

Lifecheque Basic Critical Illness Application Form

11801 001 WSFXL

Agent Code:

ON2169

Agent Name: _____

Primary Applicant Information

Last Name _____

First Name _____ Initial _____

Address _____

City _____

Province _____ Postal Code _____

Date of Birth: DD / MM / YYYY Male Female

Telephone (Res.) (_____) _____

Telephone (Bus.) (_____) _____

Secondary Applicant Information

Last Name _____

First Name _____ Initial _____

Address _____

City _____

Province _____ Postal Code _____

Date of Birth: DD / MM / YYYY Male Female

Telephone (Res.) (_____) _____

Telephone (Bus.) (_____) _____

Choice of Coverage

I apply for Lifecheque Basic Critical Illness insurance:

(Please select one)

- \$25,000
- \$25,000 with Return of Premium Option

At a monthly premium of \$ _____

Remember, you are eligible to apply for \$25,000 of coverage if you are a Canadian resident between 18 and 60 years of age. However, to apply for \$25,000 of coverage with the Return of Premium Option, you must be between 18 and 55 years of age.

I confirm my smoking status as:

(Please select one)

- Smoker
- Non-Smoker*

*Non-smoker rates apply to people who have not used tobacco or marijuana in any form, including smoking cessation products, in the last 12 months.

Choice of Coverage

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At a monthly premium of \$ _____

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Payment Options — Pay monthly by PAC or credit card.

PAYMENTS will be made by:

Option #1 Pre-Authorized Monthly Collection (PAC) plan from my Financial Services Account

Important: Please enclose a sample cheque marked "VOID".

Option #2 Credit Card Account

Credit Card Billing Frequency: Monthly Annually

Please complete both sides >

Payment Information and Authorization

For Pre-Authorized Collection (PAC) Options

Name of Account holder _____
(if other than Applicant)
Financial Institution _____

Type of Account: Chequing Non-Chequing

Joint Accounts: Is this a joint account requiring only one signature? Yes No

If more than one signature is required on withdrawals issued against the account, both account holders must sign the authorization.

Non-Chequing Accounts: Since approval from my/our financial institution is required for pre-authorized payment from accounts with no chequing privileges, I/we have made prior arrangements to allow for pre-authorized payments from my/our account. Enclosed is a withdrawal slip that has been stamped by my/our financial institution allowing withdrawals to be made from my/our non-chequing account.

For Credit Card Payment Options

Credit Card: Visa MasterCard Amex
Account Number: _____ Expiry Date: _____ MM / YY

Name of Account holder _____
(if other than Applicant)

Payment Authorization

For Pre-Authorized Collection and Credit Card billing options — I/We hereby authorize Manulife Financial to make a withdrawal from my/our account on or about the first business day of each month in which insurance premiums are due. This Authorization may be terminated by either Manulife Financial or by me/us through written notice. Manulife Financial may terminate coverage or change the method of payment to another qualifying method should a withdrawal be refused for any reason and the financial institution shall in no way be held liable should such an event occur. A \$25.00 fee will be charged for all NSF (Non-Sufficient Funds) transactions.

Signature of Cardholder or Account holder

Second signature if joint account

Advisor's Report

You confirm that you have disclosed the following information to the applicant:

- the name of the company or companies you represent
- that you receive commissions for the sale of life and accident and sickness insurance products and may receive bonuses, invitations to conferences or other incentives; and
- any conflicts of interest you may have with respect to this transaction.

Your name (first, middle initial, last)	Advisor code	Signature
		x

Declaration — Please read carefully before signing.

Check here if you do not wish to receive further information and material on Manulife Financial products.

I declare that I am a Canadian resident between the ages of 18 and 60. I understand that my coverage will come into effect on the first day of the month following the date my application is received and approved by Manulife Financial. I declare that I have not, at any time during my life, been diagnosed with, had any signs and/or symptoms of, or had any medical consultations and/or abnormal tests concerning cancer; heart attack; stroke; AIDS or HIV; diabetes; heart disease; hepatitis, including hepatitis carrier state; chronic kidney disease; transient ischemic attack (TIA); alcoholism or drug abuse; peripheral vascular disease or intracranial tumour; or had coronary artery bypass surgery or aortic surgery and I have not undergone any tests for which I am currently awaiting results. I acknowledge receipt of the Lifecheque Basic Critical Illness insurance brochure and declare that I have read and understand the information concerning the terms of coverage under the plan and the limitations and exclusions applicable to such coverage, including those related to pre-existing conditions.

I also declare that, if I am selecting a non-smoker benefit and premium option, I have not used any tobacco, nicotine substitutes, tobacco cessation products or marijuana within the last 12 months. I agree that any material misrepresentation of smoking status shall render the insurance voidable by Manulife Financial at any time.

I acknowledge receipt of and agree with the Notice on Privacy and Confidentiality.

Signed at: _____ Date: DD / MM / YYYY Primary Applicant's Signature _____

Signed at: _____ Date: DD / MM / YYYY Secondary Applicant's Signature _____
(if applying for coverage)

Lifecheque Basic is offered through Manulife Financial (The Manufacturers Life Insurance Company).

Plan underwritten by The Manufacturers Life Insurance Company.

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 **Manulife Financial**

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