

Send this form to Manulife at:

**In all provinces except Quebec**

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

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

**In Quebec**

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

# Request for change for Performax Gold and Performax policies

## Evidence of insurability NOT required

- *We, us* and *our* refer to The Manufacturers Life Insurance Company (Manulife).
- *You* and *your* refer to the policy owners.
- For any other type of policy, use *Request for change*, NN0739E.
- 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 policy has changed.

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

### 1.0 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)	

### 1.1 Cash release information

<sup>1</sup> Withdrawals may result in a taxable gain.

If you make a change to your policy:

- For **Performax Gold**, we will apply any released cash value and/or unused costs to the accumulation account.
- For **Performax**, we will refund any cash value and/or released unused premium to you<sup>1</sup>.

### 2.0 Changes requested – Performax Gold or Performax policies

<input type="radio"/> Cancel an insurance or rider coverage.	Coverage number
<input type="radio"/> Change policy to reduced paid-up insurance. <b>Important:</b> This change is permanent. Changing to reduced paid-up insurance cancels all riders on your policy. For policies with term option, this changes the performance credit option (on <b>Performax Gold</b> ) or the dividend option (on <b>Performax</b> ) from term option to paid-up insurance, which cancels your yearly term insurance.	
<input type="radio"/> Correct a birthdate (submit proof of birthdate)	Correct date (dd/mmm/yyyy)
<input type="radio"/> Remove an insured person from the policy	Name of the insured person to remove
<input type="radio"/> Other change:	

### 2.1 Changes requested – Performax Gold policies

<sup>2</sup> To change the performance credit option to term option, or from accumulation account to paid-up insurance, use *Application for change*, NN7001E.

<sup>3</sup> Any associated early cash value enhancer rider decreases by the same amount.

<input type="radio"/> Change performance credit option <sup>2</sup> for insurance coverage number: _____ <input type="radio"/> to accumulation account <input type="radio"/> from term option to paid-up insurance <b>IMPORTANT:</b> If you change your performance credit option from term option to any other option, we cancel your yearly term insurance coverage.		
<input type="radio"/> Change cost duration of the term insurance rider from 10-year to 20-year for coverage number: _____		
<input type="radio"/> Decrease:		
<input type="radio"/> amount of insurance on coverage number <sup>3</sup> : _____	from \$	to \$
<b>Important :</b> For insurance coverages with a performance credit option of term option, if you decrease the amount of insurance, your term option guarantee may be reduced or lost. To maintain your term option guarantee, consider decreasing your term option amount. Select one of the following options:		
<input type="radio"/> term option amount associated with coverage number: _____	from \$	to \$
<input type="radio"/> do not adjust the term option amount (with this option, your term option guarantee may be reduced or lost.)		
<input type="radio"/> term option amount associated with coverage number: _____	from \$	to \$

## 2.1 Changes requested – Performax Gold policies (continued)

<input type="radio"/> Withdraw cash value
<b>Important:</b> The cash value you withdraw from your performax enhancer coverage(s) affects your policy values. If your performance credit option is term option, decreasing your paid-up insurance and/or deposit option insurance decreases your term option amount by the same amount, as described in our administrative rules.
<input type="radio"/> Withdraw \$_____ by decreasing deposit option insurance amount on coverage number: _____
<input type="radio"/> Withdraw \$_____ by decreasing paid-up insurance amount on coverage number: _____
<b>Important:</b> If your performance credit option is term option and you decrease your paid-up insurance, you also lose any term option guarantee.
<input type="radio"/> Use this withdrawal as one of the following options <sup>1</sup> :
<input type="radio"/> cash withdrawal payable to you (subject to our administrative rules)
<input type="radio"/> pay policy costs
<input type="radio"/> pay policy loan
<input type="radio"/> other _____

## 2.2 Changes requested – Performax policies

<sup>4</sup> To change the dividend option to paid-up insurance or to term option, use *Application for change*, NN7001E.

<sup>5</sup> This may result in a release of cash value and a taxable gain.

