

Please send completed form to Manulife, Individual Insurance at:

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

In Québec

2000, rue Mansfield bureau 1310 MONTREAL QC H3A 3A1 Fax: 1-877-271-5494

Application for policy loan or withdrawal

We, us and our refers to the company that insures the policy identified below. You and your refers to the policy owner.

A copy, fax, scan, or image of this request is as valid as the original for transactions up to \$500,000 if the policy has a single owner.

A copy, fax, scan, or image of this request is as valid as the original for transactions up to \$150,000 if the policy is corporately owned, has more than one owner, is assigned as collateral, is part of a trust, or has an irrevocable or preferred beneficiary.

Complete **one** form for each individual insurance policy. For full surrenders, use *Policy surrender*, NN0387F.

1 Policy information Policy number Name of policy owner(s) (first, middle initial, last) 2 Policy loan or withdrawal information This policy loan or withdrawal could result in a taxable gain. Policy number Amount requested Maximum loan or partial withdrawal available Specific amount (after any charges have been subtracted) \$		
withdrawal information This policy loan or withdrawal could result in a taxable gain. O Policy loan O Policy loan O Policy withdrawal O Specific amount (after any charges have been subtracted) \$		
withdrawal information This policy loan or withdrawal could result in a taxable gain. O Policy loan O Maximum loan or partial withdrawal available O Specific amount (after any charges have been subtracted) \$		
could result in a taxable gain.		
could result in a taxable gain.		
For policy withdrawals, source of withdrawal		
For a policy on payment or premium offset, if you make a Withdrawal of paid up additions		
withdrawal your reduced policy Withdrawal of accumulated dividends		
value may not be sufficient to Partial withdrawal (indicate fund name, if applicable)	O Partial withdrawal (indicate fund name, if applicable)	
pay your policy costs. You may need to start making payments Other (specify)		
to keep your policy in effect. Payment instructions for the loan or withdrawal		
Loan credit letter	○ Mail cheque to owner	
If you receive a T5 tax slip as a O Mail cheque to advisor		
result of your loan, you may be entitled to a loan credit letter	O Pay by direct deposit	
when you repay the loan. void cheque attached		
to policy owner using banking information already on file		
T2210-deduction of loan interest to another payee using banking information already on file (provide payee address)		
Interest paid on a policy loan Address (number, street) City or town Province	Postal code	
used to earn income can be		
deducted while preparing your income tax return. You can		
request a T2210 from us. Other (specify)		
	If a policy loan interest rate (or service charge) is not specified in the policy, we will calculate interest at a rate set by us from time to time not to exceed the greater of:	
	• 8% and	
the prime rate being charged by our banker plus 2%.		
If the loan and interest, together with all other indebtedness under the policy, at any time excevalue the policy will automatically terminate, subject to any right of reinstatement provided in the		
4 Signatures Signatures Signature of owner #1 Date (dd/mm		
4 Signatures		
If the owner is a corporation, we require: Title (if applicable):		
 two signing officers' signatures and titles Initial here Write your initials here to confirm that you are the only person authorized to sign or corporation and that it does not have a seal. You must also sign above. 	n behalf of the	
• one signing officer's signature, title Signature of owner #2 Date (dd/mm	nm/yyyy)	
and the corporate seal;		
If the corporation does not have a Title (if applicable):	Signature of collateral assignee/hypothecary creditor (if applicable)* Date (dd/mmm/yyyy) Signature of collateral assignee/hypothecary creditor (if applicable)*	
corporation, in addition to signing,		
write your initials in the box provided. Ittle (if applicable): Signature of collateral assignee/hypothecary creditor (if applicable)* Date (dd/mm	nm/yyyy)	
* If the policy has been collaterally		
assigned or in Quebec, hypothecated, either: • obtain a Release of Assignment		
		or Release of Hypothecation or
hypothecary creditor sign this	, , , , , , , , , , , , , , , , ,	
form to show consent for the policy loan or withdrawal.		