Manulife Claimant's Statement

When an insured person passes away, use this form to submit a claim for investments or life insurance benefits.

Upon review of this form, additional documents or information may be required. You will be contacted if additional information is needed.

A separate form is required for each claimant.

Information required to complete the form

- Policy number (if available)
- Information about the deceased and their death, including date and cause of death, funeral home information
- For life insurance, information about the deceased's recent doctors and hospital visits
- Banking information if you would like to receive payment by direct deposit
- Business number, for corporate beneficiaries
- The deceased's SIN number, if you are claiming on behalf of the estate
- Name and address of the executor if applicable

You will need approx 15 minutes to complete

NOTICE:
We will be verifying that the claimant is the correct recipient prior to paying the funds.

If you need more generic guidance on when and what to do, contact details or mailing addresses, visit our guide at the back of this form.

Is your claim for:

◯ A life claim ◯ An investment claim ◯ Both

1 Information about the deceased

Policy number

Additional policy number (separate by commas)

Deceased's name (first, middle initial, last)

Date of birth of deceased (dd/mmm/yyyy)

Date of death of deceased (dd/mmm/yyyy)

Place of death of deceased (province, country)

Marital status of the deceased (on date of death)

SIN or BN

Cause of death (insurance claims cannot be paid without this information)

IMPORTANT: Old age and natural causes are not considered a medical cause of death. Will accept old age for 80 years of age or older.

2 Information about claimant

In what capacity are you claiming the proceeds:

◯ Named beneficiary ◯ Executor ◯ Trustee ◯ Other

Provide details for other

Claimant's name (first, middle initial, last), or company name (for corporate beneficiary)

Suite or apt #

Street address

City

Province

Postal code

Phone number ( )

Date of birth (dd/mmm/yyyy)

Relationship to the deceased

2 Information about claimant (continued)

Name and mailing address of executor

◯ Same as above ◯ A different address

Executor name (first, middle initial, last)

Suite or apt # | Street address

City | Province | Postal code | Phone number ( )

Provide the social insurance number (SIN) or business number (BN) for one of the following options.

Are you a:

◯ Beneficiary making the claim ◯ Trustee making this claim on behalf of the beneficiary ◯ Representative of the estate ◯ Representative of a corporate beneficiary

Your SIN | Beneficiary's SIN | Deceased's SIN | BN used for tax purposes

The Social Insurance number (SIN) or Business number (BN) is required for reporting of interest and/or other tax reporting requirements, and to confirm your identity. If the claimant has never been assigned a SIN or BN number, write "No number".

Quebec business number (if applicable)

3 Claims for investments

If you are only submitting a claim for life insurance, go to section 4, Claims for life insurance
Settlement option: Selection must be in accordance with settlement option(s) provided within letter and/or claim details statement.

Choose one of the following options:

◯ **Lump sum payment by cheque**

◯ **Lump sum payment by direct deposit to the Claimant's bank account at a Canadian financial institution**
Not applicable for external registered or non-registered contracts. Provide a personalized void cheque.

◯ **Transfer proceeds into a High Interest Manulife Bank Advantage Savings Account**
(Provide personalized void cheque; or to apply for an account, contact your advisor or go to **manulifebank.ca**)

◯ **Transfer proceeds to another Canadian financial institution** (provide the following for the transfer)

Name of Canadian financial institution | Contract or policy number

Address of Canadian financial institution

These funds are intended as a transfer of death claim benefits as permitted under the applicable provision of the Income Tax Act (Canada). This transfer will discharge us from all liability with respect to the above-noted policy(ies).

◯ **Internal transfer** (provide the following for the transfer)

Policy number to transfer to | Deposit allocation

3 Claims for investments (continued)

◯ **Continuation Segregated Fund and GIC (RRIF only)**
Continue the terms of the contract as owner. Please provide personalized void cheque for Canadian financial institution and date of birth as requested in section 1.

◯ **Continuation Segregated Fund and GIC (Non Registered and RRSP)**
Continue the terms of the contract. A new policy number will be assigned for administration purposes only.

◯ **Continue the annuity investment contract, if applicable**
To deposit payments directly to your account, attach a personalized void cheque to this page. By selecting this option, you, your heirs, executors, administrators and assigns agree that any sum or sums of money paid to your bank account after your death will be refunded to us for distribution to the person(s), if any, entitled to the money under the terms of the contract.

