

For InnoVision

† only available for policies dated on or after April 21, 2007 and with Level cost of insurance

* Please provide:
 • financial statements for the business named here for at least the last two years
 • documentation showing the current equity position of each insured person in this business

** Evidence of insurability is required for each child being added.

*** The Wealth Enhancer type selected (Increases, Increases and decreases OR Plus) must be the same for all Wealth Enhancer coverages in the policy.

**** The Face Amount and the Wealth Enhancer Plus amount combine to be the total coverage amount. If the Wealth Enhancer Plus amount is not specified, the Face Amount will be set at \$25,000 in base coverage and the remainder will be allocated as Wealth Enhancer Plus coverage.

Coverage type for the addition or increase

Cost of insurance for the addition or increase

- Single life Joint Last-to-Die, Costs to First Death †
 Joint First-to-Die Joint Last-to-Die, Costs to Last Death

- Level
 Yearly Increasing COI to age 100
 Yearly Increasing COI to age 85/20

If the policy has a Wealth Enhancer and/or Protection Indexor Rider on existing coverage(s), should it/they apply to this new coverage or increase?

- Yes No

Add supplementary benefits or riders for the insured person (people)

Benefit name	Amount	Type
<input type="radio"/> Accidental Death Benefit	\$	N/A
<input type="radio"/> Business Value Protector * Business name:	<input type="radio"/> Business owner's share of fair market value or <input type="radio"/> Lesser of \$_____ and business owner's share of fair market value	N/A
<input type="radio"/> Child Protection **	\$ 10,000	N/A
<input type="radio"/> Guaranteed Insurability Option	\$	<input type="radio"/> Regular <input type="radio"/> Special
<input type="radio"/> Protection Indexor	<input type="radio"/> Percentage _____ % and/or <input type="radio"/> Consumer Price Index	N/A
<input type="radio"/> Term Insurance <input type="radio"/> Single life <input type="radio"/> Joint First-to-Die <input type="radio"/> Joint Last-to-Die, Costs to Last Death	\$	<input type="radio"/> Yearly Renewable <input type="radio"/> 10-Year Renewable (not available for joint) <input type="radio"/> 20-Year Renewable (not available for joint)
<input type="radio"/> Waiver of Monthly Deductions	N/A	N/A
<input type="radio"/> Wealth Enhancer ***	N/A	<input type="radio"/> Increases only <input type="radio"/> Increases and decreases
	\$ _____ (Plus only) ****	<input type="radio"/> Plus

For Security UL

* Please provide:
 • financial statements for the business named here for at least the last two years
 • documentation showing the current equity position of each insured person in this business

** Evidence of insurability is required for each child being added.

Coverage type for the addition or increase

- Single life Joint first-to-die Joint last-to-die

Add supplementary benefits or riders for the insured person (people)

Benefit name	Amount	Type
<input type="radio"/> Business Value Protector * Business name:	<input type="radio"/> Business owner's share of fair market value or <input type="radio"/> Lesser of \$_____ and business owner's share of fair market value	N/A
<input type="radio"/> Child Protection **	\$ 10,000	N/A
<input type="radio"/> Guaranteed Insurability Option	\$	<input type="radio"/> Regular <input type="radio"/> Special
<input type="radio"/> Total Disability Waiver rider	N/A	N/A
<input type="radio"/> Term Insurance <input type="radio"/> Single life <input type="radio"/> Joint first-to-die <input type="radio"/> Joint last-to-die	\$	<input type="radio"/> Yearly Renewable <input type="radio"/> 10-Year Renewable (not available for joint) <input type="radio"/> 20-Year Renewable (not available for joint)

For Limited Pay UL

- * Please provide:
- financial statements for the business named here for at least the last two years
 - documentation showing the current equity position of each insured person in this business
- ** Evidence of insurability is required for each child being added.

Coverage type for the addition or increase Single life Joint first-to-die Joint last-to-die

Cost type for the addition or increase Level COI - 10 years Level COI - 15 years Level COI - 20 years

Add supplementary benefits or riders for the insured person (people)

Benefit name	Amount	Type
<input type="radio"/> Business Value Protector *	<input type="radio"/> Business owner's share of fair market value or <input type="radio"/> Lesser of \$_____ and business owner's share of fair market value	N/A
Business name:		
<input type="radio"/> Child Protection **	\$ 10,000	N/A
<input type="radio"/> Total Disability Waiver rider	N/A	N/A
<input type="radio"/> Term Insurance <input type="radio"/> Single life <input type="radio"/> Combined	\$	<input type="radio"/> 10-Year Renewable <input type="radio"/> 20-Year Renewable

For all other universal life policies, including UL100, Universal Life, Future Protection and Secured Protection

Not all of the riders and benefits listed in this section are available on all products and joint policies. Refer to the Quick Reference Card called Life Policy Changes (NN0865E).

