

Request for change 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 Synergy, the word *policy* also refers to *solution*.

Mail or fax to Manulife Financial, 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
Télééc. : 1 877 271-5494

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)

2a Changes to all types of policies

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

** To change the death benefit option to increasing, complete *Application for change*, NN7001E.

*** To add a step-child or legally adopted child to an existing rider **or** if your plan requires evidence of insurability for each child, 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 this change is for Security UL (policy date before Sept. 25, 2004) or Limited Pay UL: any partial cost refund or guaranteed cash value amount released because of a policy change will be placed in your policy investment accounts. To withdraw that amount from your policy (subject to taxation and our administrative rules), select 'Other change' and provide withdrawal instructions.

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

Switch from 10-year cost coverage to Level cost coverage 20-year cost coverage (*Lifecheque policies only*)
 for all insurance **or** for insurance coverage number(s) _____

Switch cost type from 10-year renewable to 65 to level cost to 65 (*Synergy only*)

Change coverage option (*Family Term and Business Term only*) to Term-20 **or** Term-Life

Change from Yearly Renewable (increasing) to Level cost of insurance
 for all insurance **or** for insurance coverage number(s) _____

Change death benefit option to Level**

Change Joint first-to-die coverage to Joint last-to-die, Costs to first death (*InnoVision policies dated April 21, 2007 or later only*).

Change Joint first-to-die coverage to Joint last-to-die, Costs to last death (*InnoVision and Security UL only*).
You must submit a signed illustration **and** select one of the following options:
 Change all Joint first-to-die coverages **or**
 Change \$ _____ of coverage number _____

Add a child born to an insured person to an **existing children's protection rider*****
Name of child _____ Date of birth(dd/mmm/yyyy) _____ Sex Male Female

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 \$ _____
New premium (*UL only*): _____ (*specify premium amount or write 'minimum'*)
Note: Any associated Performax Gold Early Cash Value Enhancer rider will decrease by the same amount.

Decrease amount of insurance on a Synergy solution from \$ _____ to \$ _____
Note: For a Synergy solution, only the Synergy amount of insurance can be decreased.

Change fund (*Manulife Investor only*) from _____ to _____
(name of fund) (name of fund)

Change to Reduced Paid-up (*submit the policy document or Declaration of loss of policy, NN0528E.*)

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

- ▶▶ For changes specific to Performax Gold policies only go to section 2b.
▶▶ For changes specific to disability policies only go to section 2c.

2b Additional changes to Performax Gold policies only

††† 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.

For Performax Gold policies: 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* above and provide withdrawal instructions.

- 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 \$ _____

2c Additional changes to disability policies only

Do not complete for any changes to a Synergy solution.

- Renew disability policy after age 65 (*submit a letter of employment on company letterhead that states that the insured person is gainfully employed a minimum of 30 hours per week*)
- Decrease benefit period from _____ to _____
- Increase elimination period from _____ to _____
- Add premium refund rider 4-Back or 5-Back

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 change the amount, timing and conditions under which benefits will become payable on your policy.
- 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 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 legal name of corporation (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.