

- *You* and *your* refer to the policy owner.
- *We*, *us* and *our* refer to The Manufacturers Life Insurance Company.

Documents required with this completed form:

- illustration, including the signature page entitled "It's important for you to understand"
- For new business only: *Request for information about affiliations outside Canada*, NN1560E if a deposit of \$100,000 or more will be made to this policy or has been illustrated

<b>1 General information</b>	Application number(s)			
<b>2 Identify verification</b>	<p>The advisor must verify the identity of all owners, signing officers and trustees by reviewing one valid personal identification document. A valid document:</p> <ul style="list-style-type: none"> <li>• is an original, not a copy</li> <li>• is issued by a provincial, territorial or federal government</li> <li>• has a unique identifying number</li> <li>• has not expired (if document has an expiry date)</li> <li>• can be a birth certificate only if the person is still using the name exactly as it appears on the birth certificate</li> </ul> <p>If the owner is an individual or a sole proprietor, complete section 2a.          If the owner is a company or organization, complete section 2b. In this section, <i>company or organization</i> means a corporation, trust, partnership, association or other organization.</p>			
<b>2a Owners who are individuals or sole proprietors</b>  Policy owner #1	Name of policy owner #1 (first, middle initial, last)			
	Principal business or occupation of owner #1			
	Address			
	City	Province	Postal code	
	Which original document was reviewed by the advisor to verify the owner's identity? <input type="radio"/> Driver's licence <input type="radio"/> Birth certificate <input type="radio"/> Passport <input type="radio"/> Permanent resident card <input type="radio"/> Other _____			
	Identifying number of the document reviewed	Jurisdiction of issue <input type="radio"/> Federal <input type="radio"/> Provincial or territorial (specify province or territory) _____		
	Policy owner #2			
	Name of policy owner #2 (first, middle initial, last)			
	Principal business or occupation of owner #2			
	Address			
City			Province	Postal code
Which original document was reviewed by the advisor to verify the owner's identity? <input type="radio"/> Driver's licence <input type="radio"/> Birth certificate <input type="radio"/> Passport <input type="radio"/> Permanent resident card <input type="radio"/> Other _____				
Identifying number of the document reviewed			Jurisdiction of issue <input type="radio"/> Federal <input type="radio"/> Provincial or territorial (specify province or territory) _____	
▶▶ Go to section 3, <i>Identifying third-party interests</i> .				
<b>2b Owners who are companies or organizations</b>  Signing officer or trustee #1	Full legal name of the company or organization that will own this policy			
	Name of signing officer or trustee #1 signing the application on behalf of this company or organization (first, middle initial, last)			
	Which original document was reviewed by the advisor to verify the identity of the signing officer or trustee #1? <input type="radio"/> Driver's licence <input type="radio"/> Birth certificate <input type="radio"/> Passport <input type="radio"/> Permanent resident card <input type="radio"/> Other _____			
	Identifying number of the document reviewed		Jurisdiction of issue <input type="radio"/> Federal <input type="radio"/> Provincial or territorial (specify province or territory) _____	



**3 Identifying third-party interests**

In this section, *company or organization* means a corporation, trust, partnership, association or other organization.

This section must be completed for all policies.

**Will anyone other than the owner be paying for this policy?**  No  Yes

If yes, tell us the following information. (Attach additional pages if necessary.)

Name of the individual, company or organization paying for this policy		Date of birth (for an individual)	
Incorporation number (for a corporation)	Jurisdiction of registration (for a corporation) <input type="radio"/> Federal <input type="radio"/> Provincial or territorial (specify province or territory) _____		
Address	City	Province	Postal code
Principal business or occupation of this individual, company or organization			
Relationship of this individual, company or organization to the owner of the policy			

**Does the owner intend to transfer ownership of this policy to another individual, company or organization within the next year?**  No  Yes

If yes, tell us the following information. (Attach additional pages if necessary.)

Name of the individual, company or organization who will become the owner of this policy		Date of birth (for an individual)	
Incorporation number (for a corporation)	Jurisdiction of registration (for a corporation) <input type="radio"/> Federal <input type="radio"/> Provincial or territorial (specify province or territory) _____		
Address	City	Province	Postal code
Principal business or occupation of this individual, company or organization			
Relationship of this individual, company or organization to the owner of the policy			

**Is there someone else who expects to participate in, make decisions about or benefit from this policy in any way?** This does not include someone named as an owner, insured person, payor, beneficiary or signing officer.  No  Yes

If yes, tell us the following information. (Attach additional pages if necessary.)