- * The Wealth Enhancer type selected (Increases OR Increases and decreases) must be the same for all Wealth Enhancer coverages in the policy.

Cost of insurance for the addition or increase Level Yearly renewable (increasing)

If the policy has a Protection Indexor Rider on existing coverage(s), Yes No
should it apply to this new coverage or increase?

Add supplementary benefits or riders as indicated below

Benefit name	Amount	Type
<input type="radio"/> Accidental Death Benefit	\$ 10,000	N/A
<input type="radio"/> Children's Protection	Number of units: _____	N/A
<input type="radio"/> Additional child to existing Children's Protection	N/A	N/A
<input type="radio"/> Guaranteed Insurability Option (UL100)	\$	<input type="radio"/> Regular <input type="radio"/> Special
<input type="radio"/> Guaranteed Insurability Benefit (Future Protection)	\$	N/A
<input type="radio"/> Protection Indexor	<input type="radio"/> 5% OR <input type="radio"/> Consumer Price Index	
<input type="radio"/> Waiver of Monthly Deductions or Waiver of Cost	N/A	N/A
<input type="radio"/> Total Disability Waiver rider	N/A	N/A
<input type="radio"/> Wealth Enhancer (UL100) *	N/A	<input type="radio"/> Increases only <input type="radio"/> Increases and decreases
<input type="radio"/> 10 Year renewable and convertible Term Insurance (Secured Protection)	\$	N/A

For Performax, Term and all other policies

(not including Business Term, Family Term, InnoVision, Security UL or any other universal life policies)

Not all of the benefits and riders listed in this section are available on all policies. Refer to the Quick Reference Card called Life Policy Changes (NN0865E).

Add supplementary benefits or riders as indicated below

Single life

Benefit name	Amount	Type
<input type="radio"/> Total Disability Waiver rider	N/A	N/A
<input type="radio"/> Children's Protection	Number of units: (1 unit = \$5,000) _____	N/A
<input type="radio"/> Additional child to existing Children's Protection	N/A	N/A
<input type="radio"/> Accidental Death Benefit	\$	N/A
<input type="radio"/> Guaranteed Insurability Option	\$	<input type="radio"/> Regular <input type="radio"/> Special
<input type="radio"/> Payor Waiver, Death or Disability	N/A	N/A
<input type="radio"/> Term Insurance	\$	10 Year Term
<input type="radio"/> Spouse Protection/Term on Other	\$	<input type="radio"/> 10 Year Term <input type="radio"/> Total Disability Waiver rider (additional life insured)

Joint with death benefit payable on first death

Benefit name	Amount	Type
<input type="radio"/> Total Disability Waiver rider	N/A	N/A
<input type="radio"/> Accidental Death Benefit	\$	N/A
<input type="radio"/> Joint Term Insurance	\$	10 Year Term

For Performax

Basic Face amount	Term option amount	Term option plus amount	Total death benefit
\$	\$	\$	\$
Special requests/additional benefits or riders not indicated			

3 Signatures

I understand that:

- this Policy Change Details page will form a part of the Application for Change to The Manufacturers Life Insurance Company for life insurance and I ask The Manufacturers Life Insurance Company to make the changes indicated on this document to the above-numbered policy.
- if I've applied for Business Value Protector coverage, the fair market value of the business and the business owner's share of it are determined solely by The Manufacturers Life Insurance Company based on information required by the company.

Signed at

on

If the beneficiary is an irrevocable or preferred beneficiary, he or she must sign this form to agree to the change(s) described in this form.

Signature of policy owner X	Signature of irrevocable beneficiary (if applicable) X
Signature of additional policy owner (if applicable) X	Signature of collateral assignee or hypothecary creditor (if applicable) X
Signature of insurance advisor X	

If the 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.

For corporate-owned policies:

Corporate signing authority X	Title
Additional corporate signing authority (if applicable) X	Title