

Declaration • Please read carefully before signing

Health Declaration

I declare that I have never been diagnosed with, had any signs and/or symptoms of, or had any medical consultations and/or abnormal tests for the following disorders:

- Cancer, Intracranial Tumour
- Heart Disease (including but not limited to Angina and Heart Attack), Stroke, Transient Ischemic Attack (TIA), Peripheral Vascular Disease or Diabetes
- Hepatitis, including Hepatitis Carrier State, Chronic Kidney Disease, AIDS or HIV

I declare that I have never had Coronary Artery Bypass surgery and/or Aortic surgery.

I declare that I have not undergone any medical or diagnostic tests for which I am currently awaiting results and I have not been advised by a doctor or specialist to undergo any medical or diagnostic tests which have not yet been completed.

I declare that during the past 5 years I have not had any signs and/or symptoms of, received treatment for, or been advised to seek treatment regarding Drug Abuse and/or Alcoholism.

General Declaration

I hereby apply for insurance to The Manufacturers Life Insurance Company.

I declare that the information contained in this application is true and complete and forms the basis of any Policy issued hereunder.

I declare that I am a Canadian resident between the ages of 18 and 65 years. I understand that my coverage will come into effect on the first day of the month following the date my application and payment are received by Manulife.

I acknowledge and declare that I have read and understand the information concerning the terms of coverage under the plan and the limitations and exclusions applicable to such coverage, including those related to pre-existing conditions.

I also declare that, if selecting a non-smoker benefit and premium option, I have not used any tobacco, nicotine substitutes, tobacco cessation products or marijuana within the last twelve (12) months. I agree that any material misrepresentation, including smoking status, will render the insurance voidable by Manulife.

I acknowledge receipt of and agree with the Notice on Privacy and Confidentiality.

A photocopy of this signed declaration shall be as valid as the original.

(DD/MMM/YYYY)

Signed at (City/Province)

Applicant's Signature

Dated

Advisor's Report • For Advisor Use Only

You confirm that you have disclosed the following information to the applicant:

- the name of the company or companies you represent
- that you receive commissions for the sale of life and accident and sickness insurance products and may receive bonuses, invitations to conferences or other incentives; and
- any conflicts of interest you may have with respect to this transaction.

Your name (first, middle initial, last) _____ Advisor code _____

Signature _____

List the advisors involved in this sale. Note: The first advisor listed will be considered the servicing advisor.

Name of **servicing** advisor _____ Advisor code _____ Percentage of commission _____%

Name of advisor _____ Advisor code _____ Percentage of commission _____%

Distribution channel:

Managing General Agency (MGA)

Name _____ MGA code _____ MGA email _____

National Account

Name _____ National Accounts code _____ National Accounts email _____

Please send the completed application to:

For Regular Mail:

Manulife
P.O. Box 670
Stn Waterloo
Waterloo, ON N2J 4B8

For Courier:

Manulife
500 King Street
Affinity Markets New Business
Delivery Station 500-GB
Waterloo, ON N2J 4C6

Mail policy to: Insured Advisor, Mailing address: _____

Note: If you are contracted through a MGA/National Account firm, please forward the completed application to their office.

Notice on Privacy and Confidentiality

The specific and detailed information requested on the application form is required to process the application. To protect the confidentiality of this information, Manulife will establish a "financial services file" from which this information will be used to process the application, offer and administer services and process claims. Access to this file will be restricted to those Manulife employees, mandataries, administrators or agents who are responsible for the assessment of risk, marketing and administration of services and the investigation of claims, and to any other person you authorize or as authorized by law. These people, organizations and service providers may be in jurisdictions outside Canada, and subject to the laws of those foreign jurisdictions.

Your consent to the use of personal information to offer you products and services is optional and if you wish to discontinue such use, you may write to Manulife at the address shown below. Your file is secured in our offices or those of our administrator or agent. You may request to review the personal information it contains and make corrections by writing to: Privacy Officer, Manulife, PO Box 1602, Del. Stn. 500-4-A, Waterloo, ON N2J 4C6.

Plans underwritten by **The Manufacturers Life Insurance Company.**

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