

Request for change for Performax Gold and Performax policies

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 any other type of policy, use *Request for change*, NN0739E.

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)

2 Changes requested

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

** Cancelling an insurance coverage for Performax Gold results in the cancellation of any associated Performax Enhancer and Early Cash Value Enhancer rider coverages.

† If the Performax Gold base insurance is decreased, the Term Option Guarantee may be reduced or cancelled.

†† To change the performance credit option from accumulation account to term option or paid-up insurance, or from paid-up insurance to term option, complete *Application for change*, NN7001E.

Any cash value and/or unused costs released because of a policy change will be placed in your accumulation account. To withdraw that amount (subject to taxation and our administrative rules), select *Other change* and provide withdrawal instructions.

☐ Change birthdate (*submit proof of birthdate*) from (dd/mmm/yyyy) to (dd/mmm/yyyy)

☐ 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.

☐ Cancel an insurance or rider coverage**
(*specify coverage number and, if applicable, name of rider*)
Note: If you cancel a Performax Gold Early Cash Value Enhancer rider without cancelling the associated coverage, no cash value from the Early Cash Value Enhancer rider will be released.

☐ Decrease a benefit or rider (*specify name of benefit or rider*)
from \$ to \$

☐ Delete an insured person (*specify name of insured person*)

☐ Decrease face amount† on coverage number from \$ to \$
Note: Any associated Performax Gold Early Cash Value Enhancer rider will decrease by the same amount.

☐ Change performance credit option†† for insurance coverage number
☐ to accumulation account ☐ from term option to paid-up insurance
Note: If you are changing your performance credit option from term option to any other option, your yearly term insurance coverage will be cancelled as part of this change.

☐ Decrease Performax Enhancer coverage
☐ Decrease paid-up insurance coverage number
from \$ to \$
☐ Decrease deposit option insurance coverage number
from \$ to \$
Note: If your performance credit option is term option, decreasing your paid-up insurance or deposit option insurance decreases your term option amount by the same dollar value. In addition, if you decrease your paid-up insurance, you also lose any term option guarantee. If you have deposit option insurance, we recommend decreasing this coverage instead of your paid-up insurance coverage to minimize the impact of the decrease on your term option amount.

☐ Decrease term option amount for insurance coverage number
from \$ to \$

☐ Remove policy from payment or premium offset
To pay by automatic monthly withdrawal, complete *Request to change or create a new automatic monthly withdrawal plan*, NN0312E.

☐ Other change (*specify; e.g. change withdrawal order.*)

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, or the conditions under which the benefits become payable.
- 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