



Term conversion application or exercising a GIO or BVP

INSTRUCTIONS

Use this form if

- evidence of insurability is **not** required for the term conversion or the exercise of a Guaranteed Insurability Option (GIO) or Business Value Protector (BVP) option.

Use the *Application for change*, NN7001E instead of this form if

- evidence of insurability **is** required for the term conversion or the exercise of a GIO or BVP option.

CHECKLIST

Documents required with this form

- Completed, signed product page
- Completed, signed illustration (if new insurance will be Performax Gold, Security UL, Limited Pay UL or InnoVision)
- Initial premium payment/deposit
- Void cheque (if setting up a new automatic withdrawal plan)
- Original policy, if available
- Financial statements for the business the coverage applies to for the last two years (if exercising a BVP option)
- Documentation showing the current equity position of each insured person in this business (if exercising a BVP option)

Signatures required in section 11

- All owners of any policy described in this form
- People insured on any policy described in this form
- All irrevocable beneficiaries and collateral assignees/hypothecary creditors on the policy to which insurance is added
- For a term conversion, all irrevocable beneficiaries and collateral assignees/hypothecary creditors on the existing policy
- Bank account owner(s) paying for a new policy
- Corporate signing officer(s) as described on page 8

Name of advisor (first, middle initial, last)	Advisor code	Branch code	Percentage
Name of advisor #2 (first, middle initial, last)	Advisor code	Branch code	Percentage
			Total 100%

Term conversion application or exercising a GIO or BVP

- The *original insurer* refers to the company that issued the insurance policy identified in section 1.
- *We, us* and *our* refer to the company that will insure the new insurance. If you are applying for a LifeWise policy, the company will be Manulife Canada Ltd.; otherwise, *we, us* and *our* refer to The Manufacturers Life Insurance Company.
- *You* and *your* refer to the owner of Policy 1, except where otherwise specified.

Please print clearly.

1 Policy information Note: Write this policy or coverage ID number on the product page you complete (as a cross reference).	Number of the policy containing the term insurance to be converted or the GIO or BVP provision (Policy 1 elsewhere in this document)				
	Coverage ID number if applicable				
2 Information about the insured person "A" * required if the insured will also be an owner of the new insurance	Name of insured person (first, middle initial, last)				
	Sex <input type="radio"/> Female <input type="radio"/> Male	Social insurance number *	Date of birth (dd/mmm/yyyy)		
	Address (number, street and apt.)	City or town	Province	Postal code	
Information about the insured person "B" * required if the insured will also be an owner of the new insurance	Name of insured person (first, middle initial, last)				
	Sex <input type="radio"/> Female <input type="radio"/> Male	Social insurance number *	Date of birth (dd/mmm/yyyy)		
	Address (number, street and apt.)	City or town	Province	Postal code	
3 What change are you requesting?	Select one <input type="radio"/> Convert term insurance <input type="radio"/> Purchase insurance through a Guaranteed Insurability Option (GIO) <input type="radio"/> Purchase insurance through a Business Value Protection (BVP) Rider <input type="radio"/> Purchase insurance by converting a Children's protection rider (CPR) with a Critical Illness Insurability Benefit (complete section 4d)				
	Specify <input type="radio"/> issue the new insurance on a new policy (Policy 2) <input type="radio"/> issue policy in English <input type="radio"/> Établir le contrat en français OR <input type="radio"/> issue the new insurance as a new coverage on existing policy number _____				
	If there is a Total Disability Waiver on Policy 1, is the person insured by that rider currently totally disabled and unable to perform the duties of their regular occupation? <input type="radio"/> Yes <input type="radio"/> No				
4 Converting an individual policy or rider To terminate any insurance other than term, complete <i>Policy surrender</i> , NN0387E.	a. The insurance being converted is contained in the: <i>Select all that apply.</i> <input type="radio"/> Policy <input type="radio"/> Term insurance rider <input type="radio"/> Term option rider (Multiplier Dividend Option) <input type="radio"/> Spouse protection rider <input type="radio"/> Other rider: _____ <input type="radio"/> Children's protection rider - Child's date of birth (dd/mmm/yyyy): _____				
	b. Tell us the following information about the insurance you are converting:				
	Name of insured person (first, middle initial, last)	Coverage date	Current term coverage amount	Amount of current term coverage to be converted	Amount of current term coverage to be cancelled
			\$	\$	\$
			\$	\$	\$

4 Converting an individual policy or rider (continued)

c. Which of the following riders or benefits do you want to transfer to the new policy?