Name of the individual, company or organization involved in this policy		Date of birth (for an individual)	
Incorporation number (for a corporation)	Jurisdiction of registration (for a corporation) <input type="radio"/> Federal <input type="radio"/> Provincial or territorial (specify province or territory) _____		
Address	City	Province	Postal code
Principal business or occupation of this individual, company or organization			
Relationship of this individual, company or organization to the owner of the policy			

**4 Frequency of policy statements**

annually  semi-annually (default)  quarterly

<b>5 Coverage details</b>  <b>Level cost of insurance coverage for:</b>	<b>1 Coverage type</b> <input type="radio"/> Single life <input type="radio"/> Joint, First-to-Die <input type="radio"/> Joint, Last-to-Die <hr/> <b>Illustrated Healthstyle® category</b> ____ <hr/> <b>Amount of insurance \$</b>	<b>Person/People to be insured under this coverage</b> A <hr/> B <hr/> C <hr/> D <hr/> E
	<b>2 Coverage type</b> <input type="radio"/> Single life <input type="radio"/> Joint, First-to-Die <input type="radio"/> Joint, Last-to-Die <hr/> <b>Illustrated Healthstyle® category</b> ____ <hr/> <b>Amount of insurance \$</b>	<b>Person/People to be insured under this coverage</b> A <hr/> B <hr/> C <hr/> D <hr/> E
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<b>6 Additional protection</b>  <b>Term Insurance Rider</b>	<b>1 Term Insurance Rider (TIR) Coverage</b> <b>TIR Amount \$</b> <hr/> <b>Coverage type</b> <input type="radio"/> Single life <input type="radio"/> Joint, First-to-Die <input type="radio"/> Joint, Last-to-Die <hr/> <b>Cost of insurance rate structure</b> <input type="radio"/> Yearly Increasing <input type="radio"/> 10 Year Renewable (Single Life only) <input type="radio"/> 20 Year Renewable (Single Life only) <hr/> <b>Illustrated Healthstyle® category</b> ____	<b>Person/People to be insured under this coverage</b> A <hr/> B <hr/> C <hr/> D <hr/> E
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<b>6 Additional protection (continued)</b>  <b>Child Protection Rider</b>     <b>Guaranteed Insurability Option Rider</b>     <b>Total Disability Waiver Rider</b>     <b>Total Disability Waiver Rider on the payor</b>  <b>Business Value Protector</b> <i>* Provide:</i> <ul style="list-style-type: none"> <li>• financial statements for this business for the last three consecutive fiscal years and</li> <li>• documentation showing the current equity position of each person to be insured in this business</li> </ul>	<b>Children to be insured</b>			
	A			
	B			
	C			
	D			
	E			
	<b>Person/People to be insured</b>		<b>GIO Amount</b>	<b>Type (Regular or Special)</b>
	A			
	B			
	C			
	D			
	E			
	<b>Person/People to be insured</b>			
	A			
	B			
	C			
	D			
	E			
	Name of payor (if other than an insured person named above)			
	<b>A</b>	Person to be insured Name of business *	<input type="radio"/> Business owner's share of fair market value <b>or</b> <input type="radio"/> Lesser of \$ _____ and business owner's share of fair market value	
<b>B</b>	Person to be insured Name of business *	<input type="radio"/> Business owner's share of fair market value <b>or</b> <input type="radio"/> Lesser of \$ _____ and business owner's share of fair market value		

<b>7 Frequency of deposits</b>	<input type="radio"/> automatic monthly withdrawal <input type="radio"/> quarterly <input type="radio"/> semi-annually <input type="radio"/> annually
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<b>8 Initial deposit allocation</b>  <i>* Withdrawals from the Average GIA Account may be subject to Market Value Adjustments.</i>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 75%;">Account name</th> <th style="width: 25%;">%</th> </tr> </thead> <tbody> <tr><td>Savings</td><td></td></tr> <tr><td>Average GIA *</td><td></td></tr> <tr><td>Conservative Balanced Index</td><td></td></tr> <tr><td>Moderate Balanced Index</td><td></td></tr> <tr><td>Growth Balanced Index</td><td></td></tr> <tr><td>Economic Trends Balanced Index</td><td></td></tr> <tr> <td style="text-align: right;"><b>Total</b></td> <td><b>100 %</b></td> </tr> </tbody> </table>	Account name	%	Savings		Average GIA *		Conservative Balanced Index		Moderate Balanced Index		Growth Balanced Index		Economic Trends Balanced Index		<b>Total</b>	<b>100 %</b>	<input type="radio"/> Allocate future deposits same as initial deposit allocation above (select this option OR fill out section 9 below).
Account name	%																	
Savings																		
Average GIA *																		
Conservative Balanced Index																		
Moderate Balanced Index																		
Growth Balanced Index																		
Economic Trends Balanced Index																		
<b>Total</b>	<b>100 %</b>																	

