

Please send completed form to
Manulife, Individual Insurance at:

All provinces except Quebec 500 King Street North
P.O. BOX 1669
WATERLOO ON N2J 4Z6
Fax: 1-877-763-8834

In Québec 2000, rue Mansfield
bureau 1310
MONTREAL QC H3A 3A1
Fax: 1-877-271-5494

- *We, us* and *our* refers to the company that insures the policy identified below.
- *You* and *your* refers to the policy owner.
- Keeping your personal information up to date is important. Not only does it help us provide you the best possible service, it's required by Canada's *Proceeds of Crime (Money Laundering) and Terrorist Financing* legislation. Please let us know if - for example your address, phone number, email, occupation or nature of your principal business, beneficial ownership, board of director, signing officer(s), or the intended use of the policy has changed

Warning:

Upon surrender or discharge of your policy, a portion of the cash value (if any) may be taxed as income, which may increase your taxable income for the year. We strongly urge you to review your situation and examine the provisions contained in your policy before you surrender this policy.

We will cancel your policy and the insurance coverage it provides when we receive this completed form.

Should you have any questions about completing this form, contact your advisor or call our Customer Service Centre at 1-888-626-8543 in all provinces except Quebec or 1-888-626-8843 in Quebec. If you are calling from outside of North America, call us collect at 1-519-747-6600. Visit manulife.ca for more information.

1 General information

Policy number

Name of insured person (first, middle initial, last)

Name of policy owner #1 (first, middle initial, last or full legal name for a corporation)

Name of policy owner #2 (if applicable)

2 Payment instructions

Payment, if any, made as indicated fully settles all claims and demands associated with your policy. This payment also releases and fully discharges us from all other liability.

☐ Paid by direct deposit

☐ To the policy owner using the bank information we already have on file

☐ To the bank account indicated here

108	101122	5401	0001100111
Transit number	Institution number	Account number	

Name of bank or financial institution

Transit number

Institution number

Account number

Name of bank account holder(s) (first, middle initial, last)

Address of bank account holder(s) (street, number and apt number)

City

Province

Postal code

☐ Apply funds to Manulife policy number

☐ As a premium payment in the amount of \$

☐ To reduce an existing loan by \$

What should be done if there is any money leftover?

☐ Direct deposit to the banking information already on file.

☐ Direct deposit to the bank account indicated above.

Note: If the policy has a collateral assignee, direct deposit is not available. We will send a cheque made payable to the policy owner(s) and any assignee(s), to:

☐ Policy owner ☐ Advisor ☐ Other (provide name and address below)

Name (first, middle initial, last)

Address (street, number and apt number)

City

Province

Postal code/Zip code

3 Policy location

☐ Policy is enclosed.

☐ Policy has been lost, misplaced or stolen.

4 Signatures

If there are 2 policy owners, both of them must sign.

** If the owner is a corporation, we require:

- 2 signing officers' signatures and titles
 - or
 - 1 signing officer's signature, title 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 signature box for owner #1 and write your initials in the box provided.

*** If the policy has been collaterally assigned or in Quebec, hypothecated, either:

- Obtain a Release of Assignment or Release of Hypothecation **or**
- Have the collateral assignee or hypothecary creditor sign this form to show consent for the policy surrender.

A copy, fax, scan, or image of this request is as valid as the original for transactions up to \$500,000 if the policy has a single owner.

A copy, fax, scan, or image of this request is as valid as the original for transactions up to \$150,000 if the policy is corporately owned, has more than one owner, is assigned as collateral, is part of a trust, or has an irrevocable or preferred beneficiary.

We collect, use, and disclose your personal information for the purposes identified in this form. Unless there are contractual limitations, your personal information may be accessed or transferred within or outside Canada and may be subject to the laws of those jurisdictions. You may withdraw your consent, subject to legal and contractual restrictions. You also have the right to access and correct your personal information maintained in our files. For more information you can review our [Canadian Privacy Policy](#) at [manulife.ca](#).

Canadian Privacy Policy | Ten Privacy Principles | Manulife

This policy explains how Manulife collects personal information, what we will do with it, how it will be protected and who we will share it with.

Signed at (city or town, province)

Date (dd/mm/yyyy)

Signature of policy owner #1**

X

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.

Preferred beneficiaries named on policies issued before July 1, 1962 and irrevocable beneficiaries named on all policies must sign below to show their consent to the policy surrender. Minor beneficiaries cannot give consent.

Signature of irrevocable or preferred beneficiary

X

Signature of collateral assignee***

X

Title (if applicable):

Signature of policy owner #2**

X

Title (if applicable):

Signature of irrevocable or preferred beneficiary (if applicable)

X

Signature of collateral assignee***

X

Title (if applicable):