

PART C • BILLING OPTIONS

Initial Payment: I/We 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 Plan (PAP) from My Financial Institution (Please also complete PART D below)

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

Credit Card (Please also complete Part D below):

Visa MasterCard Amex Account # _____ Expiry Date _____ mm/yy

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Important: For verification purposes we require a VOID cheque if a payment is being withdrawn from your financial institution.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 \$25.00 NSF fee will be charged for all NSF transactions.

PART D • FINANCIAL INSTITUTION

Name of account holder(s) if different from 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 this authorization.

Non-Chequing Accounts: Since approval from my/our financial institution is required for pre-authorized payments 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 account holder _____ Second signature if joint account _____

APPLICANT'S DECLARATION

Plans 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 _____ Date _____
dd/mm/yyyy

Signature of Co-Applicant _____ Date _____
dd/mm/yyyy

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