Rider or benefit	Amount of coverage to transfer to new policy	Rider or benefit	Amount of coverage to transfer to new policy
<input type="radio"/> Accidental Death Benefit	\$	<input type="radio"/> Children's protection rider Child's date of birth:	\$
<input type="radio"/> Total Disability Waiver rider	not applicable	<input type="radio"/> Children's protection rider Child's date of birth:	\$
		<input type="radio"/> Children's protection rider Child's date of birth:	\$

Purchasing critical illness insurance for a person insured by a Children's Protection Rider (CPR)

d. For CPRs with a Critical Illness Insurability Benefit

In this section, *you* refers to the insured person.

1. Do you have or have you applied for critical illness insurance that provides a total of \$1,900,000 or more coverage with The Manufacturers Life Insurance Company and other insurance companies?

No Yes

2. Have you ever been diagnosed with cancer of any kind, heart attack, coronary artery disease requiring surgery or any condition requiring coronary angioplasty, stroke, Multiple Sclerosis, blindness, deafness, loss of speech, kidney failure, paralysis, loss of limbs, coma, Alzheimer's disease, motor neuron disease, HIV, Parkinson's disease, severe burns, benign brain tumour or have you been placed on the waiting list for or undergone a major organ transplantation, or undergone aortic surgery or heart valve replacement?

No Yes

Your eligibility for critical illness insurance

If you answered **no** to both questions, tell us the amount of insurance you want to purchase below.

If you answered **yes** to either question, we regret that we cannot offer you critical illness insurance without evidence of your insurability. If you want to apply for critical illness insurance by providing evidence of insurability, complete and submit the *Application for life and critical illness insurance*, NN7000.

Amount of insurance

You may buy a combination of life insurance and critical illness insurance as long as the total amount of insurance is not more than \$250,000 and the critical illness portion of the total insurance is not more than \$100,000.

How much insurance do you want to purchase?

Amount of life insurance \$	Amount of critical illness insurance \$
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5 GIO or BVP option information

Business Value Protector option

OR

Type of Guaranteed Insurability Option: age policy anniversary alternative

Option date (dd/mmm/yyyy)	Event establishing alternative option (e.g. birth of child)
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What proof of the event is being submitted? (e.g. birth certificate)

6 Beneficiary information

The beneficiary designations made here apply to the **new** insurance only. If you do not designate beneficiaries for the new insurance, any benefit payable under the new insurance will be payable to the owner of the new insurance or his/her estate.

Beneficiaries (other than a spouse under a Quebec policy) will be revocable unless you specifically indicate that they are irrevocable.

For policies in **Quebec**, if you have named your spouse as a beneficiary, the designation is irrevocable unless you select "Revocable".

If you have an **irrevocable** beneficiary, your rights in the policy will be limited. The beneficiary must give written consent before you can:

- change this designation;
- withdraw funds;
- assign the contract;
- transfer ownership; or
- otherwise change your policy (e.g. increase coverage)

Minor children cannot give written consent to these changes.

If you name more than one beneficiary, tell us the percentage of the benefit that each primary beneficiary is to receive. Otherwise, we will divide the benefit evenly among the surviving primary beneficiaries. A secondary beneficiary (also known as a contingent beneficiary) receives a death benefit **only** if no primary beneficiaries are alive when the insured person dies or if all primary beneficiaries are disqualified.

About irrevocable beneficiary designations

If you believe your circumstances warrant designating your beneficiaries as *irrevocable*, we strongly recommend you first discuss this with your advisor.

Beneficiaries designated for insured person "A"

Primary beneficiary(ies) name(s) (first, middle initial, last)	Relationship to insured person (in Quebec, relationship to owner)	<input type="radio"/> Revocable <input type="radio"/> Irrevocable	% share
Primary beneficiary(ies) name(s) (first, middle initial, last)	Relationship to insured person (in Quebec, relationship to owner)	<input type="radio"/> Revocable <input type="radio"/> Irrevocable	% share
Total			100 %
Secondary beneficiary(ies) name(s) (first, middle initial, last)	Relationship to insured person (in Quebec, relationship to owner)	<input type="radio"/> Revocable <input type="radio"/> Irrevocable	% share
Secondary beneficiary(ies) name(s) (first, middle initial, last)	Relationship to insured person (in Quebec, relationship to owner)	<input type="radio"/> Revocable <input type="radio"/> Irrevocable	% share
Total			100 %

