coverme™

Application for CoverMe® Guaranteed Issue Life Insurance
The Manufacturers Life Insurance Company

AIR MILES®† Collector #: 8

Part A – Applicant Information

Last Name

First Name Initial

Address

City

Province Postal Code

❑ Male ❑ Female Date of Birth DD / MM / YYYY Age

Preferred Contact Phone Number

E-mail

❑ Smoker ❑ Non-Smoker*

*Non-smoker status applies to people who have not used tobacco, tobacco cessation products or marijuana in the past 12 months.

Spouse Information (if applying for coverage)

Last Name

First Name Initial

Address (if different than that of Primary Applicant)

City

Province Postal Code

❑ Male ❑ Female Date of Birth DD / MM / YYYY Age

Preferred Contact Phone Number

E-mail

❑ Smoker ❑ Non-Smoker*

*Non-smoker status applies to people who have not used tobacco, tobacco cessation products or marijuana in the past 12 months.

Part B – Choice of Coverage

I apply for CoverMe Guaranteed Issue Life coverage: (Please select ☑ one)

❑ $5,000 ❑ $10,000 ❑ $15,000 ❑ $20,000 ❑ $25,000

Choice of Coverage

I apply for CoverMe Guaranteed Issue Life coverage: (Please select ☑ one)

❑ $5,000 ❑ $10,000 ❑ $15,000 ❑ $20,000 ❑ $25,000

Part C – Beneficiary Information

Beneficiary on Primary Applicant's Coverage
I hereby designate the individual(s) named as beneficiary(ies) on this application to receive any death benefit payable with respect to the coverage applied for. If no beneficiary is designated, benefits will be payable to the Estate.

1. Last Name First Name

Relationship to You, the Applicant % of Benefit

2. Last Name First Name

Relationship to You, the Applicant % of Benefit

If you designate a beneficiary who is a minor when benefits become payable, benefits will be paid into court or to the Public Trustee, unless a trustee is appointed. By appointing a trustee below, you agree that if the beneficiary is a minor on the date that benefits become payable, the benefits will be paid to the trustee to hold in trust for the minor until the minor comes of age.

Trustee

Last Name First Name

Relationship to the Beneficiary

A copy, fax, scan or image of the beneficiary designation in this application is as valid as the original.

For Quebec residents only:
In the province of Quebec, if you designate a beneficiary who is under the age of 18 when benefits become payable, benefits will be paid to the tutor or administrator of the beneficiary and no trustee may be appointed. **Any designation of a spouse as a beneficiary is irrevocable unless stipulated to be revocable. (Check box below if designation is to be revocable.)**

❑ I hereby declare and stipulate that the beneficiary designation made in this form is revocable.

Beneficiary Information

Beneficiary on Spouse's Coverage
I hereby designate the individual(s) named as beneficiary(ies) on this application to receive any death benefit payable with respect to the coverage applied for. If no beneficiary is designated, benefits will be payable to the Estate.

1. Last Name First Name

Relationship to You, the Spouse % of Benefit

2. Last Name First Name

Relationship to You, the Spouse % of Benefit

If you designate a beneficiary who is a minor when benefits become payable, benefits will be paid into court or to the Public Trustee, unless a trustee is appointed. By appointing a trustee below, you agree that if the beneficiary is a minor on the date that benefits become payable, the benefits will be paid to the trustee to hold in trust for the minor until the minor comes of age.

Trustee

Last Name First Name

Relationship to the Beneficiary

A copy, fax, scan or image of the beneficiary designation in this application is as valid as the original.

For Quebec residents only:
In the province of Quebec, if you designate a beneficiary who is under the age of 18 when benefits become payable, benefits will be paid to the tutor or administrator of the beneficiary and no trustee may be appointed. **Any designation of a spouse as a beneficiary is irrevocable unless stipulated to be revocable. (Check box below if designation is to be revocable.)**

❑ I hereby declare and stipulate that the beneficiary designation made in this form is revocable.

Part D – Information about Your Existing Coverage

Applicant or Spouse:

Do you have any pending or existing life insurance coverage with Manulife or any other company? ❑ Yes ❑ No

If "Yes", complete the following:

Applicant or Spouse's Name	Insurance Company Name	Personal or Business	Amount of Coverage	Do you intend to replace this coverage?*
			$	❑ Yes ❑ No
			$	❑ Yes ❑ No

* Note: If you intend to replace coverage, do not cancel your existing coverage until you receive and review your new insurance contract. A replacement form or declaration may be required, and we may not be able to issue an insurance contract where replacement is indicated.

Part E – Your Payment Method (Please select Option #1 or Option #2)

Pay monthly by credit card or PAD and collect AIR MILES®† reward miles every month.

