound by any statement made to, or by, or any knowledge on the part of any other person, unless stated in writing in this application.

Read this entire section carefully. It explains how your personal information is used to issue and administer the policy or policies being applied for on this form. Your signature on this form 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 3. Any attempt to do so will be of no effect. If you wish to withdraw your consent or opt out of direct marketing, see the relevant section below.

At Manulife[i], protecting your personal information and respecting your privacy is important to us.

"We", "us" and "our" refer to The Manufacturers Life Insurance Company and our affiliated companies and subsidiaries.

Why do we collect, use, and disclose your personal information?
For the purposes of establishing and managing our relationship with you, providing you with products and services, administering our business, and complying with legal and regulatory requirements.

What personal information do we collect?
Depending on the product or service, 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)
- Financial information, investigative reports, credit bureau report, and/or a consumer report
- Information about how you use our products and services, and information about your preferences, demographics, and interests
- Banking and employment information
- Medical information that any organization or person has about you
- Any test that may be necessary for underwriting purposes
- Other personal information that we may require to administer your products or services and manage our relationship with you

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

Where do we collect your personal information from?
Depending on the product or service, we collect personal information from:

- Your completed applications and forms
- Other interactions between you and us
- Other sources, such as:
  - Your advisor or authorized representative(s)
  - Third parties with whom we deal with in issuing and administering your products or services now, and in the future
  - Public sources, such as government agencies, credit bureaus and internet sites
  - Financial institutions
  - The MIB, LLC (formerly known as the Medical Information Bureau)
  - Health Care Professionals, including Medical Practitioners, health care institutions, pharmacy and any other medically-related facility

Continued on the next page.

3. Declaration, authorizations and consent (continued)

What do we use your personal information for?
Depending on the product or service, we will use your personal information to:
- 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
- Comply with legal and regulatory requirements
- Understand more about you and how you like to do business with us
- Analyze data to help us make decisions and understand our customers better so we can improve the products and services we provide
- Perform audits, and investigations and protect you from fraud
- Determine your eligibility for, and provide you with details of, other products and services that may be of interest to you
- Automate processing to help us make decisions about your interactions with us, such as, applications, approvals or declines

Who do we disclose your personal information to?
Depending on the product or service, we disclose your personal information to:
- Persons, financial institutions, reinsurers, and other parties with whom we deal with in issuing and administering your product or service 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, paramedical and investigative agencies)
- Your doctor
- Public health authorities as required

Except where there are contractual restrictions, these people, organizations and service providers are both within Canada and outside of Canada. Therefore, your personal information may be subject to interprovincial or cross-border transfers in order to provide services to you and 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.

Withdrawing your consent
You may withdraw your consent for us to use your personal information for certain uses, subject to legal and contractual restrictions.

You may not withdraw your consent for us to collect, use, or disclose personal information we need to issue or administer your products and services. If you do so, we may not be able to provide you with the products or services requested or we may treat your withdrawal of consent as a request to terminate or refusal the product or service.

If you wish to withdraw your consent, phone our customer care center 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
It is your responsibility to notify us of any change to your contact information. Please contact us if your information has changed, or if you need to make a correction of any inaccuracies.

Access
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. Requests can be sent to: **Privacy Officer Manulife, P.O. Box 1602, Del Station 500-4-A, Waterloo, Ontario N2J 4C6** or **Canada_Privacy@manulife.ca**.

For more information you can review our **Canadian Privacy Policy**. Please note the security of email communication cannot be guaranteed. Do not send us information of a private or confidential nature by email.

[i]Manulife, "we", "us", "our" refers to The Manufacturers Life Insurance Company— Canadian Division operations, Manulife Securities Inc., Manulife Securities Investment Services Inc., Manulife Securities Insurance Inc., Manulife Asset Management Limited, Manulife Assurance Company of Canada, First North American Insurance Company, Manulife Bank of Canada, and affiliates of these entities.