<b>9 Future deposits</b>  <i>* Withdrawals from the Average GIA Account may be subject to Market Value Adjustments.</i>	Planned periodic deposit amount <div style="border: 1px solid black; height: 20px; width: 100%; margin-bottom: 5px;"></div> \$ _____  <b>OR</b> <input type="radio"/> the minimum monthly deposit	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 75%;">Account name</th> <th style="width: 25%;">%</th> </tr> </thead> <tbody> <tr><td>Savings</td><td></td></tr> <tr><td>Average GIA *</td><td></td></tr> <tr><td>Conservative Balanced Index</td><td></td></tr> <tr><td>Moderate Balanced Index</td><td></td></tr> <tr><td>Growth Balanced Index</td><td></td></tr> <tr><td>Economic Trends Balanced Index</td><td></td></tr> <tr> <td style="text-align: right;"><b>Total</b></td> <td><b>100 %</b></td> </tr> </tbody> </table>	Account name	%	Savings		Average GIA *		Conservative Balanced Index		Moderate Balanced Index		Growth Balanced Index		Economic Trends Balanced Index		<b>Total</b>	<b>100 %</b>
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Economic Trends Balanced Index																		
<b>Total</b>	<b>100 %</b>																	

<b>10 Side Account deposits</b>	Deposits placed into the Side Account will be allocated in the same proportions as you specified for initial and future deposits to your policy. Each Balanced Index Account in the Holding Side Account earns Savings Side Account interest.
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<b>11 Comments</b>	
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<b>12 Tax status</b>	<input type="radio"/> Issue the policy as <b>exempt</b> from accrual taxation (the default tax status). <input type="radio"/> Issue the policy as <b>non-exempt</b> . (A non-exempt policy is treated primarily as an investment vehicle, rather than as insurance protection, for tax purposes. This means that when the investment component of the policy exceeds the cost of the policy, as defined by tax legislation, the owner of the non-exempt policy may have to pay tax each year on the difference. A non-exempt policy can never be changed to exempt and the Side Account is not available.)
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<b>13 Statement of disclosure</b>	<p>You understand that:</p> <ul style="list-style-type: none"> <li>• you can vary your deposits to your plan, but there must be enough money in your plan to cover the costs so that your policy will not terminate</li> <li>• interest rates can change and those changes will affect this plan's Total Death Benefit, Cancellation Cash Value and Account Value</li> <li>• Account Values and Cancellation Cash Values may be reduced by Market Value Adjustments if there are withdrawals or transfers from the Average GIA Account</li> <li>• investment returns from the Balanced Index Accounts will fluctuate based on the performance of the indices used to determine the return and on the Canadian dollar exchange rate. The daily interest on these accounts can be either positive or negative resulting in either an increase or a decrease in the account's value</li> <li>• minimum deposits will be established during the underwriting process and will be shown in your policy when issued</li> <li>• you can request illustrations from your advisor to demonstrate the sensitivity of your policy to changes in interest rate and investment return assumptions</li> <li>• this product page will form a part of the application to The Manufacturers Life Insurance Company for life insurance</li> <li>• there is a monthly policy fee and a monthly life fee for each insured person that will be deducted from the policy</li> <li>• a Deposit Tax Charge will be deducted from each deposit to the policy.</li> </ul> <p>You agree to:</p> <ul style="list-style-type: none"> <li>• tell us or your advisor if there are changes in the information given to us about the individuals, companies or organizations identified in this form.</li> </ul>	
	Signed at (city or town, province)	Date (dd/mmm/yyyy – for example, 23/JUL/2007)
	Signature of policy owner, signing officer or trustee #1 <b>X</b>	Signature of policy owner, signing officer or trustee #2 <b>X</b>

<b>14 Advisor's statement</b>	<p>By signing below, you, the advisor:</p> <ul style="list-style-type: none"> <li>• verify that you have reviewed the original, valid and unexpired identity documents provided by all owners, signing officers or trustees</li> <li>• verify that you believe the information provided on this form is current, correct and complete</li> <li>• agree to tell us if you suspect that someone who has not been named in the application form or product page will be:           <ul style="list-style-type: none"> <li>• paying for or making deposits to the policy</li> <li>• making decisions about or participating in any way in the policy</li> <li>• expecting to benefit in any way from the policy</li> </ul> </li> </ul> <p>(You can email us at <a href="mailto:ind_insurance_compliance@manulife.com">ind_insurance_compliance@manulife.com</a> or complete <i>Report to Individual Insurance Compliance</i>, NN1557E, and mail or fax to us.)</p>	
	Name of advisor (first, middle initial, last)	Branch code
		Advisor code
	Signature of advisor <b>X</b>	