

Please print clearly.

<b>1 General information</b>	Policy owner (first, middle initial, last) or full legal name for corporations		Application number		
	Additional policy owner, if applicable (first, middle initial, last)				
	Premium quoted on illustration	\$			
<b>2 Coverage details</b>	Life (Lives) Insured under this policy		Face Amount \$		
	<input type="radio"/> Signet (Single life) <input type="radio"/> Joint first-to-die <input type="radio"/> Joint second-to-die				
<b>3 Additional protection</b>	<b>Benefit name</b>			<b>Amount</b>	<b>Type</b>
	<b>Single life</b>	<input type="radio"/> Accidental Death Benefit		\$	n/a
		<input type="radio"/> Guaranteed Insurability Option		\$	Special
		<input type="radio"/> Spouse Protection		\$	10 Year Term
		<input type="radio"/> Term Insurance		\$	10 Year Term
	<b>Joint life</b>	<input type="radio"/> Accidental Death Benefit (available only on plans with Death Benefit payable on <b>first</b> death)			
		<input type="radio"/> Joint Term Insurance		\$	10 Year Term
<b>4 Signatures</b>	By signing below, you confirm that you understand that:				
	<ul style="list-style-type: none"> <li>• guaranteed premiums will be established during the underwriting process and show in my contract when issued</li> <li>• this product page will form a part of the application to The Manufacturers Life Insurance Company for life insurance</li> </ul>				
	Signed at (city or town, province)			Date (dd/mmm/yyyy – for example, 23/JUL/2007)	
	Signature of policy owner <b>X</b>			Signature of additional policy owner (if applicable) <b>X</b>	
	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 advisor			Signature of advisor <b>X</b>		