

- *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 style="border: 1px solid black; padding: 5px;">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) _____	

**2b Owners who are companies or organizations (continued)**  
 Signing officer or trustee #2

Name of signing officer or trustee #2 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 #2?  
 Driver's licence     Birth certificate     Passport     Permanent resident card     Other \_\_\_\_\_

Identifying number of the document reviewed	Jurisdiction of issue <input type="radio"/> Federal <input type="radio"/> Provincial or territorial (specify province or territory) _____
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Principal business or activity of the company or organization (Example: retail clothing store, consultants in public relations)

How is this company or organization set up? (Select one.)  
 Corporation If you selected corporation, please provide the following information:

Incorporation number	Jurisdiction of registration <input type="radio"/> Federal <input type="radio"/> Provincial or territorial (specify province or territory) _____
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Provide the information below for **all** directors of this corporation. (Attach additional pages if necessary.)

Name	Occupation
Name	Occupation
Name	Occupation
Name	Occupation

Unincorporated association/community organization  
 Partnership  
 Trust  
 Condominium corporation  
 Trade/Labour union

**!** For all of these you must attach:  
 • Charter documents (Example: partnership agreement, articles of association) **AND**  
 • Documentation that gives signing officers the authority to contract/invest on behalf of the organization (Example: resolution signed by the board of directors, minutes of meeting where signing authority was given)

**Is this company or organization a not-for-profit organization?**     No     Yes

**Does this company or organization solicit charitable financial donations from the public?**     No     Yes

**Is this company or organization a registered charity?**     No     Yes  
 If yes, provide Canada Revenue Agency registration number \_\_\_\_\_

**Does any individual directly or indirectly own or control 25 per cent or more of the company or organization that will own this policy?**     No (If no, go to next page.)  
 Yes (If yes, provide the following information about those individuals.)

Name	Occupation
Address	Percentage of ownership or control
Name	Occupation
Address	Percentage of ownership or control
Name	Occupation
Address	Percentage of ownership or control
Name	Occupation
Address	Percentage of ownership or control

▶▶ Go to section 3, *Identifying third-party interests.*

### 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 Insurance coverage**

\* If you choose a cost duration of *Costs for 15 years*, you cannot choose *Term Option* for your Performance Credit Option.

<b>Insurance coverage 1</b>	<b>Person/People insured under this coverage</b>	<b>Illustrated Healthstyle® category</b>
<b>Amount of insurance \$</b>		
<b>Coverage type</b> <input type="radio"/> Single life <input type="radio"/> Joint, First-to-Die <input type="radio"/> Joint, Last-to-Die, Costs to First Death <input type="radio"/> Joint, Last-to-Die, Costs to Last Death	<b>A</b>	
<b>Cost duration</b> <input type="radio"/> Costs for 15 years* <input type="radio"/> Costs until attained age 100	<b>B</b>	
<b>Performance Credit Option</b> <input type="radio"/> Paid-up Insurance (default) <input type="radio"/> Term Option* Amount: \$ _____ <input type="radio"/> Accumulation Account	<b>C</b>	
<b>Deposit Option Insurance</b> <input type="radio"/> No <input type="radio"/> Yes If yes, Planned first year payments: \$ _____ Planned total lifetime payments:\$ _____	<b>D</b>	
	<b>E</b>	
<b>Insurance coverage 2</b>	<b>Person/People insured under this coverage</b>	<b>Illustrated Healthstyle® category</b>
<b>Amount of insurance \$</b>		
<b>Coverage type</b> <input type="radio"/> Single life <input type="radio"/> Joint, First-to-Die <input type="radio"/> Joint, Last-to-Die, Costs to First Death <input type="radio"/> Joint, Last-to-Die, Costs to Last Death	<b>A</b>	
<b>Cost duration</b> <input type="radio"/> Costs for 15 years* <input type="radio"/> Costs until attained age 100	<b>B</b>	
<b>Performance Credit Option</b> <input type="radio"/> Paid-up Insurance (default) <input type="radio"/> Term Option* Amount: \$ _____ <input type="radio"/> Accumulation Account	<b>C</b>	
<b>Deposit Option Insurance</b> <input type="radio"/> No <input type="radio"/> Yes If yes, Planned first year payments: \$ _____ Planned total lifetime payments:\$ _____	<b>D</b>	
	<b>E</b>	
<b>Insurance coverage 3</b>	<b>Person/People insured under this coverage</b>	<b>Illustrated Healthstyle® category</b>
<b>Amount of insurance \$</b>		
<b>Coverage type</b> <input type="radio"/> Single life <input type="radio"/> Joint, First-to-Die <input type="radio"/> Joint, Last-to-Die, Costs to First Death <input type="radio"/> Joint, Last-to-Die, Costs to Last Death	<b>A</b>	
<b>Cost duration</b> <input type="radio"/> Costs for 15 years* <input type="radio"/> Costs until attained age 100	<b>B</b>	
<b>Performance Credit Option</b> <input type="radio"/> Paid-up Insurance (default) <input type="radio"/> Term Option* Amount: \$ _____ <input type="radio"/> Accumulation Account	<b>C</b>	
<b>Deposit Option Insurance</b> <input type="radio"/> No <input type="radio"/> Yes If yes, Planned first year payments: \$ _____ Planned total lifetime payments:\$ _____	<b>D</b>	
	<b>E</b>	

