

Please send completed form to
Manulife, Individual Insurance at:

All provinces except Quebec

500 King Street North
PO 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

Application for policy loan or withdrawal

- *We, us and our* refers to the company that insures the policy identified below. *You and your* refers to the policy owner.
- 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.
- Complete **1** form for each individual insurance policy.
- If withdrawing PUA/DOI on a Performax Gold, Manulife Par, or Manulife Par with Vitality Plus™ policy, please complete *Request for change for Performax Gold and Performax policies*, NN0739E_PMAX.
- For full surrenders, use *Policy surrender*, NN0387E.
- 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.
- 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 Policy information	Policy number			Name of policy owner(s) (first, middle initial, last)		
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2 Policy loan or withdrawal information	Type of request ☐ Policy loan ☐ Policy withdrawal Amount requested ☐ Maximum loan or partial withdrawal available ☐ Specific amount (after any charges have been subtracted) \$ _____					
This policy loan or withdrawal could result in a taxable gain. For a policy on payment or premium offset, if you make a withdrawal your reduced policy value may not be sufficient to pay your policy costs. You may need to start making payments to keep your policy in effect. Manulife UL policies (policy date after Nov 19, 2021) and Manulife UL with <i>Vitality Plus</i>™ policies: You can withdraw money from the PGIF account only once per calendar year. Loan credit letter If you receive a T5 tax slip as a result of your loan, you may be entitled to a loan credit letter when you repay the loan. T2210-deduction of loan interest Interest paid on a policy loan used to earn income can be deducted while preparing your income tax return. You can request a T2210 from us.	For policy withdrawals, source of withdrawal ☐ Withdrawal of paid up additions ☐ Withdrawal of accumulated dividends ☐ Partial withdrawal (indicate fund name, if applicable) _____ ☐ Other (specify) _____					
	Payment instructions for the loan or withdrawal ☐ Pay by direct deposit ☐ To the policy owner using banking information already on file ☐ To the bank account indicated here					
						
	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		
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)						
Name (first, middle initial, last)						
Address (street, number and apt number)						
City		Province/State		Postal/ZIP code		

3 Loan details	If a policy loan interest rate (or service charge) is not specified in the policy contract, we will calculate interest at a rate set by us from time to time based on the prime rate being charged by our banker plus 2%. If the loan and interest, together with all other indebtedness under the policy, at any time exceeds the policy's cash value the policy will automatically terminate, subject to any right of reinstatement provided by the policy.
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4 Signatures

- 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 seal and you are the only person authorized to sign on behalf of the corporation, in addition to signing, write your initials in the box provided.
- * If the policy has been **collaterally assigned or in Quebec, hypothecated,** the assignee must sign to agree or obtain a Release of Assignment or Release of Hypothecation. For financial institution assignees, we require 2 authorized signatures.

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.

Signature of owner #1 X		Date (dd/mmm/yyyy)
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.	
Signature of owner #2 X		Date (dd/mmm/yyyy)
Title (if applicable):		
Signature of collateral assignee/hypothecary creditor (if applicable)* X		Date (dd/mmm/yyyy)
Title (if applicable):		
Signature of collateral assignee/hypothecary creditor (if applicable)* X		Date (dd/mmm/yyyy)
Title (if applicable):		
Any irrevocable or preferred beneficiaries must sign to show their consent to the policy loan or withdrawal. Minor beneficiaries cannot give consent.		
Signature of irrevocable beneficiary (if applicable) X		Date (dd/mmm/yyyy)

