

In this form, *you* and *your* mean the claimant; *we*, *us* and *our* mean 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.
 You can also obtain a form by contacting our group life claim department in Halifax at 1-866-447-4517 or Montreal at 1-866-236-6313 or by emailing us at Group_Life_Claims@Manulife.com.

Please print clearly.

Please refer to page 4 for the applicable return address.

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.					
	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 insert "No Number".	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"/> Transfer proceeds to an Advantage Account An Advantage Account is a personal bank account with Manulife Bank of Canada that offers a high interest rate and easy access to your money. (To establish an account, please complete the application on page 5.) <input type="radio"/> Pay by cheque <input type="radio"/> Pay by direct deposit (attach a void cheque to this page) Not applicable for Affinity Markets <input type="radio"/> Other (Complete Section 3.)					
3 Other payment options	Choose one of the following options: <input type="radio"/> Transfer under a settlement option with us Example: Term Certain or Life Annuity - Complete an Application for Annuity, NN0486E. <input type="radio"/> Apply to a new or existing policy with us Include the applicable application or deposit form.					
Not applicable to Affinity Markets.	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">Policy number</td> <td>Include investment and payment details, if applicable.</td> </tr> </table>			Policy number	Include investment and payment details, if applicable.	
Policy number	Include investment and payment details, if applicable.					
<input type="radio"/> Transfer the RRSP proceeds to an RRSP with us or another institution (Complete Section 4.) <input type="radio"/> Continue regular annuity payments, if applicable Deposit payments directly to your account. (Attach a 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 annuity.						

4 Transfer of RRSP proceeds and discharge of liability

Not applicable to Affinity Markets.

You request that the death benefit proceeds from registered policy(ies) _____ amounting to approximately \$ _____ be transferred to:

Name of company	Policy/account number
Address of company (if other than Manulife Financial)	

These funds are intended as a transfer of death claim benefits as permitted under the applicable provision of the Income Tax Act (Canada). This transfer will discharge us from all liability with respect to the above-noted policy(ies).

Applicable to Individual Insurance and Affinity Markets only

5 Details about the deceased

Not applicable for Manulife Investments contracts

Place of death				
Cause of death (Individual Insurance and Affinity Markets claims cannot be paid without this information.)				
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).				
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		
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)
Approximate date when the health of the deceased was first affected (dd/mmm/yyyy)				
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 If "Yes," please indicate amount per day: Cigarettes _____ Pipe _____ Other products _____				
How long did the deceased use tobacco, tobacco cessation or marijuana products?				
Did the deceased ever stop smoking? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown				
If "Yes," when?			If "Yes," for how long?	

6 Authorization and consent

Before signing, please read the following important information about the collection and use of any personal information connected to this Claimant's Statement.

In this section *personal information* refers to either personal information about the deceased or personal information about you.

Collecting, using and disclosing personal information

By signing below, you consent that we may use the personal information that we collect to:

- confirm identity and to otherwise uniquely identify both the deceased and you
- evaluate and administer claims with respect to this (these) policy(ies).

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 Financial 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.

Retaining personal information

By signing below, you acknowledge that we will keep the personal information we collect for the longer of:

- 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.

Sharing personal information

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:

- 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:
 - 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.

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.

7 Withdrawal of consent

You may withdraw your consent for us to collect, use, disclose and retain personal information that we need to evaluate and administer the claim.

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:

- 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.

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 below.

Your right to access personal information or to receive additional information

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:

For Individual Insurance	OR	For Investments	OR	For Affinity Markets
Privacy Officer - Individual Insurance Manulife Financial 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 Financial PO BOX 4213 STN A TORONTO ON M5W 5M3

Your personal information will be used and stored as described in Manulife Financial's policy and procedures. (This is available from our Privacy Officer or on our website at www.manulife.ca > PRIVACY POLICY.)

Signature required ➔

8 Signatures

By signing below, you are confirming that:

- 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.

Are you a representative of the estate of the deceased (e.g. executor)? Yes No
 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.

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.

- 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.

Name of deceased	Policy number(s)
Signed at (city or town, province)	Date (dd/mmm/yyyy)

If claimant is an individual, a trust or estate

Signature of claimant X	Your home telephone number ()	Your business telephone number ()
Signature of claimant X	Your home telephone number ()	Your business telephone number ()

If claimant is a corporation or unincorporated entity

Signature of signing officer X	Title	Your business telephone number ()
Signature of signing officer X	Title	Your business telephone number ()

9 Mailing instructions

Send completed Claimant's Statement to the applicable address below:

<p>Individual Insurance or Manulife Investments Manulife Financial 500 King Street N. PO BOX 1602 STN WATERLOO WATERLOO ON N2J 4C6</p>	<p>Affinity Markets Manulife Financial PO BOX 4213 STN A TORONTO ON M5W 5M3</p>
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Complete the remainder of this form to apply for an Advantage Account.