If you are submitting a claim for investment products only, go to **section 6**, Advisor information.

4 Claims for life insurance

Choose one of the following options for the payment proceeds:

You may wish to discuss your options with an advisor.

Payment by cheque sent to: ◯ Claimant completing this form ◯ Advisor of record

◯ **Payment by direct deposit**
(Canadian financial institution only) **Not applicable for Affinity members: alumni, professional and retail members.**
PROVIDE A PERSONALIZED VOID CHEQUE OR DIRECT DEPOSIT BANK STATEMENT.

◯ **Transfer proceeds into a High Interest Manulife Bank Advantage Savings Account**
(provide personalized void cheque; or to apply for an account, contact your advisor or go to **manulifebank.ca**)

◯ **Apply to a new or existing policy with us**
Include the applicable application or deposit form.

Policy number	Include investment and payment details (if applicable)

◯ **Transfer under a settlement option with us**
(only applicable to annuity settlements already on file) i.e. Term Certain or Life Annuity - Complete an application for annuity, NN0486E.

5 Medical details about the deceased Life insurance claims only

IMPORTANT: Any reference to testing, tests, test results, or investigations excludes genetic tests. Genetic test means a test that analyzes DNA, RNA or chromosomes for purposes such as the prediction of disease or vertical transmissions risks, or monitoring, diagnosis or prognosis.

Approximate date when the health of the deceased was first affected (dd/mmm/yyyy)

Did the deceased, to your knowledge, ever smoke or use tobacco or tobacco cessation products?

◯ Yes ◯ No ◯ Unknown

# of cigarettes per day	Other products (type and quantity per day)	How long did the deceased use tobacco or other products?

5 Medical details about the deceased (continued) Life insurance claims only

Did the deceased ever stop smoking?

◯ Yes ◯ No ◯ Unknown ◯ NA

If yes, when?

If yes, for how long?

Primary Doctor

Provide the name of the deceased's usual doctor and any other doctor(s) they attended in the last 5 years. If more space is needed, use another form or sheet of paper **(both must be signed and dated)**.

Primary doctor's name (please print)

Address

Phone number

Date (dd/mmm/yyyy)

Reason for visit

Other Doctor

Other doctor's name (please print)

Address

Phone number

Date (dd/mmm/yyyy)

Reason for visit

Other Doctor

Other doctor's name (please print)

Address

Phone number

Date (dd/mmm/yyyy)

Reason for visit

Name and location of all hospitals or institutions where the deceased was treated in the last 5 years.

Hospital or Institution

Hospital or institution (please print)

Address

Phone number

Date (dd/mmm/yyyy)

Reason for visit

Hospital or Institution

Hospital or institution (please print)

Address

Phone number

Date (dd/mmm/yyyy)

Reason for visit

6 Advisor information

Are you working with an advisor to complete this claim?

◯ Yes ◯ No

Advisor name (first, last)

Advisor code

Phone number ( )

Email address

7 Authorization and consent

Before signing, please read the following important information about the collection and use of any personal information connected to this Claimant's Statement.

In this section personal information refers to personal information about you.

Collecting, using and disclosing personal information

By signing below, you consent that we may use the personal information about you that we collect to:

- Verify your identity and to otherwise uniquely identify you
- Evaluate and administer claims with respect to this (these) policy(ies).

At Manulife† 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?

We may 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 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.

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.

7 Authorization and consent (continued)

Who do we disclose the information we collect 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 Stn 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.

If You Have a Concern or Complaint

You may discuss any questions or concerns you may have by contacting your advisor or our head office. More information about our complaint resolution procedures is available on the internet at manulife.ca under *Contact Us*.

† 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.

8 Signatures

By signing below, you are confirming that:

- To the best of your knowledge, all of the information in this Claimant's Statement is current, correct and complete
- You agree to the terms of this Claimant's Statement
- You make all of the declarations, acknowledgements and authorizations contained in this Claimant's Statement
- A copy of this authorization and agreement is as valid as the original document.

Provincial legislation in some provinces requires us to inform you that the time limit for taking legal action is set out in the Insurance Act and/or other legislation that applies to your claim.

FRAUD NOTICE: Any person who knowingly files a claim containing any false or misleading information may be subject to criminal and civil penalties. In addition, an insurer may deny benefits if false information materially related to the claim or application for insurance was provided by the applicant or the claimant.

