

Request for change

Evidence of insurability NOT required

- *We, us* and *our* refer to the insurer of the policy listed below.
- *You* and *your* refer to the policy owner.
- For a Performax Gold or Performax policy, use *Request for change for Performax Gold and Performax policies*, NN0739E(PMAX).
- For Synergy, the word *policy* also refers to *solution*.

Mail or fax to Manulife, Individual Insurance, at:

Outside Quebec

500 King Street North
PO BOX 1669
WATERLOO ON N2J 4Z6
Fax: 1-877-763-8834

Inside Quebec

2000, rue Mansfield, bureau 1310
Montréal (Québec) H3A 3A1
Télec. : 1 877 271-5494

Effective date of change (if applicable) (dd/mmm/yyyy)

1 General information

An *insured person* is a person who is insured under the policy or any rider.

Policy number	Branch code	Name of advisor	Advisor code
Name of the insured person (first, middle initial, last)		Sex <input type="radio"/> Male <input type="radio"/> Female	Date of birth (dd/mmm/yyyy)

2a Changes to all types of policies

* To change the death benefit option to increasing, complete *Application for change*, NN7001E.

** To change the dividend option from accumulation to paid-up additions/insurance, complete *Application for change*, NN7001E.

***To add a step-child or legally adopted child to an existing rider **or** if your plan requires evidence of insurability for each child, complete *Application for change*, NN7001E.

† If this change is for Security UL (policy date before Sept. 25, 2004) or Limited Pay UL: any partial cost refund or guaranteed cash value amount released because of a policy change will be placed in your policy investment accounts. To withdraw that amount from your policy (subject to taxation and our administrative rules), select 'Other change' and provide withdrawal instructions.

<input type="checkbox"/> Change birthdate (<i>submit proof of birthdate</i>)	from	(dd/mmm/yyyy)	to	(dd/mmm/yyyy)			
<input type="checkbox"/> Change from 10-year cost coverage to <input type="radio"/> level cost coverage <input type="radio"/> 20-year cost coverage <input type="radio"/> for all insurance or <input type="radio"/> for insurance coverage number(s)							
<input type="checkbox"/> Change cost type from 10-year renewable to 65 to level cost to 65 (<i>Synergy only</i>)							
<input type="checkbox"/> Change coverage type or coverage option to (<i>Lifecheque only</i>) <input type="radio"/> 20-year renewable <input type="radio"/> primary <input type="radio"/> level <input type="radio"/> permanent (payable to age 100)							
<input type="checkbox"/> Change coverage option (<i>Family Term and Business Term only</i>) to <input type="radio"/> term-20 or <input type="radio"/> term-65 or <input type="radio"/> term-life							
<input type="checkbox"/> Change from yearly renewable (increasing) to level cost of insurance <input type="radio"/> for all insurance or <input type="radio"/> for insurance coverage number(s)							
<input type="checkbox"/> Change death benefit option to level*							
<input type="checkbox"/> Change joint first-to-die coverage to joint last-to-die, costs to first death (<i>InnoVision policies dated April 21, 2007 or later only</i>). <input type="checkbox"/> Change joint first-to-die coverage to joint last-to-die, costs to last death (<i>InnoVision and Security UL only</i>). You must submit a signed illustration and select one of the following options: <input type="radio"/> Change all joint first-to-die coverages or <input type="radio"/> Change \$ of coverage number							
<input type="checkbox"/> Change dividend option** from to Important: If you are changing the dividend option from Term Option or Enhancement, your yearly term insurance coverage will be cancelled.							
<input type="checkbox"/> Add a child born to an insured person to an existing children's protection rider *** <table border="1"> <tr> <td>Name of child</td> <td>Date of birth(dd/mmm/yyyy)</td> <td>Sex <input type="radio"/> Male <input type="radio"/> Female</td> </tr> </table>					Name of child	Date of birth(dd/mmm/yyyy)	Sex <input type="radio"/> Male <input type="radio"/> Female
Name of child	Date of birth(dd/mmm/yyyy)	Sex <input type="radio"/> Male <input type="radio"/> Female					
<input type="checkbox"/> Cancel an insurance or rider coverage (<i>specify coverage number and, if applicable, name of rider</i>)							
<input type="checkbox"/> Decrease a benefit or rider (<i>specify name of benefit or rider</i>) from \$ to \$							
<input type="checkbox"/> Delete an insured person† (<i>specify name of insured person</i>)							
<input type="checkbox"/> Decrease face amount† on coverage number from \$ to \$ New premium (<i>UL only</i>): (specify premium amount or write 'minimum')							
<input type="checkbox"/> Decrease amount of insurance on a Synergy solution from \$ to \$ Note: For a Synergy solution, only the Synergy amount of insurance can be decreased.							
<input type="checkbox"/> Change fund (<i>Manulife Investor only</i>) from (name of fund) to (name of fund)							
<input type="checkbox"/> Change to reduced paid-up (<i>submit the policy document or Declaration of loss of policy, NN0528E.</i>)							
<input type="checkbox"/> Other change (<i>specify; e.g. change withdrawal order.</i>)							