Advantage Account Application

To give you time to make the right decision: The Advantage Account is a simple and convenient solution that allows you to take the time you need to carefully consider your financial options. If you would like more information about the Advantage Account, contact Manulife Bank at 1-877-765-2265.

1 Advisor information (if applicable)	Advisor's name (last, first, middle initial)			Telephone number ()	
	Advisor's code	Dealer code	Branch	Company or Brokerage	Fax number ()
	Mailing address				
	City		Province	Postal code	
2 Primary account owner information <i>All Manulife Bank correspondence will be sent to this address.</i>	<input type="radio"/> Mr. <input type="radio"/> Mrs. <input type="radio"/> Miss <input type="radio"/> Ms. <input type="radio"/> Other ►				
	Account owner's name (last, first, middle initial)				
	Address (number, street, apartment)				
	City		Province	Postal code	
	Email address		Country of residence		
	Home phone number ()		Business phone number ()		
	Mandatory identification and information				
	Date of birth (dd/mmm/yyyy)		Social Insurance Number		
	Occupation		Employer name	Employer phone number ()	
	Employer address		City	Province	Postal code
For applicants with a representative	Please indicate the 2 types of documentation viewed to verify the identity of the client (at least 1 must be government issued):				
	<input type="radio"/> Canadian Driver's Licence <input type="radio"/> Canadian Passport <input type="radio"/> Canadian Citizenship Card <input type="radio"/> Other ►				
	Document number		Issued by		
	<input type="radio"/> Canadian Driver's Licence <input type="radio"/> Canadian Passport <input type="radio"/> Canadian Citizenship Card <input type="radio"/> Other ►				
For applicants without a representative	Document number		Issued by		
	To verify your identity, Manulife Bank requires that you attach a pre-printed personalized cheque drawn on your account at a Canadian Financial Institution for a nominal amount (such as \$5). This cheque will be deposited into your Advantage Account along with the death benefit proceeds.				
3 Joint account owner information (if applicable)	<input type="radio"/> Mr. <input type="radio"/> Mrs. <input type="radio"/> Miss <input type="radio"/> Ms. <input type="radio"/> Other ►				
	Joint account owner's name (last, first, middle initial)				
	Mandatory identification and information				
	Date of birth (dd/mmm/yyyy)		Social Insurance Number		
	Occupation		Employer name	Employer phone number ()	
Employer address		City	Province	Postal code	

3 Joint account owner information (continued) For applicants with a representative	<i>Please indicate the 2 types of documentation viewed to verify the identity of the client (at least 1 must be government issued):</i>			
	<input type="radio"/> Canadian Driver's Licence <input type="radio"/> Canadian Passport <input type="radio"/> Canadian Citizenship Card <input type="radio"/> Other ►			
	Document number		Issued by	
	<input type="radio"/> Canadian Driver's Licence <input type="radio"/> Canadian Passport <input type="radio"/> Canadian Citizenship Card <input type="radio"/> Other ►			
	Document number		Issued by	
For applicants without a representative	To verify your identity, Manulife Bank requires that you attach a pre-printed personalized cheque drawn on your account at a Canadian Financial Institution for a nominal amount (such as \$5). This cheque will be deposited into your Advantage Account along with the death benefit proceeds.			
	<input type="radio"/> Check if joint account owner's address is same as primary account owner's address			
	Address (number, street, apartment)		City	Province
	Postal code			
	Email address		Country of residence	Home phone number ()
Signing instructions	Either applicant to sign on joint accounts. If all applicants must sign check here. <input type="radio"/> Note: An Access Card is not available if all applicants must sign.			
4 Additional services To order cheques and NDDS, please complete this section.	<input type="radio"/> Personalized cheques <input type="radio"/> 50 <input type="radio"/> 100 <input type="radio"/> 150 (Fees apply. Please contact us for current pricing.) <input type="radio"/> NDDS Deposit Slips Please check to order deposit slips for local branch banking (allow 4-6 weeks for delivery). An Access Card will be forwarded to you when your account is active. Access Cards are not available for account owners under age 16 unless accompanied by parent consent.			
5 Third party information This section must be completed.	Will this account be used by or on behalf of a third party? <input type="radio"/> Yes <input type="radio"/> No If yes, please complete the Third Party Identification form AB0321E and attach to this application.			
6 Account terms and conditions	I/We have applied for the services indicated on this Application and agree to be bound by the terms and conditions governing these services. By signing this Application, I/we confirm that the information I/we have given is true and complete. I/We expressly request that this Application and all related documents, including notices, be drawn up in the English language. I/We hereby acknowledge that Manulife Bank will provide an Account Operating Agreement to me/us before an account is opened for me/us which will set out the terms and conditions for the operation of the Account. I/We acknowledge that a copy of the "Welcome to Manulife Bank" brochure that sets out the charges applicable to my/our Account will be provided to me/us. I/We acknowledge that Manulife Bank will be issuing an Access Card to me/us. Manulife Bank may change its interest rates from time to time and interest rate changes will be posted on its website and telephone banking system. I/We understand that I/we may visit Manulife Bank's website at manulifebank.ca or call 1 877-765-2265.			
7 Funds transfers	Manulife Bank may debit or credit the Account opened under this Application and the following other accounts (the "other Account(s)") held by me/us with the named other financial institutions below (the "other Financial Institution(s)") when transferring funds between them, subject to such limits and conditions as are required by Manulife Bank and by the other Financial Institution(s).			
Other account(s)	Other Financial Institution		Branch Number	Transit Number
	Account Number			
	Other Financial Institution		Branch Number	Transit Number
	Account Number			
	Other Financial Institution		Branch Number	Transit Number
	Account Number			
Transfer instructions	A specimen personalized cheque, preprinted with my/our full name(s), for each of the other Account(s) marked VOID is attached to this Application (mandatory in order to proceed with Funds Transfer). I/We undertake to inform Manulife Bank, in writing, of any change to the other Account information provided in this Application at least five (5) business days prior to the next due date of a funds transfer.			
	In order to authorize Manulife Bank to arrange a one time funds transfer or a regular recurring funds transfer, the following information is required:			
	Amount \$	Start date (dd/mmm/yyyy)	End date (dd/mmm/yyyy)	<input type="radio"/> one time transfer <input type="radio"/> monthly <input type="radio"/> semi-monthly <input type="radio"/> weekly <input type="radio"/> bi-weekly
From Account			To Account	

