

Send the completed form to:

**Individual Insurance or
Manulife Investments**

500 King Street N.

PO BOX 1602 STN WATERLOO
WATERLOO ON N2J 4C6

Fax: 1-877-763-8834 (All provinces except Quebec)

Fax: 1-877-271-5494 (In Quebec)

Affinity Markets

Life Claims Services

Manulife

PO BOX 11023 STN CENTRE-VILLE
MONTREAL QC H3C 4V7

Claimant's Statement

You and your refer to the claimant.

We, us and *our* refer to the insurer of the policy(ies) identified below.

If this is a life insurance claim under an employment related group plan, please contact the plan administrator to obtain a group life claim form.

IMPORTANT: Any reference to testing, tests, test results, or investigations excludes genetic tests. Genetic test means a test that analyzes DNA, RNA or chromosomes for purposes such as the prediction of disease or vertical transmissions risks, or monitoring, diagnosis or prognosis.

Please print clearly.

1 Details	Policy number(s)			
	Deceased's name (first, middle initial, last)		Marital status (Not required for Manulife Investments contracts)	
	Province of residence	Date of birth (dd/mmm/yyyy)	Date of death (dd/mmm/yyyy)	
1.1 Claimant information	Your full name (first, middle initial, last) or company's name (for corporate beneficiary)			
	Your full street address			
	City	Province	Postal code	Phone number ()
	Provide name change documentation IF different than what we have on file.			
	OR OR OR AND IF	If you are a beneficiary making this claim, please provide your Social Insurance Number (SIN)		
		If you are a representative of an estate making this claim, please provide the deceased insured's SIN		
		If you are a representative of a corporate beneficiary, please provide the Business Number that is used for tax purposes		
		If you are a trustee making this claim on behalf of a beneficiary, please provide the beneficiary's SIN		
		Your business is located in Quebec, please also provide the Quebec Business Number		
	Are you 18 years of age or over? <input type="radio"/> Yes <input type="radio"/> No		If "No", please provide date of birth: (dd/mmm/yyyy)	
In what capacity or by what title do you claim the proceeds? (e.g. Named Beneficiary, Executor or Assignee)		Your relationship to the deceased		
Did the deceased leave a Will? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown				
2 Payment of proceeds	Choose one of the following options: <input type="radio"/> Pay by cheque <input type="radio"/> Pay by direct deposit (attach a personalized void cheque to this page) Not applicable for Affinity Markets <input type="radio"/> Other (Complete section 3.)			

The Social Insurance Number or Business Number is required for reporting of interest and/or other tax reporting requirements. If the claimant has never been assigned a Social Insurance Number or Business Number, please write "No Number".