Beneficiaries designated for insured person "B"

Primary beneficiary(ies) name(s) (first, middle initial, last)	Relationship to insured person (in Quebec, relationship to owner)	<input type="radio"/> Revocable <input type="radio"/> Irrevocable	% share
Primary beneficiary(ies) name(s) (first, middle initial, last)	Relationship to insured person (in Quebec, relationship to owner)	<input type="radio"/> Revocable <input type="radio"/> Irrevocable	% share
Total			100 %
Secondary beneficiary(ies) name(s) (first, middle initial, last)	Relationship to insured person (in Quebec, relationship to owner)	<input type="radio"/> Revocable <input type="radio"/> Irrevocable	% share
Secondary beneficiary(ies) name(s) (first, middle initial, last)	Relationship to insured person (in Quebec, relationship to owner)	<input type="radio"/> Revocable <input type="radio"/> Irrevocable	% share
Total			100 %

Trustee for minor beneficiaries (not applicable in Quebec)

Complete this section if a beneficiary named above is a minor. Your signature on page 8 confirms that you agree that any benefit that becomes payable to a minor child will be paid to the trustee to hold in trust for the child.

Beneficiary name(s) (first, middle initial, last)	Trustee name(s) (first, middle initial, last) To leave the trustee name(s) <i>unchanged</i> , select <input type="radio"/> no change	Relationship of trustee to beneficiary

7 Policy ownership

Policy 1 means the policy identified in section 1 of this application and *Policy 2* means the policy on which we issue the converted insurance or the new insurance requested under the GIO or BVP Rider. In some cases *Policy 1* and *Policy 2* may be the same policy.

If you leave this section blank, the owner of *Policy 2* will be the same as the current owner of *Policy 1*.

If you are converting to new coverage on an **existing** policy, you cannot use this form to change ownership of that policy (use *Transfer of ownership*, NN0687E).

For Quebec policies only:

If ownership changes, any person insured by the original policy must sign on page 8 to confirm their consent to the ownership change.

Complete only if new insurance will be issued on Policy 2.

The owner of the new policy will be:

- owner of *Policy 1*, **OR** insured person "A", **OR** insured person "B" **OR**
 as indicated below

Name of owner #1 of <i>Policy 2</i> (first, middle initial, last or full legal name for corporations)			
Social insurance number or Business number (if applicable)		Relationship to person to be insured	
Address (number, street and apt.)	City or town	Province	Postal code
Name of owner #2 of <i>Policy 2</i> (first, middle initial, last)			
Social insurance number		Relationship to person to be insured	
Address (number, street and apt.)	City or town	Province	Postal code

Multiple owners outside Quebec

If this policy is to be owned by more than one person, we will set it up as *joint ownership with right of survivorship*. This means policy ownership is shared between the joint policy owners and, if the policy is still in effect after the death of one of the joint owners, that owner's share automatically passes to the surviving joint owner or owners. If you want ownership of your policy to be set up as *tenants in common* instead of *joint ownership with right of survivorship*, select *tenants in common* below.

- Tenants in common (If you selected this option, complete and submit *Establishing Tenants in Common Ownership for a Policy*, NN0967E.)

Multiple owners in Quebec

If this policy is to be owned by more than one person, and if the policy is still in effect after the death of one of the owners, that owner's interest will pass to their estate unless a subrogated policy owner has been named for that person's interest in the policy.

Successor owner for new life insurance policies (outside Quebec)

If there is only one owner and the new policy may continue after that owner's death, identifying another person to take over ownership results in a faster and easier transfer.

Name of owner #1	Name of successor owner (first, middle initial, last)	Relationship to owner
Name of owner #2	Name of successor owner (first, middle initial, last)	Relationship to owner

Subrogated owner for new life insurance policies (in Quebec)

If the new policy may continue after the policy owner's death, identifying another person to take over ownership results in a faster and easier transfer.

Name of owner #1	Name of subrogated owner (first, middle initial, last)	Relationship to owner
Name of owner #2	Name of subrogated owner (first, middle initial, last)	Relationship to owner

8 Billing information

In this section *you* and *your* mean the payor of the new insurance.

Specify the initial and future deposit allocation on the product page. Otherwise, we will set it as Savings.