►► For changes specific to disability policies only go to section 2b.

2b Additional changes to disability policies only

Do not complete for any changes to a Synergy solution.

☐ Renew disability policy after age 65 (submit a letter of employment on company letterhead that states that the insured person is gainfully employed a minimum of 30 hours per week)

☐ Decrease benefit period from to

☐ Increase elimination period from to

☐ Add premium refund rider ☐ 4-back or ☐ 5-back

3 Signatures

Insured person(s) may be a parent or guardian, if applicable.

Policy owner(s)
(if other than the insured person)

If the owner is a corporation, we require:

- two signing officers' signatures and titles **or**
- one signing officer's signature, title and the corporate seal; if the corporation does not have a seal and you are the only person authorized to sign on behalf of the corporation, in addition to signing, write your initials in the box provided.

By signing below:

- you are requesting the changes or deletions shown above to the policy identified in section 1. You authorize us, if necessary, to amend the policy.
- you, any irrevocable beneficiary and any collateral assignee or hypothecary creditor understand that the changes may affect the amount or timing of the benefits payable, the conditions under which the benefits become payable or the expiry date of the coverage.
- you, the insured person, any irrevocable beneficiary and collateral assignee or hypothecary creditor agree that a faxed copy of this form is valid authorization to process these changes.
- if the premiums for this policy are paid by automatic monthly withdrawal, the owner(s) of that bank account agree that:
 - any refund resulting from this change will be deposited to the same account unless you give us other instructions.
 - we can increase the monthly withdrawal by the new amount required to keep the policy in effect as a result of this policy change. **They waive the right to receive 10 days' notice of the amount of automatic monthly withdrawal.**

Signature of insured person X		Signature of witness X		Date (dd/mmm/yyyy)
Signature of policy owner X	Title	Signature of witness X	Date (dd/mmm/yyyy)	
Signature of policy owner X	Title	Signature of witness X	Date (dd/mmm/yyyy)	
Signature of irrevocable beneficiary X		Signature of witness X	Date (dd/mmm/yyyy)	
Signature of collateral assignee or hypothecary creditor X	Title	Signature of witness X	Date (dd/mmm/yyyy)	
Signature of collateral assignee or hypothecary creditor X	Title	Signature of witness X	Date (dd/mmm/yyyy)	
Name of account holder #1 (first, middle initial, last) or full name of legal entity (including Company etc.) (if that person has not already signed above)		Name of account holder #2 (first, middle initial, last) (if that person has not already signed above)		
Signature of account owner #1 X		Signature of account owner #2 X		
Initial here	Write your initials here to confirm that you are the only person authorized to sign on behalf of the corporation and that it does not have a seal. You must also sign above.			

Check form for errors