3 Other payment options If continuing the contract, date of birth is required. <div style="border: 1px solid black; padding: 2px; width: 100%;">Date of birth (dd/mmm/yyyy)</div>	<p>Choose one of the following options:</p> <p><input type="radio"/> Transfer under a settlement option with us Example: Term Certain or Life Annuity - Complete an Application for Annuity, NN0486E.</p> <p><input type="radio"/> Apply to a new or existing policy with us Include the applicable application or deposit form</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%; padding: 2px;">Policy number</td> <td style="padding: 2px;">Include investment and payment details, if applicable.</td> </tr> </table> <p><input type="radio"/> Transfer the RRSP proceeds to an RRSP with us or another institution (Complete section 4.)</p> <p><input type="radio"/> Transfer proceeds to a Manulife Bank Advantage Account (To apply for an account, contact your advisor or go to www.manulifebank.ca.)</p> <p><input type="radio"/> Continue the investment contract, if applicable To deposit payments directly to your account, attach a personalized void cheque to this page. By selecting this option, you, your heirs, executors, administrators and assigns agree that any sum or sums of money paid to your bank account after your death will be refunded to us for distribution to the person(s), if any, entitled to the money under the terms of the contract.</p>	Policy number	Include investment and payment details, if applicable.																								
Policy number	Include investment and payment details, if applicable.																										
4 Transfer of RRSP proceeds and discharge of liability Not applicable to Affinity Markets.	<p>Transfer death benefit proceeds</p> <p>From:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; padding: 2px;">Registered policy number(s)</td> <td style="padding: 2px;">Approximate amount \$</td> </tr> </table> <p>To:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; padding: 2px;">Name of company</td> <td style="padding: 2px;">Policy/account number</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Address of company (if other than Manulife)</td> </tr> </table> <p>These funds are intended as a transfer of death claim benefits as permitted under the applicable provision of the <i>Income Tax Act</i> (Canada). This transfer will discharge us from all liability with respect to the above-noted policy(ies).</p>	Registered policy number(s)	Approximate amount \$	Name of company	Policy/account number	Address of company (if other than Manulife)																					
Registered policy number(s)	Approximate amount \$																										
Name of company	Policy/account number																										
Address of company (if other than Manulife)																											
5 Details about the deceased Not applicable for Manulife Investments contracts	<p>Place of death</p> <hr/> <p>Cause of death (Individual Insurance and Affinity Markets claims cannot be paid without this information.)</p> <hr/> <p>Approximate date when the health of the deceased was first affected (dd/mmm/yyyy)</p> <hr/> <p>Did the deceased, to your knowledge, ever smoke or use tobacco, tobacco cessation or marijuana products? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown</p> <p>If "Yes," please indicate amount per day: Cigarettes _____ Pipe _____ Other products _____</p> <p>How long did the deceased use tobacco, tobacco cessation or marijuana products?</p> <hr/> <p>Did the deceased ever stop smoking? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown</p> <p>If "Yes," when? _____ If "Yes," for how long? _____</p> <hr/> <p>Provide the name of the deceased's usual doctor and any other doctor he/she attended in the last 5 years. If more space is needed, use another form or sheet of paper (both must be signed and dated).</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td rowspan="4" style="width: 5%; text-align: center; vertical-align: middle;">Family doctor</td> <td style="width: 30%; padding: 2px;">Name (Please print)</td> <td style="width: 30%; padding: 2px;">Address</td> <td style="width: 35%; padding: 2px;">Telephone number</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">Date (dd/mmm/yyyy)</td> <td colspan="2" style="padding: 2px;">Reason for visit</td> </tr> <tr> <td style="height: 20px;"></td> <td colspan="2"></td> </tr> <tr> <td rowspan="4" style="text-align: center; vertical-align: middle;">Other doctor</td> <td style="padding: 2px;">Name (Please print)</td> <td style="padding: 2px;">Address</td> <td style="padding: 2px;">Telephone number</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">Date (dd/mmm/yyyy)</td> <td colspan="2" style="padding: 2px;">Reason for visit</td> </tr> <tr> <td style="height: 20px;"></td> <td colspan="2"></td> </tr> </table>	Family doctor	Name (Please print)	Address	Telephone number				Date (dd/mmm/yyyy)	Reason for visit					Other doctor	Name (Please print)	Address	Telephone number				Date (dd/mmm/yyyy)	Reason for visit				
Family doctor	Name (Please print)		Address	Telephone number																							
	Date (dd/mmm/yyyy)		Reason for visit																								
Other doctor	Name (Please print)	Address	Telephone number																								
	Date (dd/mmm/yyyy)	Reason for visit																									

