Manulife

Request for change
Evidence of insurability NOT required

Mail or fax to Manulife, Individual Insurance:

Outside Quebec
500 King Street North
P.O. BOX 1669
WATERLOO ON N2J 4Z6
Fax: 1-877-763-8834
manulife.ca

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

Customer Service Centre:
All provinces except Quebec 1-888-626-8543
Quebec 1-888-626-8843
Outside of North America, call us collect at 1-519-747-6600

- *We, us,* and *our* refer to the insurer of the policy listed below.
- *You* and *your* refer to the policy owner.
- For a Performax Gold or Performax policy, use *Request for change for Performax Gold and Performax policies*, NN0739E(PMAX).
- For Synergy, the word *policy* also refers to *solution*.
- 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.

Effective date of change (if applicable) (dd/mmm/yyyy)

1 General information

An *insured person* is a person who is insured under the policy or any rider.

Policy number	Branch code	Name of advisor	Advisor code

Name of the insured person (first, middle initial, last)	Date of birth (dd/mmm/yyyy)

2a Changes to all types of policies

* If this change is for Manulife UL with level death benefit (policy date after Nov 19, 2021), we need to change your death benefit to Face plus and we may need to request evidence of insurability for that change.

** To change the death benefit option to increasing, complete *Application for change*, NN7001E.

*** To change the dividend option from cash to paid-up insurance, complete *Application for change*, NN7001E.

Important: If you are changing the dividend option from Term Option or Enhancement, your yearly term insurance coverage will be cancelled.

† To add a step-child or legally adopted child to an existing rider **or** if your plan requires evidence of insurability for each child, complete *Application for change*, NN7001E

◯ Correct a birthdate (submit proof of birthdate) from _____ to _____
(dd/mmm/yyyy) (dd/mmm/yyyy)

◯ Change from 10-year cost coverage to ◯ Level cost coverage ◯ 20-year cost coverage
◯ For all insurance **or** ◯ For insurance coverage number(s) _____

◯ Change cost type from 10-year renewable to 65 to level cost to 65 (Synergy only)

◯ Change coverage type or coverage option to (Lifecheque only)
◯ 20-year renewable ◯ Primary ◯ Level ◯ Permanent (payable to age 100)

◯ Change coverage option (Family Term, Family Term with *Vitality*™, Family Term with *Vitality Plus*™, and Business Term) to
◯ Term-20 **or** ◯ Term-65 **or** ◯ Term-life

◯ Premium duration change (available on Manulife Par and Manulife Par with *Vitality Plus*™ only)
◯ Change from Pay for 10 years to **Pay for 20 years** ◯ Change from Pay for 10 years or Pay for 20 years to **Pay to age 90**

◯ Change from yearly renewable (increasing) to level cost of insurance*
◯ For all insurance **or** ◯ For insurance coverage number(s) _____

◯ Change death benefit option to level**

◯ Change joint first-to-die coverage to joint last-to-die, costs to first death (InnoVision policies dated April 21, 2007 or later only).

◯ Change joint first-to-die coverage to joint last-to-die, costs to last death (InnoVision and Security UL only).
You must submit a signed illustration and select one of the following options:
◯ Change all joint first-to-die coverages **or**
◯ Change $ _____ of coverage number _____

◯ Change dividend option*** from _____ to _____
For Manulife Par and Manulife Par with *Vitality Plus*, if you choose cash as the dividend option, no deposit option payments may be made into the policy.

◯ Add a child born to an insured person to an **existing children's protection rider†**

Name of child	Date of birth (dd/mmm/yyyy)	Sex
		◯ Male ◯ Female

2a Changes to all types of policies (continued)

†† If this change is for Security UL (policy date before Sept. 25, 2004) or Limited Pay UL: any partial cost refund or guaranteed cash value amount released because of a policy change will be placed in your policy investment accounts. To withdraw that amount from your policy (subject to taxation and our administrative rules), select 'Other change' and provide withdrawal instructions.

