

Application for policy loan or withdrawal

Please send completed form to
Manulife, Individual Insurance at:

All provinces except Quebec 500 King Street North
PO BOX 1669
WATERLOO ON N2J 4Z6
Fax: 1-877-763-8834

In Québec 2000, rue Mansfield
bureau 1310
MONTREAL QC H3A 3A1
Fax: 1-877-271-5494

We, us and our refers to the company that insures the policy identified below. You and your refers to the policy owner.

A copy, fax, scan, or image of this request is as valid as the original for transactions up to \$500,000 if the policy has a single owner.

A copy, fax, scan, or image of this request is as valid as the original for transactions up to \$150,000 if the policy is corporately owned, has more than one owner, is assigned as collateral, is part of a trust, or has an irrevocable or preferred beneficiary.

Complete **one** form for each individual insurance policy.
For full surrenders, use *Policy surrender*, NN0387E.

1 Policy information	Policy number		Name of policy owner(s) (first, middle initial, last)				
2 Policy loan or withdrawal information This policy loan or withdrawal could result in a taxable gain. For a policy on payment or premium 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. 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 Interest paid on a policy loan used to earn income can be deducted while preparing your income tax return. You can request a T2210 from us.	Type of request <input type="radio"/> Policy loan <input type="radio"/> Policy withdrawal	Amount requested <input type="radio"/> Maximum loan or partial withdrawal available <input type="radio"/> Specific amount (after any charges have been subtracted) \$					
	For policy withdrawals, source of withdrawal <input type="radio"/> Withdrawal of paid up additions <input type="radio"/> Withdrawal of accumulated dividends <input type="radio"/> Partial withdrawal (indicate fund name, if applicable) <input type="radio"/> Other (specify)						
	Payment instructions for the loan or withdrawal <input type="radio"/> Mail cheque to owner <input type="radio"/> Mail cheque to advisor <input type="radio"/> Pay by direct deposit <ul style="list-style-type: none"> <input type="radio"/> void cheque attached <input type="radio"/> to policy owner using banking information already on file <input type="radio"/> to another payee using banking information already on file (provide payee address) 						
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Address (number, street)</td> <td style="width: 15%;">City or town</td> <td style="width: 15%;">Province</td> <td style="width: 20%;">Postal code</td> </tr> </table>		Address (number, street)	City or town	Province	Postal code	<input type="radio"/> Other (specify)
Address (number, street)	City or town	Province	Postal code				
3 Loan details	If a policy loan interest rate (or service charge) is not specified in the policy, we will calculate interest at a rate set by us from time to time not to exceed the greater of: • 8% and • the prime rate being charged by our banker plus 2%. If the loan and interest, together with all other indebtedness under the policy, at any time exceeds the policy's cash value the policy will automatically terminate, subject to any right of reinstatement provided in the policy.						
4 Signatures If the owner is a corporation, we require: <ul style="list-style-type: none"> • 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. * If the policy has been collaterally assigned or in Quebec, hypothecated, either: <ul style="list-style-type: none"> • obtain a Release of Assignment or Release of Hypothecation or • have the collateral assignee or hypothecary creditor sign this form to show consent for the policy loan or withdrawal. 	Signature of owner #1 <input checked="" type="checkbox"/>		Date (dd/mmm/yyyy)				
	Title (if applicable):						
	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.					
	Signature of owner #2 <input checked="" type="checkbox"/>		Date (dd/mmm/yyyy)				
	Title (if applicable):						
	Signature of collateral assignee/hypothecary creditor (if applicable)* <input checked="" type="checkbox"/>		Date (dd/mmm/yyyy)				
Title (if applicable):							
Signature of collateral assignee/hypothecary creditor (if applicable)* <input checked="" type="checkbox"/>		Date (dd/mmm/yyyy)					
Title (if applicable):							
Any irrevocable or preferred beneficiaries must sign to show their consent to the policy loan or withdrawal. Minor beneficiaries cannot give consent.							
Signature of irrevocable beneficiary (if applicable) <input checked="" type="checkbox"/>		Date (dd/mmm/yyyy)					