Manulife

Application for a child protection rider

Send this completed form to:

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

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

- *You* and *your* refer to the policy owner, unless otherwise indicated.
- *We, us,* and *our* refer to The Manufacturers Life Insurance Company (Manulife).
- Use this form to apply for a child protection rider coverage on your life insurance policy. To increase or apply for a new children's Lifecheque rider on a Lifecheque policy or a new child protection rider–critical illness on a Synergy solution, use *Application for change*, NN7001E.
- Attach an additional sheet of paper if you need more space to answer the questions.
- Should you have any questions about completing this form, contact your advisor or call our Customer Service Centre at 1-888-626-8843 in Quebec, or 1-888-626-8543 in all provinces except 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
Name of policy owner #1 (first, middle initial, last)	Name of policy owner #2 (first, middle initial, last)

2 Information about the child to be insured

Does the child to be insured under this rider live with any policy owner or insured person? ◯ No ◯ Yes

Name (first, middle initial, last)	Sex ◯ Male ◯ Female	Date of birth (dd/mmm/yyyy)
Relationship to the insured person ◯ Child ◯ Stepchild ◯ Legally adopted child	Where was the child born? (include province and country)	

Height and weight

Height ◯ ft/in ◯ cm	Weight ◯ lb ◯ kg

In the past 12 months, has the child's weight decreased by more than 5 lb (2.3 kg)?

◯ No ◯ Yes ▶ If *Yes*, answer the following questions.

Amount of weight loss ◯ lb ◯ kg	Why did the child lose weight?

Medical information

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 transmission risks, or monitoring, diagnosis or prognosis.

Has the insured person or the child been told the child had, or has the child ever had or been investigated or treated for conditions involving: cancer, heart disease or abnormality, kidney disease, diabetes, developmental disorder or psychological impairment?

◯ No ◯ Yes ▶ If *Yes*, answer the following questions.

What was the diagnosis or condition?

What is the child's current state of health?

Has the child ever been hospitalized for more than 5 consecutive days?

◯ No ◯ Yes ▶ If *Yes*, answer the following questions.

What were the dates of hospitalization? (dd/mmm/yyyy)

What was the reason for the hospitalization?

What was the diagnosis?

What is the child's current state of health?

In the past 5 years, has the child used any prescribed medication on daily basis for more than 3 weeks? Do not include vitamins or any medications to treat skin, asthma or allergy.

◯ No ◯ Yes ▶ If *Yes*, answer the following questions.

What type of medication?

What was the reason for the medication?

Is the child still using the medication?

◯ No ◯ Yes ▶ If *Yes*, provide details.

3 Authorization and consent

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 (Manulife) 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?

Depending on the product or service, we 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 your personal information.

Where do we collect your personal information from?

Depending on the product or service, we collect specific 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:

- 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 your personal information.

Who do we disclose your information 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.

3 Authorization and consent (continued)

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.

†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.

4 Signatures and authorizations

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.

The *Income Tax Act* (Canada) introduced new tax rules for life insurance policies that are effective January 1, 2017. If your policy was issued before that date, it may be subject to the new tax rules if you make a change that takes effect on or after January 1, 2017 and if that change requires medical underwriting, or results in a new policy or coverage being issued after 2016. An existing policy that becomes subject to the new rules may require a withdrawal to keep its exempt status and the withdrawal could increase your taxable income. If we cannot adjust your policy to maintain its exempt status, it may become non-exempt. Talk to your advisor and be sure you understand the tax consequences of any change to your policy.

In this section, *you* refers to the owner of this policy, and the insured person under this policy. By signing here you are confirming that:

- You have read this application and confirm that the statements in it are complete, current and accurate to the best of your knowledge and belief.
- You authorize us to share and exchange the information on this application with MIB, LLC.
- You will immediately notify us of any errors or omissions in this application.
- A copy of this authorization and agreement is as valid as the original document.
- If the premiums for this policy are paid by pre-authorized debit (PAD), the pre-authorized debits for monthly payments will be treated as a personal PAD as defined by Payments Canada in Rule H1 at **payments.ca**. The account holder(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.
  - 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 PAD.**
- **Quebec Residents Only:** You acknowledge that you were provided with the French application and any forms required to apply for insurance. You have expressly chosen to apply for insurance and to receive any forms required for the application of insurance in English.

4 Signatures and authorizations (continued)

If the owner is different than the insured, we also require the signature of the insured.

If a person to be insured is under age 16 (under age 18 in Quebec), the mother, father or guardian (if they are not also a policy owner) must sign below to consent to this application for insurance.

If an account holder is not the policy owner or one of the people to be insured under the policy, that account holder must sign here to authorize the withdrawals.

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

Signature of child to be insured if age 16 or over (all provinces except Quebec)	Signature of witness
✘	✘

If a person to be insured is under age 16 (under age 18 in Quebec)

Relationship to the person to be insured: ◯ Mother ◯ Father ◯ Guardian (tutor in Quebec)

Signature of parent or guardian (tutor in Quebec)	Signature of witness
✘	✘

Signature of policy owner #1	Title (if the policy is owned by a business)
✘	

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 policy owner #2	Title (if the policy is owned by a business)
✘	

Name of account holder #1 or corporate signing officer #1 (first, middle initial, last)	Date (dd/mmm/yyyy)

Signature of account holder #1 or corporate signing officer #1	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.

Name of account holder #2 or corporate signing officer #2 (first, middle initial, last)	Date (dd/mmm/yyyy)

Signature of account holder #2 or corporate signing officer #2	Title (if applicable)
✘	

5 Advisor's statement

In this section, *you* and *your* refer to the advisor.

List the advisors involved in this application for change. If the servicing advisor shown is not the current servicing advisor, we will update our records to use the servicing advisor shown here.

1 Name of **servicing** advisor (first, middle initial, last)			2 Name of advisor (first, middle initial, last)		
Advisor code	Branch code	Commission share %	Advisor code	Branch code	Commission share %

By signing here, you confirm that:

- You hold all necessary licenses and certificates to write this application for change in your jurisdiction and the jurisdiction where the policy owner resides.
- If this change involves replacing another policy, you have made all proper disclosures to your client and completed the appropriate replacement documents, and provided these documents to us, if necessary.
  - You have disclosed the following information to the owner of this policy:
  - The name of the company or companies you represent
  - You receive commissions for the sale of life and living benefits insurance products and may receive bonuses, invitations to conferences or other incentives
  - Any conflicts of interest you may have with respect to this transaction.

Name of advisor (first, middle initial, last)	Advisor code

Signature of advisor	Email address or telephone number for advisor
✘	

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