

Please send to:
Manulife Financial
Individual Insurance
500 King Street North
PO BOX 1669
WATERLOO ON N2J 4Z6

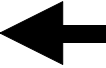
In Quebec, use form NN1542E, *Hypothecation of rights under an insurance contract.*

This document may not adequately reflect the intentions of the parties. We strongly advise that you seek the advice of your own legal advisor before completing this form.

- *We, us* and *our* refers to The Manufacturers Life Insurance Company and Manulife Canada Ltd.
- *You* and *your* refers to the policy owner.
- If you have any questions please call our Customer Service Centre at 1-888-626-8543.
- Please return the signed original of this form to Manulife Financial.

OWNER'S NAME

ADDRESS

 For return mail.
Please print owner's name and address.

1 General information An <i>insured person</i> is a person whose life is insured under the policy or any rider. For annuity/investment contracts, the <i>insured person</i> is the <i>annuitant</i> .	Policy number(s)	Name of insured person/annuitant (first, middle initial, last)	
	Branch code	Advisor's name	Advisor's code
2 Assignment of rights	By signing below, in exchange for value received, I transfer and assign the above policy(ies) by way of security for all present and future indebtedness to:		
	Name of creditor (please print)		
	Address		Postal code
	Signed at (location)		Date (dd/mmm/yyyy)
You and any irrevocable or preferred beneficiary under the Policy acknowledge that you have both read this form, including section 2, and confirm that you understand and agree to assume the consequences of completing this form by signing below.			
3 Signatures If the current owner is a corporation, we require the signatures and titles of two signing officers, or the signature and title of one signing officer and the corporate seal. The current beneficiary must sign the form to agree to the collateral assignment if he or she is an irrevocable beneficiary or a preferred beneficiary.	Signature of policy owner (and title, if applicable)	Name of policy owner	
	X		
	Signature of witness		
	X		
	Signature of policy owner (and title, if applicable)	Name of policy owner	
	X		
Signature of witness			
X			
Signature of irrevocable or preferred beneficiary, if applicable	Name of irrevocable or preferred beneficiary		
X			
Signature of witness			
X			