5 Details about the deceased (continued)	Other doctor	Name (Please print)		Address		Telephone number	
		Date (dd/mmm/yyyy)		Reason for visit			
Name and location of all hospitals or institutions where the deceased was treated in the past 5 years.							
		Hospital or institution (Please print)		Address		Reason	
						Date (dd/mmm/yyyy)	
6 Authorization and consent							
<p>Before signing, please read the following important information about the collection and use of any personal information connected to this Claimant's Statement.</p> <p>In this section <i>personal information</i> refers to either personal information about the deceased or personal information about you.</p>		<p>Collecting, using and disclosing personal information</p> <p>By signing below, you consent that we may use the personal information that we collect to:</p> <ul style="list-style-type: none"> • confirm identity and to otherwise uniquely identify both the deceased and you • evaluate and administer claims with respect to this (these) policy(ies). <p>By signing below, you authorize any doctor, medical practitioner, health care professional, hospital, clinic and other medical or medically related facility, insurance company or other organization, institution, association or person that has any information, records or knowledge of the deceased, to release to and exchange with us and applicable reinsurers any information about the deceased that we require to issue or administer the death benefit you are claiming. For Manulife Investments, if you are assuming ownership of the contract, you understand and agree that Manulife may collect, use and store the personal information provided. Our privacy policies and practices can be found in our current Information Folders (for segregated fund contracts) or contracts (for guaranteed interest contracts and immediate annuities) or on our website at www.manulife.ca/investments.</p> <p>Retaining personal information</p> <p>By signing below, you acknowledge that we will keep the personal information we collect for the longer of:</p> <ul style="list-style-type: none"> • the time required or recommended by any financial regulator, or until the limitation period has expired or • the time period required to administer the claim. <p>Sharing personal information</p> <p>We protect personal information that we collect and keep it secure by storing it in an individual file. Only the following people, organizations or service providers may have access to personal information:</p> <ul style="list-style-type: none"> • our employees and agents who require this information to perform their jobs • applicable reinsurers • third-party service providers who require this information to provide services to us, which may include: <ul style="list-style-type: none"> • claims investigators and investigative agencies • the deceased's insurance advisor and any insurance agency which employs the advisor or has named the advisor as its agent, either directly or indirectly, and their employees • people to whom you or the deceased have granted access and • people who are legally authorized to view the personal information. <p>These people, organizations and service providers may be in other provinces or jurisdictions outside Canada. Your information may be shared as required by the laws of those jurisdictions.</p>					
7 Withdrawal of consent		<p>You may withdraw your consent for us to collect, use, disclose and retain personal information that we need to evaluate and administer the claim.</p> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <p>If you withdraw your consent or if we do not have valid consent, as described in this Claimant's Statement, you agree that, until valid consent is given, the following consequences may apply:</p> <ul style="list-style-type: none"> • a death benefit will not be paid, if you withdraw your consent before the claim is evaluated and processed • you or the estate of the deceased will not be able to exercise any rights under the policy without our agreement. </div> <p>To withdraw your consent regarding our collection, use or disclosure of the personal information, you may contact us at any time by phoning our Customer Service Centre or by writing to the applicable Privacy Officer at the address on page 4.</p> <p style="text-align: right;">Signature required ➔</p>					

7 Withdrawal of consent (continued)	<p>Your right to access personal information or to receive additional information</p> <p>You understand your right to ask for a copy of our policies and practices for handling personal information. If you are the beneficiary, you can ask to review the personal information in our files about yourself. If you are a representative of the estate, you can ask to review the personal information in our files about the deceased. You can request to have any inaccuracies corrected in the personal information by writing us at:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">For Individual Insurance</td> <td style="width: 33%; text-align: center;">OR</td> <td style="width: 33%;">For Investments</td> <td style="width: 33%; text-align: center;">OR</td> <td style="width: 33%;">For Affinity Markets</td> </tr> <tr> <td>Privacy Office - Individual Insurance Manulife 25 Water Street S. PO BOX 800 STN C KITCHENER ON N2G 4Y5</td> <td></td> <td>Privacy Officer - Manulife Investments Del. Stn. 500-2-B 500 King Street N. PO BOX 1602 STN WATERLOO WATERLOO ON N2J 4C6</td> <td></td> <td>Privacy Officer - Affinity Markets Manulife PO BOX 4213 STN A TORONTO ON M5W 5M3</td> </tr> </table> <p>Your personal information will be used and stored as described in Manulife's policy and procedures. (This is available from our Privacy Officer or on our website at www.manulife.ca > PRIVACY POLICY.)</p>	For Individual Insurance	OR	For Investments	OR	For Affinity Markets	Privacy Office - Individual Insurance Manulife 25 Water Street S. PO BOX 800 STN C KITCHENER ON N2G 4Y5		Privacy Officer - Manulife Investments Del. Stn. 500-2-B 500 King Street N. PO BOX 1602 STN WATERLOO WATERLOO ON N2J 4C6		Privacy Officer - Affinity Markets Manulife PO BOX 4213 STN A TORONTO ON M5W 5M3
For Individual Insurance	OR	For Investments	OR	For Affinity Markets							
Privacy Office - Individual Insurance Manulife 25 Water Street S. PO BOX 800 STN C KITCHENER ON N2G 4Y5		Privacy Officer - Manulife Investments Del. Stn. 500-2-B 500 King Street N. PO BOX 1602 STN WATERLOO WATERLOO ON N2J 4C6		Privacy Officer - Affinity Markets Manulife PO BOX 4213 STN A TORONTO ON M5W 5M3							

