III Manulife

Application for policy loan or withdrawal

We, us and *our* refer to The Manufacturers Life Insurance Company. *You* and *your* refer to the owner(s).

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1	General information	Policy number		Name of insure	d				
	Keeping your personal information up to date is important. Not only does it help us provide you the best possible service, it's required by Canada's Proceeds of Crime (Money Laundering) and Terrorist Financing legislation. Please let us know if - for example - your address, phone number, email, occupation or nature of your principal business, beneficial ownership, board of director, signing officer(s), or the intended use of the			First name	Middle ir	nitial Last name			
		Is the policy owned by a legal entity*?							
		*Entity means a corporation, trust, partnership, association or other organization.							
		Name of owner #1		Name of owner	Name of owner #2				
		First name Middle initial Last name First name Middle initial Last name Full legal name of entity First name							
	policy has changed.								
_	Dellaulaan an	Type of request	Amount requested						
Ζ	Policy loan or withdrawal information	 Policy loan 	Maximum loan or parti	al withdrawal availab	le				
	Complete 1 form for each individual insurance policy.	 Policy withdrawal Specific amount (after any charges have been subtracted) \$ 							
		For policy withdrawals, source of withdrawal							
	If withdrawing PUA/DOI on a Performax Gold, Manulife Par, or Manulife Par with Vitality Plus [™] policy, please complete Request for change for Performax Gold and Performax policies, NN0739E_PMAX.	Withdrawal of paid up additions							
		O Partial withdrawal (indicate fund name, if applicable)							
		Other (specify)							
	This policy loan or withdrawal could result in a taxable gain.	Payment instructions for the loan or withdrawal							
	For a policy on payment or premium	 Pay by direct deposit To policy owner using banking information already on file 							
	offset, if you make a withdrawal your reduced policy value may not be sufficient to pay your policy costs. You may need to start making payments to keep your policy in effect. Manulife UL and Manulife UL with <i>Vitality</i> <i>Plus</i> [™] policies (policy date after Nov 19, 2021): You can withdraw money from the PGIF account only once per calendar year.	To the bank account indicated here							
		" 108" 1: <u>01122</u> " <u>540</u> " <u>00011</u> " 01111							
		Transit n							
		Name of bank or financia	Institution	Transit number Ins	stitution number	Account number			
		Name of bank account ho	older(s) (first, middle initial, las	t)					
	Loan credit letter								
	If you receive a T5 tax slip as a result of your loan, you may be entitled to a loan credit letter when you repay the loan. T2210-deduction of loan interest	Address of bank account holder(s) (street, number and apt number)							
		City		Province		Postal code			
	Interest paid on a policy loan used to		llateral assignee, direct deposit is	not available. We will sen	ıd a cheque made p	payable to the policy owner(s) and any			
	earn income can be deducted while preparing your income tax return. You can request a T2210 from us.	assignee(s), to: Policy owner Advisor Other (provide name and address)							
		Name (first, middle initial, last)							
		City		Province/Sta	ate	Postal/ZIP code			
3 Loan details If a policy loan interest rate (or service charge) is not specified in the policy contract,						I calculate interest at a rate set			
5	Evall uclaiis	by us from time to time based on the prime rate being charged by our banker plus 2%. If the loan and interest, together will all other indebtedness under the policy, at any time exceeds the policy's cash value							
			ether will all other indebtedı minate, subject to any right						
		providence of the second							

4 Signatures

If the owner is a corporation, we require:

- 2 signing officers' signatures and titles
 or
- 1 signing officer's signature, title and the corporate seal.

If 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, insert your initials in the box provided.

Signed at (c	ity or town)	Province	Signed at (city or town)		Province					
Signature of owner #1			Signature of owner #2							
Title (if appl	icable):	Date signed	Title (if applicable):		Date signed					
Initial here	^{1 here} Insert 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.									
Any irrevocable or preferred beneficiaries must sign to show their consent to the policy loan or withdrawal. Minor beneficiaries cannot give consent.										
Signature of	f irrevocable or preferred beneficiary	(if applicable)		Date Signed (dd/mmm/yyyy)						