For withdrawals use *Application for policy loan or withdrawal*, NN0941E.

<input type="radio"/> Change dividend option <sup>4</sup>	from	to
<b>Important:</b> If you change the dividend option from term option, we cancel your yearly term insurance.		
<input type="radio"/> Reduce one of the following options:		
<input type="radio"/> basic face amount <sup>5</sup>	from \$	to \$
<b>Important:</b> For policies with a dividend option of term option and a term option guarantee, if you decrease your basic face amount, your term option guarantee may be reduced or lost. To maintain your term option guarantee, consider a decrease in your term option amount. Select one of these options:		
<input type="radio"/> reduce the term option amount	from \$	to \$
<input type="radio"/> do not adjust the term option amount (with this option, your term option guarantee may be reduced or lost)		
<input type="radio"/> rider amount	from \$	to \$
<input type="radio"/> term option amount (any term option plus will be reduced first)	from \$	to \$
<input type="radio"/> term option plus amount	from \$	to \$

## 3.0 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:

- 2 signing officers' signatures and titles
- or
- 1 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, see page 3 of this form.

### 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 affect the amount or timing of the benefits payable, or the conditions under which the benefits become payable.
- 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 policy costs for this policy are paid by monthly pre-authorized debits, the holder(s) of the 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. The holder(s) of the bank account waive the right to receive 10 days' notice of the amount of monthly pre-authorized debits.
- You understand that for Performax Gold policies, we can put any refund resulting from this change into your policy's accumulation account.

### Persons insured under the policy

Signature of insured person #1	Signature of witness
<b>X</b>	<b>X</b>
Title	Date (dd/mmm/yyyy)
Signature of insured person #2	Signature of witness
<b>X</b>	<b>X</b>
Title	Date (dd/mmm/yyyy)

### 3.0 Signatures (continued)

If the policy has been collaterally assigned, or in Quebec, hypothecated, either:

- obtain a Release of Assignment or Release of Hypothecation;
- or**
- have the collateral assignee or hypothecary creditor sign where indicated to show consent for the policy change.

If the policy is assigned to a bank, we also require:

- the signatures and titles of 2 bank officials, and the name of the bank.

#### Owners of the policy

Signature of owner of the policy (if not one of the insureds)* <b>X</b> Title		Signature of witness <b>X</b> Date (dd/mm/yyyy)
Initial here	Write your initials here to confirm that you are the sole 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 of the policy (if not one of the insureds)* <b>X</b> Title		Signature of witness <b>X</b> Date (dd/mm/yyyy)

#### Other signatures required

Signature of irrevocable or preferred beneficiary on the policy <b>X</b> Title		Signature of witness <b>X</b> Date (dd/mm/yyyy)
Signature of the collateral assignee/hypothecary creditor on the policy <b>X</b> Title		Signature of witness <b>X</b> Date (dd/mm/yyyy)
Initial here	Write your initials here to confirm that you are the sole person authorized to sign on behalf of the corporation and that it does not have a seal. You must also sign above.	
Signature of collateral assignee/hypothecary creditor on the policy <b>X</b> Title		Signature of witness <b>X</b> Date (dd/mm/yyyy)

#### Account holders (if banking information has changed)

Name of account holder #1 or corporate signing officer #1 (first, middle initial, last)	Title (if applicable)	Date (dd/mm/yyyy)
Signature of account holder #1 or corporate signing officer #1 <b>X</b>	Initial here	Write your initials here to confirm that you are the sole person authorized to sign on behalf of the corporation and that it does not have a seal. You must also sign above.
Name of account holder #2 or corporate signing officer #2 (first, middle initial, last)	Title (if applicable)	Date (dd/mm/yyyy)
Signature of account holder #2 or corporate signing officer #2 <b>X</b>		

#### Did you know?

If you currently pay by cheque, you can save postage costs by making your payments with online banking. To pay online, go to your personal banking site and add MANULIFE INDIVIDUAL INSURANCE to your list of payees. When asked for your account number, type in your policy number and add "ILC" to the beginning (i.e. **ILC**1234567).