For Performax Gold policies, additional payments will be credited to the Accumulation account by default.

Attach a cheque marked "void" for the account you want us to use for withdrawals if it's different from the account from which you're paying your first premium.

If you are converting to new coverage on an **existing** policy, your billing information for that policy will not change.

Complete only if you are requesting a new policy.

How do you want to be billed?

annually semi-annually quarterly by automatic monthly withdrawal

Your monthly premium \$	Extra payment amount \$	Your total monthly payment \$
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For universal life policies only

Calculate the minimum payment **OR** the total planned deposit is \$

Specify how you want to set up your regular premium payments:

use premium refund from Policy 1
 add your monthly payment to an existing automatic monthly withdrawal plan with Manulife Financial

Policy number on which the current automatic monthly withdrawal plan is set up

OR

set up a new automatic monthly withdrawal plan on this date: Monthly withdrawal date (1st through 28th)

What banking information should we use?

- from the cheque used to pay the first premium
- from the attached void cheque (Attach the cheque to this page, immediately below. The cheque can cover both the following table and the cheque image.)
- as follows:

Name of bank or financial institution	Transit number	Institution number	Account number
Relationship of account owner #1 to policy owner		Relationship of account owner #2 (if applicable) to policy owner	

(The illustration shows the MICR encoding used on standard cheques. The labels help you identify the codes to enter in the table above.)



Payment authorization

By asking us to set up an automatic monthly withdrawal plan, you agree to the following:

- your bank or financial institution will honour any withdrawals we make
- we have the right to increase the amount of automatic monthly withdrawals to the amount required to keep your policy in effect
- if the new insurance is added to an existing policy and the cost of insurance for that policy increases, you authorize us to increase your monthly withdrawal to cover the amount of the cost increase
- you waive the right to receive 10 days' notice of an increase in the amount of automatic monthly withdrawal
- you or we may end the plan by giving 10 days' written notice, counted from the date the notice is mailed
- we may end the plan immediately if your bank does not honour a withdrawal and
- you certify that all people whose signatures are required to sign on this account have signed on page 8, including any required joint account holders or corporate signing officers.

9 Direct deposit of refunds

If this conversion produces a refund, deposit it to:

the bank account recorded in your insurance file for policy number _____
OR
 the bank account identified in section 8

10 Authorization and consent

In this section, *you* and *your* mean the insured people, the owner(s) of Policy 1 and Policy 2, the parent or guardian of any children to be insured who are under age 16 (under age 18 in Quebec).

Please read this entire section carefully. It explains how your personal information is used to issue and administer the insurance policy you have applied for.

In section 11, we ask you to sign. Your signature means that you authorize and agree to the ways we collect, use, share and retain your personal information and that you agree to the conversion details and terms described in this application. You may not alter any of the wording in section 10, 10.1 and 11. Any attempt to do so will be of no effect. If you wish to withdraw your consent or opt out of direct marketing, see the relevant section below.

10 Authorization and consent (continued)

In this section, *you* and *your* mean the insured people, the owner(s) of Policy 1 and Policy 2, the parent or guardian of any children to be insured who are under age 16 (under age 18 in Quebec).

Collecting your personal information

In addition to the information you provide in this application, the information provided in connection with your original policy will be stored in your individual insurance file.

Dealing with us by telephone

Customer service calls are recorded for service quality control, information verification and training.

Using your personal information

We may use the personal information that we collect to:

- confirm your identity and to uniquely identify you
- confirm the accuracy of the information collected
- understand your financial situation better, evaluate your application and review claims submitted to us
- properly administer any financial services and products we provide
- comply with legal and regulatory requirements
- conduct searches to locate you and update your contact information in our files and
- determine whether other financial products offered by us, our affiliates and select financial product providers, are suitable for you so that we can provide you with details on those products.

In addition, we may use your social insurance number and your business number (if applicable) to uniquely identify you and to fulfill our tax-reporting requirements.

Sharing your personal information

We may share your personal information with the following people, organizations or service providers:

- our employees and agents who require this information to perform their jobs
- applicable reinsurers
- third-party service providers who require this information to provide their services to us, which may include:
 - claims investigators and investigative agencies
 - providers of information processing and storage, programming, printing, mailing and distribution services
- your advisor and any agency that employs your advisor or has named your advisor as its agent, and their employees
- people to whom you have granted access
- people who are legally authorized to view your personal information.

