



**Application Form:**  
 CoverMe™ Guaranteed Issue Life Insurance  
 1XX07001 PCEX7

Agent ID:  
 ON2169

Primary Applicant Information	Spouse Information (if applying for coverage)				
Name: _____	Name: _____				
Address: _____ _____	Address: _____ _____				
City: _____	City: _____				
Prov: _____ Postal Code _____	Prov: _____ Postal Code _____				
Date of Birth: DD / MM / YYYY / <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth: DD / MM / YYYY / <input type="checkbox"/> Male <input type="checkbox"/> Female				
Telephone (Res.): (        ) _____	Telephone (Res.): (        ) _____				
Telephone (Bus.): (        ) _____	Telephone (Bus.): (        ) _____				
E-mail: _____	E-mail: _____				
Are you also applying for health coverage with Manulife Financial? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you also applying for health coverage with Manulife Financial? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Benefit Amount	Benefit Amount				
<input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$15,000 <input type="checkbox"/> \$20,000 <input type="checkbox"/> \$25,000 <input type="checkbox"/> Non-Smoker <small>A non-smoker is someone who has not used tobacco or marijuana in any form, including smoking cessation products, in the last 12 months.</small> <input type="checkbox"/> Smoker	<input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$15,000 <input type="checkbox"/> \$20,000 <input type="checkbox"/> \$25,000 <input type="checkbox"/> Non-Smoker <small>A non-smoker is someone who has not used tobacco or marijuana in any form, including smoking cessation products, in the last 12 months.</small> <input type="checkbox"/> Smoker				
Beneficiary on Primary Applicant's Coverage	Beneficiary on Spouse's Coverage				
I hereby designate the individual(s) named as beneficiary on the application to receive any death benefit payable with respect to the coverage applied for	I hereby designate the individual(s) named as beneficiary on the application to receive any death benefit payable with respect to the coverage applied for				
<table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">Last Name _____</td> <td style="width: 50%;">First Name _____</td> </tr> </table>	Last Name _____	First Name _____	<table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">Last Name _____</td> <td style="width: 50%;">First Name _____</td> </tr> </table>	Last Name _____	First Name _____
Last Name _____	First Name _____				
Last Name _____	First Name _____				
Relationship to Primary Applicant	Relationship to Spouse				
<small>If you designate a beneficiary under the age of 18, benefits will be paid into court unless a trustee is appointed; or in the province of Quebec, benefits will be paid to the tutor or administrator.</small>	<small>If you designate a beneficiary under the age of 18, benefits will be paid into court unless a trustee is appointed; or in the province of Quebec, benefits will be paid to the tutor or administrator.</small>				
Name of Trustee _____	Name of Trustee _____				
Relationship to Primary Applicant	Relationship to Spouse (if applying for coverage)				
For Quebec residents only:	For Quebec residents only:				
<small>In the province of Quebec, any designation of a spouse as a beneficiary is irrevocable unless stipulated to be revocable. (Check box below if designation is to be revocable.)</small>	<small>In the province of Quebec, any designation of a spouse as a beneficiary is irrevocable unless stipulated to be revocable. (Check box below if designation is to be revocable.)</small>				
<input type="checkbox"/> I hereby declare and stipulate that the beneficiary designation made in this form is revocable.	<input type="checkbox"/> I hereby declare and stipulate that the beneficiary designation made in this form is revocable.				

## Method of Payment

### By Credit Card:

- VISA  MasterCard  American Express  
 Monthly  Annually

Card #:

Expiry Date:

### By Cheque:

- Monthly (by Pre-Authorized Collections) Enclose a sample cheque marked "VOID"  Annually (payable to Manulife Financial)

*For your convenience, if you choose payment by Pre-Authorized Collections Plan or credit card, your future premium billings will automatically reflect the same payment method.*

*I authorize Manulife Financial to make a monthly withdrawal from the account described on the accompanying specimen cheque for monthly insurance premiums due on or after the date of this authorization. The Pre-Authorized Collections Plan may be terminated by either the Company or by me through written notice. The Company also reserves the option to change the method of payment for another qualifying mode after the occurrence of a deposit not honoured.*

## Terms and Conditions — Please read carefully before signing.

**Declaration.** I, the undersigned applicant(s), hereby apply for insurance to The Manufacturers Life Insurance Company (Manulife Financial). I declare that the statements contained in this application are true and complete and together with any other forms signed by me in connection with this application, form the basis for any policy issued hereunder. I understand that any material misrepresentation, including misstatement of smoker status, shall render the insurance voidable at the instance of the insurer. Suicide within two years of the effective date is a risk not covered. I have read and understand that there are exclusions and limitations on the coverage applied for. I understand that insurance will take effect on the date the application and payment of the first premium are received by Manulife Financial at its office.

**Authorization.** I, the undersigned applicant(s), authorize Manulife Financial, its subsidiaries, affiliates and agents, to use the information in this application and its existing files to offer me their products or services. I understand that my consent to the use of such information to offer me products and services is optional and that, if I wish to discontinue such use, I may write to Manulife Financial at the address on this document. A photocopy or facsimile of this authorization shall be as valid as the original.

I acknowledge receipt of, and confirm my agreement with, the Notice on Privacy and Confidentiality as stated within the brochure package.

**Important:** This product is not intended as replacement insurance for any life insurance you may have. Please do not cancel your existing coverage.

Signed at:

Date: DD / MM / YYYY /

Applicant's Signature

Signed at:

Date: DD / MM / YYYY /

Spouse's Signature

(if spouse is applying for coverage)

Co-Signature

Date: DD / MM / YYYY /

(for Pre-Authorized Collections, if joint account and required by bank)

## Questions? Please contact your agent or broker.

Simply return your completed application, along with your initial premium payment in the postage-paid envelope provided.

Manulife Financial, 2 Queen Street East, Suite 300, Toronto, ON M5C 3G7

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Plan underwritten by The Manufacturers Life Insurance Company.

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