Signed at (city or town, province)	Date (dd/mmm/yyyy)

For instructions on who needs to sign, refer to the guide at the back of this form.

If claimant is an individual, a trust or an estate

Signature of claimant	Primary phone number	Business phone number
X		
Signature of claimant	Primary phone number	Business phone number
X		

If claimant is a corporation or unincorporated entity

Signature of signing officer	Title	Business phone number
X		
Signature of signing officer	Title	Business phone number
X		

Intial	
	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.

For life insurance or investment claims, send to:

Manulife
500 King Street North
P.O. BOX 1602
WATERLOO ON N2J 4C6

Or, fax to:
For investment claims:
1-877-277-3774

For life insurance or Professional, Alumni and Retail Members claims:

All provinces except Quebec:
1-877-763-8834
In Quebec: **1-877-271-5494**

For Professional, Alumni and Retail Members claims send to:

Manulife
P.O. BOX 11023
STN CENTRE-VILLE
MONTREAL QC H3C 4V7

Should you have any questions about completing this form, contact your advisor or call our customer service centre.
Visit **manulife.ca** for more information.

For Life Insurance:	1-888-626-8543	(Quebec Only) 1-888-626-8843	Outside North America (519) 747-6600
For Investments:	1-888-790-4387	(Quebec Only) 1-800-355-6776	
For Professional Alumni & Retail Members:		1-800-268-3763	

Manulife

Guide

How is this form used for life claims?

This form is used to make a claim for the death benefit of a life insurance policy after an insured person dies.

How is this form used for investment claims?

This form is used to make a claim for the proceeds of an investment product such as an annuity, segregated fund contract, GIC, RRIF, or RRSP after the annuitant dies.

Who are professional, alumni and retail members?

The policy may be part of a professional, alumni or retail association if:

- The insurance was purchased through the policy holder's affiliation with a professional or alumni association (for example, Engineers Canada or the Canadian Medical Association)
- The policy holder purchased the insurance without the help of an insurance advisor.

Who should complete this form?

This form should be completed by the person or entity claiming the proceeds from the investment or insurance product.

If a policy has multiple claimants, please send us a separate form for each claimant. For example, if a life insurance contract has 2 named beneficiaries, each beneficiary must complete and submit this form to claim their portion of the death benefit.

Where do I find the policy or certificate number?

The policy number is found on the contract or billing statement.

Why do we need a Social Insurance Number (SIN) or Business Number (BN)?

We need the SIN or BN when we report interest amounts and/or other tax requirements, and to confirm your identity.

Why do we ask for the deceased's health information for insurance products?

We use this information to adjudicate the claim according to the terms and conditions of the policy.

Required signature – Individual claimant

If the claimant is an estate or trust, all executors, liquidators, administrators, or trustees must sign this form.

If a person with Power of Attorney is signing on behalf of a claimant, provide a copy of the Power of Attorney.

Required signature – Corporate claimants

For Individual Insurance and Professional, Alumni and Retail Members: If the beneficiary is a corporation, we need signatures and titles of 2 signing officers or the signature and title of 1 signing officer and the corporate seal. If there is no corporate seal, we require the initials of the signing officer confirming that they are the only person authorized to sign on behalf of the corporation.

For Manulife Investments: If the beneficiary is a corporation, sign according to the corporate resolution and provide a copy of the resolution.

For unincorporated entities, provide documentation that outlines the signing authorities for the entity.

Has your name changed since our files were updated?

If your name is different from what we have in our files, please send us a copy of your name change documentation (for example, a copy of a marriage certificate).

Glossary

annuity
a financial product that pays a fixed stream of payments to a person or entity over a defined period.

assignee
a person or entity to whom the policy has been assigned as collateral security.

beneficiary
a person or entity designated to receive death benefit proceeds.

claimant
the person or entity who claims the death benefit.

estate
the money and property owned by a particular person when they die.

executor
a person or entity authorized to represent the deceased's estate.

GIC
Guaranteed Interest Contract.

RRIF
Registered Retirement Income Fund.

RRSP
Registered Retirement Savings Plan.

segregated fund contract
an individual variable insurance contract.

trustee
a person or entity who is appointed to receive the proceeds on behalf of a beneficiary or claimant (for example, a minor beneficiary).