Manulife

Request for change for Performax Gold and Performax policies

Evidence of insurability NOT required

Send this form to Manulife at:

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

In Quebec
2000, rue Mansfield, bureau 1310
MONTREAL QC H3A 3A1
Fax: 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 Manufacturers Life Insurance Company (Manulife).
- *You* and *your* refer to the policy owners.
- For any other type of policy, use *Request for change*, NN0739E.
- 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)

1.0 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)

1.1 Cash release information

[1] Withdrawals may result in a taxable gain.

If you make a change to your policy:
- For **Performax Gold**, we will apply any released cash value and/or unused costs to the accumulation account.
- For **Performax**, we will refund any cash value and/or released unused premium to you[1].

2.0 Changes requested – Performax Gold or Performax policies

◯ Cancel an insurance or rider coverage	Coverage number

◯ Change policy to reduced paid-up insurance.

Important: This change is permanent. Changing to reduced paid-up insurance cancels all riders on your policy. For policies with term option, this changes the performance credit option (on **Performax Gold**) or the dividend option (on **Performax**) from term option to paid-up insurance, which cancels your yearly term insurance.

◯ Correct a birthdate (submit proof of birthdate)	Correct date (dd/mmm/yyyy)

◯ Remove an insured person from the policy	Name of the insured person to remove

◯ Other change:

2.1 Changes requested – Performax Gold policies

[2] To change the performance credit option to term option, or from accumulation account to paid-up insurance, use *Application for change*, NN7001E.

[3] Any associated early cash value enhancer rider decreases by the same amount.

◯ Change performance credit option [2] for insurance coverage number:

◯ To accumulation account ◯ From term option to paid-up insurance

IMPORTANT: If you change your performance credit option from term option to any other option, we cancel your yearly term insurance coverage.

◯ Change cost duration of the term insurance rider from 10-year to 20-year for coverage number:

◯ Decrease:

◯ Amount of insurance on coverage number [3] :	From $	To $

Important : For insurance coverages with a performance credit option of term option, if you decrease the amount of insurance, your term option guarantee may be reduced or lost. To maintain your term option guarantee, consider decreasing your term option amount. Select 1 of the following options:

◯ Term option amount associated with coverage number:	From $	To $

◯ Do not adjust the term option amount (with this option, your term option guarantee may be reduced or lost.)

◯ Term option amount associated with coverage number:	From $	To $

2.1 Changes requested – Performax Gold policies (continued)

◯ Withdraw cash value

Important: The cash value you withdraw from your performax enhancer coverage(s) affects your policy values. If your performance credit option is term option, decreasing your paid-up insurance and/or deposit option insurance decreases your term option amount by the same amount, as described in our administrative rules.

◯ Withdraw $ by decreasing deposit option insurance amount on coverage number:

◯ Withdraw $ by decreasing paid-up insurance amount on coverage number:

Important: If your performance credit option is term option and you decrease your paid-up insurance, you also lose any term option guarantee.

◯ Use this withdrawal as 1 of the following options[1]:

◯ Cash withdrawal payable to you (subject to our administrative rules) ◯ Pay policy loan

◯ Pay policy costs ◯ Other

2.2 Changes requested – Performax policies

[4] To change the dividend option to paid-up insurance or to term option, use *Application for change*, NN7001E.

[5] This may result in a release of cash value and a taxable gain.

For withdrawals use *Application for policy loan or withdrawal*, NN0941E.

◯ Change dividend option[4]	From	To

Important: If you change the dividend option from term option, we cancel your yearly term insurance.

◯ Reduce 1 of the following options:

◯ Basic face amount[5]	From $	To $

Important: For policies with a dividend option of term option and a term option guarantee, if you decrease your basic face amount, your term option guarantee may be reduced or lost. To maintain your term option guarantee, consider a decrease in your term option amount. Select 1 of these options:

◯ Reduce the term option amount	From $	To $
◯ Do not adjust the term option amount (with this option, your term option guarantee may be reduced or lost)		
◯ Rider amount	From $	To $
◯ Term option amount (any term option plus will be reduced first)	From $	To $
◯ Term option plus amount	From $	To $

3.0 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.

* 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 where indicated to show consent for the policy change.

If the policy is assigned to a bank, we also require:

- The signatures and titles of 2 bank officials, and the name of the bank.

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:
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

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, or the conditions under which the benefits become payable.
- 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 policy costs for this policy are paid by monthly pre-authorized debits, the holder(s) of the bank account agree that we can increase the monthly withdrawal by the new amount required to keep the policy in effect as a result of this policy change. The holder(s) of the bank account waive the right to receive 10 days' notice of the amount of monthly pre-authorized debits.
- You understand that for Performax Gold policies, we can put any refund resulting from this change into your policy's accumulation account.

PRINT

3.0 Signatures (continued)

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.

* 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 where indicated to show consent for the policy change.

If the policy is assigned to a bank, we also require:

- The signatures and titles of 2 bank officials, and the name of the bank.

Persons insured under the policy

Signature of insured person #1 ✘ Title	Signature of witness ✘ Date (dd/mmm/yyyy)
Signature of insured person #2 ✘ Title	Signature of witness ✘ Date (dd/mmm/yyyy)

Owners of the policy

Signature of owner of the policy (if not one of the insureds)* ✘ Title	Signature of witness ✘ Date (dd/mmm/yyyy)
Initial here	Write your initials here to confirm that you are the sole 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 of the policy (if not one of the insureds)* ✘ Title	Signature of witness ✘ Date (dd/mmm/yyyy)

Other signatures required

Signature of irrevocable or preferred beneficiary on the policy ✘ Title	Signature of witness ✘ Date (dd/mmm/yyyy)
Signature of the collateral assignee/hypothecary creditor on the policy ✘ Title	Signature of witness ✘ Date (dd/mmm/yyyy)
Initial here	Write your initials here to confirm that you are the sole person authorized to sign on behalf of the corporation and that it does not have a seal. You must also sign above.
Signature of collateral assignee/hypothecary creditor on the policy ✘ Title	Signature of witness ✘ Date (dd/mmm/yyyy)

Account holders (if banking information has changed)

Name of account holder #1 or corporate signing officer #1 (first, middle initial, last)	Title (if applicable)	Date (dd/mmm/yyyy)
Signature of account holder #1 or corporate signing officer #1 ✘	Initial here	Write your initials here to confirm that you are the sole 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 holder #2 or corporate signing officer #2 (first, middle initial, last)	Title (if applicable)	Date (dd/mmm/yyyy)
Signature of account holder #2 or corporate signing officer #2 ✘		

Did you know?
If you currently pay by cheque, you can save postage costs by making your payments with online banking. To pay online, go to your personal banking site and add MANULIFE INDIVIDUAL INSURANCE to your list of payees.
When asked for your account number, type in your policy number and add "ILC" to the beginning (i.e. **ILC**1234567).

Manulife