

Agent Name: _____ Agent Number: _____

Policy/Certificate Number _____ Policy/Certificate Year Date _____

Insured Name _____ Date of Birth _____

Owner _____

Address of Owner _____

Details of Change

NOTE: Beneficiaries will remain the same as on the present policy/certificate unless otherwise specified.

The Life Insured and/or the Owner do hereby agree that:

1. The Manufacturers Life Insurance Company shall have the right to effect the change indicated above, either by cancellation of the present policy/certificate and issuance of a substitute policy/certificate, (in which case, the present policy/certificate is deemed surrendered to The Manufacturers Life Insurance Company), or by the amendment of the present policy/certificate.
2. The present policy/certificate shall continue subject to its provisions, until the change requested becomes effective. The application for the present policy/certificate, this request and any statements and answers made with regard to this change shall form the basis for the contract.
3. If a substitute policy/certificate is issued, or the present policy/certificate amended, and contains a copy of this application for change with changes noted on the Change Order/Endorsement, the owner will either accept the policy/certificate or return it to The Manufacturers Life Insurance within 10 days after receipt. If the substituted or amended policy/certificate is not returned within 10 days after receipt, the owner shall be presumed to have ratified the changes indicated, and to have accepted the substituted or amended policy/certificate which will then be effective provided all premiums due as a result of this change have been paid.
4. I/we authorize Manulife Financial to consult its existing files for this purpose.
5. I/we authorize Manulife Financial, its subsidiaries, affiliates and agents to use the information in this application and its existing files to offer me/us their products or services. I/we understand that my/our consent to the use of such information to offer me/us products or services is optional and that if I/we wish to discontinue such use I/we may write to Manulife Financial at the address shown on this document.
6. I acknowledge receipt of, and confirm my agreement with, the NOTICE ON PRIVACY AND CONFIDENTIALITY.

Dated at _____ this _____ day of _____ 20_____

WITNESS

SIGNATURE OF LIFE INSURED

WITNESS

SIGNATURE OF PRESENT BENEFICIARY
(if irrevocable)

WITNESS

SIGNATURE OWNER
(If other than Life Insured)
(under Corporate Seal, if a Company)

DETACH AND RETAIN

NOTICE ON PRIVACY AND CONFIDENTIALITY. The specific and detailed information requested on the application form is required to process the application. To protect the confidentiality of this information, Manulife Financial will establish a "financial services file" from which this information will be used to process the application, offer and administer services and process claims. Access to this file will be restricted to those Manulife Financial employees, mandataries, administrators or agents who are responsible for the assessment of risk (underwriting), marketing and administration of services and the investigation of claims, and to any other person you authorize or as authorized by law. Your file is secured in our offices. You may request to review the personal information it contains and make corrections by writing to: Privacy Officer, Affinity Markets, Manulife Financial, PO BOX 4213 STN A, TORONTO ON M5W 5M3.