8 Signatures A copy, fax, scan, or image of the beneficiary designation in this form is as valid as the original.	<p>By signing below, you are confirming that:</p> <ul style="list-style-type: none"> • to the best of your knowledge, all of the information in this Claimant's Statement is current, correct and complete • you agree to the terms of this Claimant's Statement • you make all of the declarations, acknowledgements and authorizations contained in this Claimant's Statement • you agree that a photocopy of this authorization shall be as valid as the original. <p>Are you a representative of the estate of the deceased (e.g. executor)? <input type="radio"/> Yes <input type="radio"/> No</p> <p>If you, as claimant, are also a representative of the estate, or an immediate family member, you consent to the collection, use and disclosure of the personal information of the deceased as described above.</p> <p>Provincial legislation in some provinces requires us to inform you that the time limit for taking legal action is set out in the Insurance Act or other legislation that applies to your claim.</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>Fraud Notice: Any person who knowingly files a claim containing any false or misleading information may be subject to criminal and civil penalties. In addition, an insurer may deny benefits if false information materially related to the claim or application for insurance was provided by the applicant or the claimant.</p> </div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width: 60%;">Name of deceased</td> <td style="width: 40%;">Policy number(s)</td> </tr> <tr> <td>Signed at (city or town, province)</td> <td>Date (dd/mmm/yyyy)</td> </tr> </table> <p>If claimant is an individual, a trust or estate</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">Signature of claimant</td> <td style="width: 20%;">Your home telephone number</td> <td style="width: 40%;">Your business telephone number</td> </tr> <tr> <td>X</td> <td>()</td> <td>()</td> </tr> <tr> <td>Signature of claimant</td> <td>Your home telephone number</td> <td>Your business telephone number</td> </tr> <tr> <td>X</td> <td>()</td> <td>()</td> </tr> </table> <p>If claimant is a corporation or unincorporated entity</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">Signature of signing officer</td> <td style="width: 20%;">Title</td> <td style="width: 40%;">Your business telephone number</td> </tr> <tr> <td>X</td> <td></td> <td>()</td> </tr> <tr> <td>Signature of signing officer</td> <td>Title</td> <td>Your business telephone number</td> </tr> <tr> <td>X</td> <td></td> <td>()</td> </tr> </table> <div style="text-align: center; margin-top: 10px;"> <div style="background-color: #cccccc; display: inline-block; padding: 5px 20px; border: 1px solid black;"> Check form for errors </div> </div>	Name of deceased	Policy number(s)	Signed at (city or town, province)	Date (dd/mmm/yyyy)	Signature of claimant	Your home telephone number	Your business telephone number	X	()	()	Signature of claimant	Your home telephone number	Your business telephone number	X	()	()	Signature of signing officer	Title	Your business telephone number	X		()	Signature of signing officer	Title	Your business telephone number	X		()
Name of deceased	Policy number(s)																												
Signed at (city or town, province)	Date (dd/mmm/yyyy)																												
Signature of claimant	Your home telephone number	Your business telephone number																											
X	()	()																											
Signature of claimant	Your home telephone number	Your business telephone number																											
X	()	()																											
Signature of signing officer	Title	Your business telephone number																											
X		()																											
Signature of signing officer	Title	Your business telephone number																											
X		()																											

Note:

- If the beneficiary is an estate or trust, all executors, liquidators, administrators or trustees must sign this form.
- For Individual Insurance and Affinity Markets, if the beneficiary is a corporation, we require the signatures and titles of two signing officers or the signature and title of one signing officer and the corporate seal.
- For Manulife Investments, if the beneficiary is a corporation, sign in accordance with the corporate resolution and provide a copy of the resolution.
- For unincorporated entities, provide documentation that outlines signing authorities for the entity.