◯ Cancel an insurance or rider coverage
(specify coverage number and, if applicable, name of rider) _____

◯ Decrease a benefit or rider (specify name of benefit or rider) _____
from $ _____ to $ _____

◯ Delete an insured person†† (specify name of insured person) _____

◯ Decrease face amount† on coverage number _____ from $ _____ to $ _____
New premium (UL only): _____ (specify premium amount or write 'minimum')

◯ Decrease amount of insurance on a Synergy solution from $ _____ to $ _____
Note: For a Synergy solution, only the Synergy amount of insurance can be decreased.

◯ Change fund (Manulife Investor only) from _____ to _____
(name of fund) (name of fund)

◯ Change to reduced paid-up

◯ Other change (specify; e.g. change withdrawal order) _____

▶▶ **For changes specific to disability policies only go to section 2b.**

2b Additional changes to disability policies only

Do not complete for any changes to a Synergy solution.

◯ Renew disability policy after age 65 (submit a letter of employment on company letterhead that states that the insured person is gainfully employed a minimum of 30 hours per week)

◯ Decrease benefit period from _____ to _____

◯ Increase elimination period from _____ to _____

3 Signatures

Insured person(s) may be a parent or guardian, if applicable.

Policy owner(s) (if other than the insured person)

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.

We collect, use, and disclose the personal information provided for the purposes of processing your request, establishing, and managing our relationship with you, providing you with products and services, administering our business, and complying with legal and regulatory requirements.

We collect personal information from you, your advisor or authorized representatives, third parties you allow to share information with us or who issue, service, and administer your products and services now or in the future, and public sources.

We disclose your personal information to our employees, agents, representatives, financial institutions, reinsurers, and other parties with whom we deal in issuing and administering your products and services, now and in the future. Also, our employees or 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).

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** or email us at **Canada_Privacy@Manulife.ca**.

Questions? Please phone our Customer Service Centre at 1-888-626-8543 in all provinces except Quebec or 888-626-8843 in Quebec.

By signing below:

- You are requesting the changes or deletions shown above to the policy identified in section 1. You authorize us, if necessary, to amend the policy.
- You, any irrevocable beneficiary and any collateral assignee or hypothecary creditor understand that the changes may affect the amount or timing of the benefits payable, the conditions under which the benefits become payable or the expiry date of the coverage.
- You, the insured person, any irrevocable beneficiary and collateral assignee or hypothecary creditor agree that a faxed copy of this form is valid authorization to process these changes.
- If the premiums for this policy are paid by automatic monthly withdrawal, the owner(s) of that bank account agree that:
  - any refund resulting from this change will be deposited to the same account unless you give us other instructions; and
  - we can increase the monthly withdrawal by the new amount required to keep the policy in effect as a result of this policy change. **They waive the right to receive 10 days' notice of the amount of automatic monthly withdrawal.**

Signature of insured person ✘		Signature of witness ✘	Date (dd/mmm/yyyy)
Signature of policy owner ✘	Title	Signature of witness ✘	Date (dd/mmm/yyyy)
Signature of policy owner ✘	Title	Signature of witness ✘	Date (dd/mmm/yyyy)
Signature of irrevocable beneficiary ✘		Signature of witness ✘	Date (dd/mmm/yyyy)
Signature of collateral assignee or hypothecary creditor ✘	Title	Signature of witness ✘	Date (dd/mmm/yyyy)
Signature of collateral assignee or hypothecary creditor ✘	Title	Signature of witness ✘	Date (dd/mmm/yyyy)
Name of account holder #1 (first, middle initial, last) or full name of legal entity (including Company etc.) (if that person has not already signed above)		Name of account holder #2 (first, middle initial, last) (if that person has not already signed above)	
Signature of account owner #1 ✘		Signature of account owner #2 ✘	
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.		

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