7 Funds transfers (continued)	Amount \$	Start date (dd/mmm/yyyy)	End date (dd/mmm/yyyy)	<input type="radio"/> one time transfer <input type="radio"/> monthly <input type="radio"/> semi-monthly <input type="radio"/> weekly <input type="radio"/> bi-weekly
	From Account		To Account	
	Amount \$	Start date (dd/mmm/yyyy)	End date (dd/mmm/yyyy)	<input type="radio"/> one time transfer <input type="radio"/> monthly <input type="radio"/> semi-monthly <input type="radio"/> weekly <input type="radio"/> bi-weekly
	From Account		To Account	
I/We warrant and guarantee that all persons whose signatures are required to sign for the Account or the other Account(s) have signed this Application below. I/We acknowledge having read and agreed with the terms and conditions affecting funds transfers for the Account contained in the Account Operating Agreement.				
8 Personal information	I/We acknowledge that I/we have read and understand the Personal Information Statement, included in the Account Operating Agreement, and consent to the collection, use and disclosure of my/our personal information, in accordance with the terms of the Personal Information Statement, as described under the following headings: <ul style="list-style-type: none"> • Collecting, using and disclosing my personal information • Who may access my personal information • Service providers • Other product offerings • Withdrawing my consent • My right to access my personal information or to receive additional information I/We understand that I/we may contact Manulife Bank's Customer Service Center at 1-877-765-2265 for additional information relating to Manulife Bank's privacy policies and regarding my/our options for withdrawing my/our consent. <p>In accordance with the Personal Information Statement, I/we authorize Manulife Bank to obtain, verify, give, share and exchange personal information about me/us, now and in the future, with any individuals, financial institutions, business corporations or other parties with whom I/we have or propose to have financial or personal dealings, or who hold information about such dealings, such as credit bureaus. My/Our personal information will be used for the purpose of confirming my/our identity and the accuracy of the information I/we provide or Manulife Bank collects with this consent, assessing the history of my/our financial dealings to determine my/our eligibility for the products and services I/we have applied for, or Manulife Bank offers to me/us, now and in the future, administering and maintaining my/our financial records, supporting and maintaining the accuracy and the integrity of the credit reporting system, and as may be otherwise permitted or required by law. I/We also authorize any person that Manulife Bank contacts under this authorization to provide such information. I/We authorize Manulife Bank to record my/our telephone conversations for the administration of my/our account and to maintain quality service levels. If I/we do not wish that my/our telephone conversation be recorded, I/we agree to only communicate with Manulife Bank in writing and request that any response by Manulife Bank be in writing as well. I/We acknowledge that no attempt by me/us to modify or amend this form will change its terms or in any way be binding upon the Bank or any of its agents or contractors.</p>			
9 Signatures	If applicable, I/we acknowledge that my/our Advisor may receive an ongoing trailing compensation based upon my/our minimum monthly balance.			
	Primary account owner signature X	Date (dd/mmm/yyyy)		
	Joint account owner signature X	Date (dd/mmm/yyyy)		
10 Advisor assertions (if applicable)	I confirm that I have seen the original identity verification documentation presented by the applicant. I undertake to deliver the completed Third Party Identification form, if required. I also undertake to inform Manulife Bank if I become aware that the Account is being operated for the benefit of a third party.			
	Advisor's signature X	Date (dd/mmm/yyyy)		