Signed at (city/town): _____ Date signed (dd/mmm/yyyy): _____ Signature of witness (other than the insureds): _____

Signature of plan member: _____ Signature of spouse (if applying): _____

Request for Pre-Authorized Debit (PAD) plan

In this section, **you** and **your** refer to the owner(s) of the bank account from which withdrawals will be made. By asking us to establish an automatic monthly withdrawal plan to pay the 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 below
- the withdrawals from your bank account are in variable amounts. This means they may increase as required to administer the policy. (Example: if the premiums for the policy are scheduled to change), 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.**

Type of account: ◯ Savings ◯ Chequing ◯ Other

Account number: _____

Institution number: _____

Transit number: _____

Name and address of bank, trust company, Credit Union or Caisse Populaire:

_____

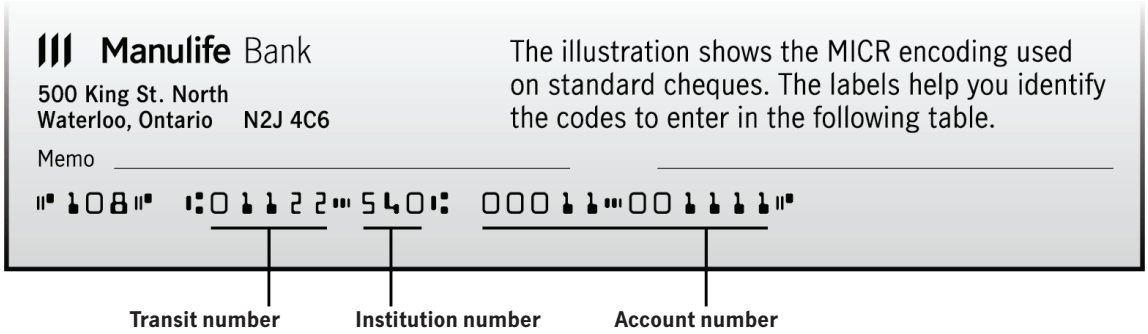
Please ensure you submit a void cheque and your first month's premium.

Name of account owner(s) as shown on bank record - please print:

_____

Withdrawal day (1st through 28th day of the month only) (dd/mmm/yyyy): _____ _____ _____

◯ Please withdraw the initial premium payment of $ _____ by Pre-Authorized Debit (PAD).



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 will attempt to withdraw that payment again within 30 days. If that withdrawal is not honoured, we will 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.

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.

Permanent Life

For Permanent Life, we have the right to change your monthly withdrawal date to be at least four days before your policy processing day.

Information about withdrawals from your bank account

Personal withdrawals

All automatic monthly withdrawals from your bank account will be treated as personal withdrawals as defined by Payments Canada in Rule H1 at **www.payments.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.payments.ca**.

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.payments.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.

Continued on the next page.

Request for Pre-Authorized Debit (PAD) plan (continued)

For more information about withdrawals from your bank account

If you have any questions or concerns about withdrawals from your bank account, contact us at 1-888-626-8543 in all provinces except Quebec and at 1-888-626-8843 in Quebec. For more information about your rights, contact your bank or financial institution or Payments Canada at **www.payments.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. The owner of the account from which payments are to be made 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:

Date (dd/mmm/yyyy):

Signature of account owner #1 or corporate signing officer #1:

Title (if applicable):

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 account owner #2 or corporate signing officer #2:

Date (dd/mmm/yyyy):

Signature of account owner #2 or corporate signing officer #2:

Title (if applicable):

Agent Information (This field is only applicable if an agent is involved.)

Agent of record name:

Date (dd/mmm/yyyy):

Name of company:

Agent number:

Company address:

Telephone number: ( )

Ext.

You must submit a completed application and provide payment in order for the policy to be issued.

Reset | Print | Save as

Manulife, Stylized M Design, and Manulife & Stylized M Design are trademarks of The Manufacturers Life Insurance Company and are used by it, and by its affiliates under license.