

Agent Name: \_\_\_\_\_

Agent Number: \_\_\_\_\_

**INSTRUCTIONS:**

1. Forms must be completed in duplicate.
2. An endorsed copy will be returned for your records, as it forms part of your policy document.
3. All persons completing this form must have attained the age of majority. Before returning, please check that the appropriate section is fully completed and the signatures have been witnessed and dated.

The Manufacturers Life Insurance Company is requested and authorized to make the changes below, regarding:

POLICY/CERTIFICATE NUMBER	LIFE INSURED(S)	OWNER
_____	_____	_____
_____	_____	_____

**COLLATERAL ASSIGNMENT (HYPOTHECATION) OF POLICY/CERTIFICATE TO:**

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

For value received, I/We transfer and assign all my/our rights, title and interest in the above policy/certificate. The assignment is limited to the extent of the interest of the assignee as it may appear, subject to the terms, provisions and conditions of the policy/certificate.

1. I/we authorize Manulife Financial to consult its existing files for this purpose.
2. I/we authorize Manulife Financial, its subsidiaries, affiliates and agents to use the information in this application and its existing files to offer me/us their products or services. I/we understand that my/our consent to the use of such information to offer me/us products or services is optional and that if I/we wish to discontinue such use I/we may write to Manulife Financial at the address shown on this document.
3. I acknowledge receipt of, and confirm my agreement with, the NOTICE ON PRIVACY AND CONFIDENTIALITY.

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

_____	_____	_____
WITNESS	DATE	SIGNATURE OF OWNER
_____	_____	_____
WITNESS	DATE	SIGNATURE OF PRESENT BENEFICIARY, (if irrevocable)

**RELEASE OF COLLATERAL ASSIGNMENT (HYPOTHECATION):**

The consideration for the assignment of the above policy/certificate is fully paid or satisfied. I/We release my/our rights, title and interest in the policy/certificate.

1. I/we authorize Manulife Financial to consult its existing files for this purpose.
2. I/we authorize Manulife Financial, its subsidiaries, affiliates and agents to use the information in this application and its existing files to offer me/us their products or services. I/we understand that my/our consent to the use of such information to offer me/us products or services is optional and that if I/we wish to discontinue such use I/we may write to Manulife Financial at the address shown on this document.
3. I acknowledge receipt of, and confirm my agreement with, the NOTICE ON PRIVACY AND CONFIDENTIALITY.

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

_____	_____	_____
WITNESS	DATE	SIGNATURE OF ASSIGNEE
_____	_____	_____
WITNESS	DATE	SIGNATURE OF ASSIGNEE

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**DETACH AND RETAIN**  
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**NOTICE ON PRIVACY AND CONFIDENTIALITY.** The specific and detailed information requested on the application form is required to process the application. To protect the confidentiality of this information, Manulife Financial will establish a "financial services file" from which this information will be used to process the application, offer and administer services and process claims. Access to this file will be restricted to those Manulife Financial employees, mandataries, administrators or agents who are responsible for the assessment of risk (underwriting), marketing and administration of services and the investigation of claims, and to any other person you authorize or as authorized by law. Your file is secured in our offices. You may request to review the personal information it contains and make corrections by writing to: Privacy Officer, Affinity Markets, Manulife Financial, PO BOX 4213 STN A, TORONTO ON M5W 5M3.