

Mail or fax to Manulife, Individual Insurance, at:

Outside Quebec
 500 King Street North
 PO BOX 1669
 WATERLOO ON N2J 4Z6
 Fax: 1-877-763-8834
 manulife.ca

Inside Quebec
 2000, rue Mansfield, bureau 1310
 Montréal (Québec) H3A 3A1
 Téléc. : 1 877 271-5494

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 a Performax Gold or Performax policy, use *Request for change for Performax Gold and Performax policies*, NN0739E(PMAX).
- For Synergy, the word *policy* also refers to *solution*.

Customer service centre:

All provinces except Quebec 1-888-626-8543 Quebec 1-888-626-8843
 Outside of North America, call us collect at 1-519-747-6600

Effective date of change (if applicable) (dd/mmm/yyyy)

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)		Date of birth (dd/mmm/yyyy)	

2a Changes to all types of policies

- * To change the death benefit option to increasing, complete *Application for change*, NN7001E.
- ** To change the dividend option from cash to paid-up insurance, complete *Application for change*, NN7001E.
- † 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.

Important: If you are changing the dividend option from Term Option or Enhancement, your yearly term insurance coverage will be cancelled.

Correct a birthdate (*submit proof of birthdate*) from _____ to _____
 (dd/mmm/yyyy) (dd/mmm/yyyy)

Change from 10-year cost coverage to level cost coverage 20-year cost coverage
 for all insurance **or** for insurance coverage number(s) _____

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

Change coverage type or coverage option to (*Lifecheque only*)
 20-year renewable primary level permanent (payable to age 100)

Change coverage option (*Family Term and Business Term only*) to term-20 **or** term-65 **or** term-life

Change from pay for 10 years to pay for 20 years (*Manulife Par only*)

Change from pay for 10 or 20 years to pay to age 90 (*Manulife Par only*)

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 _____

Change dividend option** from _____ to _____
 For Manulife Par, if you choose cash as the dividend option, no deposit option payments may be made into the policy.

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*) _____

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')

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)

2a Changes to all types of policies (continued)	<input type="radio"/> Change to reduced paid-up (<i>submit the policy document or Declaration of loss of policy, NN0528E.</i>)
	<input type="radio"/> Other change (<i>specify; e.g. change withdrawal order.</i>) _____
▶▶ For changes specific to disability policies only go to section 2b.	

2b Additional changes to disability policies only Do not complete for any changes to a Synergy solution.	<input type="radio"/> Renew disability policy after age 65 (<i>submit a letter of employment on company letterhead that states that the insured person is gainfully employed a minimum of 30 hours per week</i>)
	<input type="radio"/> Decrease benefit period from _____ to _____
	<input type="radio"/> Increase elimination period from _____ to _____
	<input type="radio"/> Add premium refund rider

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: <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.	By signing below: <ul style="list-style-type: none"> 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 affect the amount or timing of the benefits payable, the conditions under which the benefits become payable or the expiry date of the coverage. 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: <ul style="list-style-type: none"> any refund resulting from this change will be deposited to the same account unless you give us other instructions. 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 name of legal entity (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.		