OPTION #1: CREDIT CARD AUTHORIZATION

❑ Credit Card:

❑ Visa ❑ MasterCard ❑ American Express ❑ Monthly ❑ Annually

Account Number ____________-____________-____________-____________ Expiry Date ________/________ (MM/YYYY)

OPTION #2: PAYMENT BY CHEQUE

❑ Monthly Pre-Authorized Debit – PAD (Please enclose a sample cheque marked "VOID")

❑ Annually (Please enclose a cheque payable to Manulife)

Payment Information

For Pre-Authorized Debit (PAD) payment options

Name of Account holder ____

Financial Institution ________________________ Address ________________________________ City/Town ________________________

Bank Account Number ______________________________ Transit Number __________________________________

Type of Account: ❑ Personal Chequing ❑ Chequing/Savings ❑ Savings ❑ Current ❑ Direct Deposit Account ❑ Other

Joint Accounts: Is this a joint account requiring only one signature? ❑ Yes ❑ No

If more than one signature is required on withdrawals issued against the account, both account holders must sign this authorization.

Non-Chequing Accounts: Since approval from my financial institution is required for pre-authorized payments from accounts with no chequing privileges, I have made prior arrangements to allow for pre-authorized payments from my account. Enclosed is a withdrawal slip that has been stamped by my financial institution allowing withdrawals to be made from my non-chequing account.

Payment Authorization

For Credit Card payment options

Manulife may terminate coverage or change the method of payment to another qualifying method should a withdrawal be refused for any reason and the financial institution shall in no way be held liable should such an event occur. A $25.00 fee will be charged for all NSF (Non-Sufficient Funds) transactions.

I hereby authorize Manulife to make a withdrawal from my account on or about the first business day of each month in which insurance premiums are due. This authorization may be terminated by either Manulife or by me through written notice.

Name of Cardholder ____ Signature of Cardholder ____

Second Signature if Joint Account ______________________________________ Dated ______________________

DD/MM/YYYY

For Pre-Authorized Debit (PAD) payment options

I authorize Manulife to withdraw the premium amount of $_________________from my bank account for monthly insurance premiums due on or after the date I sign this authorization. I authorize Manulife to withdraw premiums on or about the first business day of each month or the next business day thereafter. Withdrawals from my account may be for variable amounts and may change in accordance with the insurance contract and as required to administer the policy. **I waive the right to receive 10 days' notice of the amount and date of each automatic withdrawal from my account.** If my bank or financial institution does not honour an automatic monthly withdrawal the first time it is presented for payment, Manulife may attempt to withdraw that payment again within 30 days. Manulife reserves the right to ask me for an alternate method of payment if my payment is not honoured. All one-time or automatic withdrawals from my bank account will be treated as personal withdrawals as defined by the Canadian Payments Association in Rule H-1. I and/or Manulife can end this agreement at any time by giving 10 days' written notice. I understand that cancelling this PAD agreement may result in a loss of insurance coverage unless Manulife receives another form of payment. Any refund of premium paid pursuant to this authorization shall be made to the policy owner.

You may obtain a sample cancellation form by contacting your financial institution or through www.payments.ca. If you have any questions about withdrawals from your bank account, contact us at 1-877-COVER ME® (1-877-268-3763), am_service@manulife.com or write to us at Manulife, P.O. Box 670, Stn Waterloo, Waterloo, Ontario N2J 4B8.

You have certain recourse rights if any debit does not comply with this agreement. For example, you have the right to receive reimbursement for any PAD withdrawal that is not authorized or is inconsistent with this PAD agreement. To obtain a form for a Reimbursement Claim, or for more information on your recourse rights, contact your financial institution or visit www.payments.ca.

Name of Cardholder _______________________________ Signature of Cardholder _______________________________

Second Signature if Joint Account _________________________ Dated _______________
DD/MM/YYYY

Account Holder Address (if different from Applicant) ____

Part F – 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 (underwriting), 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, P.O. Box 1602, Del Stn 500-4-A, Waterloo, ON, N2J 4C6.

Part G – Declaration and Authorization Please read carefully before signing.

I/We, the undersigned applicant(s), hereby apply for insurance to The Manufacturers Life Insurance Company. I/We declare that the statements contained in this application are true and complete and together with any other forms signed by me/us in connection with this application, form the basis for any policy issued hereunder. I/We understand that any material misrepresentation, including misstatement of smoker status, shall render the insurance voidable at the instance of the insurer. Suicide within two years of the effective date is a risk not covered. I/We have read and understand that there are exclusions and limitations on the coverage applied for. I/We understand that insurance will take effect on the date the application and payment of the first premium are received by Manulife at its office.

I/We hereby designate the individual(s) named as beneficiary(ies) to receive the proceeds payable upon my/our death.

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

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

Signed At _____________________________ Dated _____________ Signature of Applicant _______________________
(city, province) DD/MM/YYYY

Signed At _____________________________ Dated _____________ Signature of Spouse _______________________
(city, province) DD/MM/YYYY

Send your completed application form along with your initial premium payment to
Manulife, P.O. Box 670, Stn Waterloo, Waterloo, ON N2J 4B8.
If you need assistance, call Manulife at
1-877-COVER ME® (1-877-268-3763), Monday to Friday from 8 a.m. to 8 p.m. ET.

Plan underwritten by The Manufacturers Life Insurance Company (Manulife).

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