<b>5 Rider coverages</b>	<b>Term Insurance Rider (TIR) coverage 4</b>		<b>Person/People insured under this coverage</b>	<b>Illustrated Healthstyle® category</b>
	<b>Amount of insurance \$</b>			
	<b>Coverage type</b> <input type="radio"/> Single life <input type="radio"/> Combined		<b>A</b>	
	<b>Cost type</b> <input type="radio"/> 10-year Renewable <input type="radio"/> 20-year Renewable			
	<b>Term Insurance Rider (TIR) coverage 5</b>		<b>Person/People insured under this coverage</b>	<b>Illustrated Healthstyle® category</b>
	<b>Amount of insurance \$</b>			
	<b>Coverage type</b> <input type="radio"/> Single life <input type="radio"/> Combined		<b>A</b>	
	<b>Cost type</b> <input type="radio"/> 10-year Renewable <input type="radio"/> 20-year Renewable			
	<b>Term Insurance Rider (TIR) coverage 6</b>		<b>Person/People insured under this coverage</b>	<b>Illustrated Healthstyle® category</b>
	<b>Amount of insurance \$</b>			
	<b>Coverage type</b> <input type="radio"/> Single life <input type="radio"/> Combined		<b>A</b>	
	<b>Cost type</b> <input type="radio"/> 10-year Renewable <input type="radio"/> 20-year Renewable			
<b>Child Protection Rider</b>	<b>Child/Children to be insured</b>			
	<b>A</b>			
	<b>B</b>			
	<b>C</b>			
	<b>D</b>			
	<b>E</b>			
<b>Total Disability Waiver Rider</b>	<b>Person/People to be insured</b>			
	<b>A</b>			
	<b>B</b>			
	<b>C</b>			
	<b>D</b>			
	<b>E</b>			
* Payors who select the Total Disability Waiver Rider must submit evidence of insurability.	<b>payor*</b>	Name of payor (if other than an insured person named above)		
<b>Accidental Death Benefit</b>	<b>Person/People to be insured</b>		<b>Amount of insurance</b>	
	<b>A</b>		\$	
	<b>B</b>		\$	
	<b>C</b>		\$	
	<b>D</b>		\$	
	<b>E</b>		\$	
<b>Guaranteed Insurability Option (GIO) Rider</b>	<b>Person/People to be insured</b>		<b>GIO amount</b>	<b>Plan type</b>
	<b>A</b>		\$	<input type="radio"/> Regular <input type="radio"/> Special
	<b>B</b>		\$	<input type="radio"/> Regular <input type="radio"/> Special
	<b>C</b>		\$	<input type="radio"/> Regular <input type="radio"/> Special
	<b>D</b>		\$	<input type="radio"/> Regular <input type="radio"/> Special
	<b>E</b>		\$	<input type="radio"/> Regular <input type="radio"/> Special