These people, organizations and service providers may be in other provinces or in jurisdictions outside Canada. Your information may be shared as required by the laws of those jurisdictions.

There are other situations where we may share aspects of your personal information with others, as described below.

- We may share your personal information with an organization or person from whom we are collecting information about you, but only as required to obtain the information we need.

Because the information you include on this application becomes part of the printed contract, in the case of a joint or corporate policy, your information will be included in the policy contract issued to the policy owner(s) and any subsequent owners.

Protecting and retaining your personal information

We protect the personal information that we collect and secure it in an individual insurance file. We will keep your personal information for the longer of:

- the time period required by law and by guidelines set for the financial services industry
- the time period required to administer the products and services we provide.

In the event that your application does not proceed, the authorizations, agreements and consent that you provide throughout this application continue in effect.

Withdrawing consent

You may withdraw your consent for us to collect, use, share or retain your personal information if federal or provincial laws give you this right.

If you have withdrawn your consent or if your consent is not adequate, you agree that until adequate consent is given the following consequences may apply:

- a policy will not be issued, if you withdraw your consent before the policy is issued
- no benefit will be payable under the policy
- you or your estate will not be able to exercise any rights you have under the policy without our agreement and
- at our option, we may choose to terminate the policy.

You may at any time withdraw your consent for us to use your social insurance number and your business number for the purpose of uniquely identifying you. However, withdrawal of this consent may affect our ability to ensure the accuracy of your personal and financial information.

10 Authorization and consent (continued)

Opting out of direct marketing

You have the right to opt out of additional product offerings. By withdrawing your consent for us to use your personal information for the purpose of marketing, you understand it will not affect our ability to continue to provide you with the products and services you have requested, but it will exclude you from receiving direct personalized marketing or special offers on other products and services.

To withdraw your consent or to opt out

To withdraw your consent, you must use the form and the process for withdrawal of consent that we determine. Please contact us for detailed information or for forms by calling our Customer Service Centre at:

1-888-626-8543 outside of Quebec or 1-888-626-8843 in Quebec

or by writing to the Privacy Office at the address on this page.

Your right to access your personal information

You can ask to review your personal information in our files and to have any inaccuracies corrected by sending a written request to:

Privacy Office – Individual Insurance

25 Water Street S.

PO Box 800 Stn C

Kitchener ON N2G 4Y5

Additional privacy policy information

You can obtain a copy of our policies and practices for handling personal information by contacting our Privacy Office at the above address or by visiting: www.manulife.ca > Privacy Policy

How we resolve complaints

To discuss any questions or concerns you may have, please contact your advisor or our head office at:

1-888-626-8543 outside Quebec or 1-888-626-8843 in Quebec

More information about our complaint resolution process is available on the Internet at www.manulife.ca under *Contact Us > Customer Satisfaction*.

10.1 Consent to convert or to exercise the GIO or BVP

In this section, *you* and *your* mean the insured person(s), the owner(s) of Policy 1 and Policy 2, the parent or guardian of any insured children under age 16 (under age 18 in Quebec) and any collateral assignee, hypothecary creditor or irrevocable beneficiary.

Please read this section for all conversions and applications to purchase insurance through a GIO or BVP Rider.

By signing in section 11, you consent to the conversion of insurance or the exercise of the option or rider as described in this application, and

- you make all declarations, acknowledgments and authorizations and give all consents as described in this application.
- you confirm that the information provided in connection with the original policy was correct and complete at the time it was provided.
- you agree that we have the right to contest the new insurance based on the evidence of insurability submitted when the original insurer issued or last reinstated Policy 1. This means that we may be entitled to void the new insurance if a material misrepresentation was made in connection with Policy 1.
- you agree that if we issue a policy under the terms of this application, the effective date of the new coverage will be shown on the contractual document that we send describing the new insurance.
- you acknowledge that on the effective date of the new insurance, the coverage you are converting and any coverage you ask us to cancel will be cancelled. Depending on the amount of insurance you are converting and cancelling, this may mean that Policy 1 will terminate.
- you agree that the coverage that comes into effect as a result of this application satisfies the original insurer's obligation to provide additional insurance under the original policy. The original insurer is released from this obligation to the same extent that the original insurer would have been released if they had provided the new insurance coverage.
- if you are converting insurance, you acknowledge that time limits for contestability and suicide run from the later of the date the insurance you converted was issued or last reinstated.
- if you are exercising a GIO or BVP option, you acknowledge that the time limits for contestability and suicide run from the later of the date the new insurance was issued or last reinstated.
- if you are a collateral assignee (hypothecary creditor in Quebec), you acknowledge that we will not be bound with respect to the new insurance until we receive a copy of the new assignment or hypothec of that new insurance at our head office.
- if you are an irrevocable beneficiary, you acknowledge that your rights under Policy 1 will only be carried forward to Policy 2 if you are designated as an irrevocable beneficiary in Policy 2.
- if you own Policy 1 but will not own Policy 2, you acknowledge that you do not gain any ownership rights in Policy 2 as a result of this conversion or exercise of GIO or BVP Rider.
- if the owner of Policy 2 is different than the owner of Policy 1, and Policy 2 is a Performax Gold or universal life policy, you acknowledge that any accumulated additional payment or deposit room in Policy 1 does not carry forward to Policy 2.

