



## Part D — Billing Options

**INITIAL PAYMENT:** I hereby authorize Manulife Financial to debit the initial 2 months premium, \$ \_\_\_\_\_ from my/our:  
 Financial Services Account     Credit Card Account

**SUBSEQUENT PAYMENTS: Will be made by:**

**Pre-Authorized Payment (PAP) Plan from my Financial Services Account (please complete Part E below)**

PAP Billing Frequency:     Monthly     Semi-Annually (2% discount)     Annually (4% discount)

**Credit Card: (Please also complete Part E below)**

Visa     Mastercard     Amex    Account Number \_\_\_\_\_    Expiry Date MM / YYYY

Cardholder \_\_\_\_\_    Signature of Cardholder \_\_\_\_\_  
(if other than Applicant or Co-Applicant)

Credit Card Billing Frequency:     Monthly     Semi-Annually     Annually

**Direct Billing:** Direct Billing Frequency:     Semi-Annually (2% discount)     Annually (4% discount)

**Important:** For verification purposes, we require a VOID cheque if a payment is being withdrawn from your financial institution.  
Please Note: Billing frequency discounts are not available for Credit Card payment options.

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 NSF fee will be charged for all NSF transactions.

## Part E — Financial Institution

Name of the account holder (if other than Applicant) \_\_\_\_\_

Financial Institution \_\_\_\_\_

Address \_\_\_\_\_    City/Town \_\_\_\_\_

**Type of Account:**     Personal Chequing     Chequing/Savings     Savings     Current     Direct Deposit Account     Other

**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. This authorization shall remain in effect unless 30 days written notice is given to Manulife Financial requesting cancellation by the account holder.

**For Pre-Authorized Payment 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.

Signature of Applicant \_\_\_\_\_    Second Signature if Joint Account \_\_\_\_\_

## Part F — Declaration

**ALL APPLICANTS MUST COMPLETE THIS SECTION**

This plan is underwritten by The Manufacturers Life Insurance Company.

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

I/We hereby acknowledge that the statements contained herein are true and complete and together with any other forms signed by me/us in connection with this application form the basis for any Policy issued hereunder. I/We acknowledge receipt of and agree with the Notice on Privacy and Confidentiality. I/We understand and agree that coverage shall not become effective until the first of the month following final approval. A photocopy of this signed authorization shall be as valid as the original.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Co-Applicant

\_\_\_\_\_  
Date DD / MM / YYYY