<b>5 Rider coverages (continued)</b>  <b>Business Value Protector</b> <b>**For each business provide:</b> • financial statements for this business for the last <b>three</b> consecutive fiscal years and • documentation showing the current equity position of each person to be insured in this business	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%; text-align: center;"><b>A</b></td> <td style="width:65%;">Person to be insured</td> <td style="width:30%; text-align: center;"><b>Amount of insurance</b></td> </tr> <tr> <td></td> <td>Name of business**</td> <td> <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         </td> </tr> <tr> <td style="text-align: center;"><b>B</b></td> <td>Person to be insured</td> <td style="text-align: center;"><b>Amount of insurance</b></td> </tr> <tr> <td></td> <td>Name of business**</td> <td> <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         </td> </tr> </table>	<b>A</b>	Person to be insured	<b>Amount of insurance</b>		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	<b>Amount of insurance</b>		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>A</b>	Person to be insured	<b>Amount of insurance</b>											
	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	<b>Amount of insurance</b>											
	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>6 Frequency and amount of payments</b>	How do you want to make payments to your policy? <input type="radio"/> automatic monthly withdrawal <input type="radio"/> quarterly <input type="radio"/> semi-annually <input type="radio"/> annually Payment to cover policy costs    \$ _____ Planned additional payment amount    \$ _____ <b>Planned payment amount</b> ➤    \$ <span style="border: 1px solid black; display: inline-block; width: 60px; height: 20px; vertical-align: middle;"></span>												
<b>7 Allocation instructions for additional payments</b>  Any additional payments will be allocated 100% to the Accumulation Account unless you provide alternate instructions.	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:80%;"></th> <th style="width:20%; text-align: center;">% allocation</th> </tr> </thead> <tbody> <tr> <td>To be applied to the Accumulation Account</td> <td></td> </tr> <tr> <td>To purchase Deposit Option Insurance for insurance coverage number _____</td> <td></td> </tr> <tr> <td>To purchase Deposit Option Insurance for insurance coverage number _____</td> <td></td> </tr> <tr> <td>To purchase Deposit Option Insurance for insurance coverage number _____</td> <td></td> </tr> <tr> <td style="text-align: right;"><b>Total</b></td> <td style="text-align: center;"><b>100%</b></td> </tr> </tbody> </table>		% allocation	To be applied to the Accumulation Account		To purchase Deposit Option Insurance for insurance coverage number _____		To purchase Deposit Option Insurance for insurance coverage number _____		To purchase Deposit Option Insurance for insurance coverage number _____		<b>Total</b>	<b>100%</b>
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<b>Total</b>	<b>100%</b>												
<b>8 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.)												
<b>9 Statement of disclosure</b>  <b>Please read the following carefully and sign below to confirm your understanding.</b>	You understand that: • this product page will form a part of the application to The Manufacturers Life Insurance Company for life insurance • your policy costs include a policy fee • a charge called the Load on Additional Payments will be deducted from each additional payment to the policy • if you 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 us • you can request illustrations from your advisor to demonstrate the sensitivity of your policy to changes in the Performance Credit.  You agree to: • 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.												
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:65%;">Signed at (city or town, province)</td> <td style="width:35%;">Date (dd/mmm/yyyy – for example, 23/JUL/2007)</td> </tr> <tr> <td>Signature of policy owner, signing officer or trustee #1 <b>X</b></td> <td>Signature of policy owner, signing officer or trustee #2 <b>X</b></td> </tr> </table>	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>								
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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>10 Advisor's statement</b>	By signing below, you, the advisor: • verify that you have reviewed the original, valid and unexpired identity documents provided by all owners, signing officers or trustees • verify that you believe the information provided on this form is current, correct and complete • agree to tell us if you suspect that someone who has not been named in the application form or product page will be: • paying for or making deposits to the policy • making decisions about or participating in any way in the policy • expecting to benefit in any way from the policy  (You can email us at ind_insurance_compliance@manulife.com or complete <i>Report to Individual Insurance Compliance</i> , NN1557E, and mail or fax to us.)												
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:55%;">Name of advisor (first, middle initial, last)</td> <td style="width:20%;">Branch code</td> <td style="width:25%;">Advisor code</td> </tr> <tr> <td colspan="3">Signature of advisor <b>X</b></td> </tr> </table>	Name of advisor (first, middle initial, last)	Branch code	Advisor code	Signature of advisor <b>X</b>								
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