11 Signatures



Please sign below to confirm that you agree to the terms of this application that apply to you:

- you acknowledge that approval of your application is subject to contract provisions and our current administrative rules
- you have read this application and confirm that the statements in it are correct and complete; if you have not read the application, you confirm that you will read it when the policy is delivered; you will immediately notify us of any errors or omissions
- you have read and understood the final version of the policy illustration (if one is required), including the fact that some values in the policy may not be guaranteed; you will contact us immediately if you have any concerns regarding your illustration
- you agree to the terms described in the application
- a copy of this document is as valid as the original.

Signed at (city or town, province)

Signature of insured person "A" X	Signature of witness X	Date (dd/mmm/yyyy)
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Signature of insured person "B" X	Signature of witness X	Date (dd/mmm/yyyy)
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Signature of owner #1 of Policy 1 X	Signature of witness X	Date (dd/mmm/yyyy)
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Title (if applicable):	Signature of owner #2 of Policy 1 X	Signature of witness X	Date (dd/mmm/yyyy)
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.		
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Signature of collateral assignee/hypothecary creditor for Policy 1 (for conversion only) X	Signature of witness X	Date (dd/mmm/yyyy)
Title (if applicable):		

Signature of collateral assignee/hypothecary creditor for Policy 1 (for conversion only) X	Signature of witness X	Date (dd/mmm/yyyy)
Title (if applicable):		

Signature of irrevocable beneficiary for Policy 1 (if applicable)* X	Signature of witness X	Date (dd/mmm/yyyy)
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Sign below **only if** the owner(s), collateral assignee(s) or hypothecary creditor(s), or irrevocable beneficiaries are different for Policy 2.

Signature of owner #1 of Policy 2 (if not an owner of Policy 1) X	Signature of witness X	Date (dd/mmm/yyyy)
Title (if applicable):		

Signature of owner #2 of Policy 2 (if not an owner of Policy 1) X	Signature of witness X	Date (dd/mmm/yyyy)
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.		
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Signature of collateral assignee/hypothecary creditor for Policy 2 (if Policy 2 is an existing policy) X	Signature of witness X	Date (dd/mmm/yyyy)
Title (if applicable):		

Signature of collateral assignee/hypothecary creditor for Policy 2 (if Policy 2 is an existing policy) X	Signature of witness X	Date (dd/mmm/yyyy)
Title (if applicable):		

Signature of irrevocable beneficiary for Policy 2 (if applicable)* X	Signature of witness X	Date (dd/mmm/yyyy)
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Corporate signatures must include:

- two signing officers' signatures and titles
- or**
- one signing officer's signature, title and the corporate seal; if the corporation does not have a corporate seal and you are the only person authorized to sign on behalf of the corporation, sign in the box for owner #1 and write your initials in the box provided.

* Any irrevocable or preferred beneficiaries must sign to agree to any transfer of ownership, to a change in their beneficiary status or to release their interest as beneficiary.

Note: If Policy 2 is a **new** policy and your intention is to assign it, you must complete *Collateral assignment*, NN0504E or, for policies governed by Quebec law, *Hypothecation of rights under an insurance contract*, NN1542E.

Authorizations for automatic monthly withdrawals

Name of account owner #1 (first, middle initial, last) (if that person has not signed above)	Name of account owner #2 (first, middle initial, last) (if that person has not signed above)
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Signature of account owner #1 X	Signature of account owner #2 X
Title (if applicable):	Title (if applicable):

Additional comments from advisor