

For life **insurance or investment** claims, send to:

Manulife
500 King Street North
PO BOX 1602
WATERLOO ON N2J 4C6

For **Affinity Market** claims send to:

Manulife
PO BOX 11023
STN CENTRE-VILLE
MONTREAL QC H3C 4V7

- *You* and *your* refer to the claimant.

- *We*, *us* and *our* refer to the insurer of the policy(ies) identified below.

If this is a life insurance claim under an employment related group plan, please contact the plan administrator to obtain a group life claim form.

Or, fax to:

For investment claims:
1-877-277-3774

For life insurance or Affinity Market claims:
All provinces except Quebec: 1-877-763-8834
In Quebec: 1-877-271-5494

Before you begin	This is a claim for (select all that apply):		Complete these sections	
	<input type="radio"/> Life insurance & Affinity markets		1, 3, 4, 5, 6, 7	
	<input type="radio"/> Investment products		1, 2, 6, 7	
1 General information about you and the deceased If you believe your name has changed since our files were updated, give us a copy of your name change documentation (for example, a copy of a marriage certificate).	Policy or certificate number(s)		Date of birth of deceased (dd/mmm/yyyy)	
	Deceased's name (first, middle initial, last)		Date of death (dd/mmm/yyyy)	
	Your full name (first, middle initial, last) or company's name (for corporate beneficiary)			
	Your full street address			
	City		Province	
	Postal code	Phone number	Your date of birth (dd/mmm/yyyy)	
	In what capacity are you claiming the proceeds; for example, Named Beneficiary, Executor or Assignee, and what is your relationship to the deceased?			
	Capacity		Your relationship to the deceased	
	Name and mailing address of Executor			
	<input type="radio"/> Same as above, or:			
Social insurance number (SIN) or Business number (BN) The Social insurance number (SIN) or Business number (BN) is required for reporting of interest and/or other tax reporting requirements. If the claimant has never been assigned a SIN or BN Number, write "No Number".	If you are a:		Provide:	
	Beneficiary making this claim		Your SIN	
	Representative of an estate making this claim		Deceased insured's SIN	
	Representative of a corporate beneficiary		BN that is used for tax purposes	
	If your business is located in Quebec, also provide		Quebec Business Number	
Trustee making this claim on behalf of a beneficiary		Beneficiary's SIN		

2 Claims for Manulife investments

Settlement option

Selection must be in accordance with settlement option(s) provided within letter and/or Claim Details Statement.

► **If you are only submitting a claim for life insurance, go to Section 3, Claims for life insurance**

Choose one of the following options:

- Lump sum payment by cheque**
- Lump sum payment by direct deposit to a Canadian financial institution** (provide a personalized void cheque). *Not applicable for Nominee Named Accounts.*
- Internal Transfer** (provide the following for the transfer)

Policy number for transfer to	Deposit allocations
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- Transfer the proceeds to another institution** (provide the following for the transfer)

Name of financial institution	Contract or policy number
Address of financial institution	

These funds are intended as a transfer of death claim benefits as permitted under the applicable provision of the *Income Tax Act* (Canada). This transfer will discharge us from all liability with respect to the above-noted policy(ies).

- Transfer proceeds to a Manulife Bank Advantage Account** (To apply for an account, contact your advisor or go to www.manulifebank.ca.)

Manulife Bank Advantage account number
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- Continuation Segregated Fund & GIC (RRIF only)**
Continue the terms of the contract as owner. Please provide personalized void cheque for Canadian financial institution and date of birth as requested in Section 1.
- Continuation Segregated Fund & GIC (Non Registered & RRSP)**
Continue the terms of the contract. A new policy number will be assigned for administration purposes only.
- Continue the investment contract, if applicable**
To deposit payments directly to your account, attach a personalized void cheque to this page. By selecting this option, you, your heirs, executors, administrators and assigns agree that any sum or sums of money paid to your bank account after your death will be refunded to us for distribution to the person(s), if any, entitled to the money under the terms of the contract.

► **If you are only submitting a claim for investment products, go to Section 6, Authorizations and consent.**

3 Claims for life insurance

Payment of proceeds

Choose one of the following options:

- Payment by cheque**
- Payment by direct deposit to a Canadian financial institution** (provide a personalized void cheque) *Not applicable for Affinity Markets.*
- Transfer under a settlement option with us**
Example: Term Certain or Life Annuity - Complete an *Application for Annuity*, NN0486E.
- Apply to a new or existing policy with us**
Include the applicable application or deposit form.

Policy number	Include investment and payment details, if applicable.
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- Transfer the RRSP proceeds to an RRSP with us or another institution**

Name of financial institution	Contract or policy number
Address of financial institution	

These funds are intended as a transfer of death claim benefits as permitted under the applicable provision of the *Income Tax Act* (Canada). This transfer will discharge us from all liability with respect to the above-noted policy(ies).

- Transfer proceeds to a Manulife Bank Advantage Account** (To apply for an account, contact your advisor or go to www.manulifebank.ca.)

Manulife Bank Advantage account number
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4	Details about the deceased (Life insurance only)	Place of death	Marital status of deceased
		Cause of death (Insurance claims cannot be paid without this information.)	
		Did the deceased leave a will? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	

5	Medical details about the deceased (Life insurance only)	IMPORTANT: Any reference to testing, tests, test results, or investigations excludes genetic tests. Genetic test means a test that analyzes DNA, RNA or chromosomes for purposes such as the prediction of disease or vertical transmissions risks, or monitoring, diagnosis or prognosis.			
		Approximate date when the health of the deceased was first affected (dd/mmm/yyyy)			
		Did the deceased, to your knowledge, ever smoke or use tobacco, tobacco cessation or marijuana products? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown			
		If yes, please indicate amount per day: Cigarettes _____ Pipe _____ Other products _____			
		How long did the deceased use tobacco, tobacco cessation or marijuana products?			
		Did the deceased ever stop smoking? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown			
		If yes, when?	If yes, for how long?		
		Provide the name of the deceased's usual doctor and any other doctor he/she attended in the last 5 years. If more space is needed, use another form or sheet of paper (both must be signed and dated).			
		Family doctor	Name (Please print)	Address	Telephone number
Date (dd/mmm/yyyy)	Reason for visit				
Other doctor	Name (Please print)	Address	Telephone number		
	Date (dd/mmm/yyyy)	Reason for visit			
Other doctor	Name (Please print)	Address	Telephone number		
	Date (dd/mmm/yyyy)	Reason for visit			

Name and location of all hospitals or institutions where the deceased was treated in the past 5 years.

Hospital or institution (Please print)	Address	Reason	Date (dd/mmm/yyyy)

6 Authorization and consent

Before signing, please read the following important information about the collection and use of any personal information connected to this Claimant's Statement.

In this section personal information refers to personal information about you.

Collecting, using and disclosing personal information

By signing below, you consent that we may use the personal information about you that we collect to:

- confirm identity and to otherwise uniquely identify you
- evaluate and administer claims with respect to this (these) policy(ies).

In this statement, *you* and *your* refer to the policy owner, or claimant under the policy. *We, us, our, and the Company* refer to The Manufacturers Life Insurance Company, and our affiliated companies and subsidiaries.

For Manulife Investments, if you are assuming ownership of the contract, you understand and agree that Manulife may collect, use and store the personal information provided.

Updates to this statement and further information about our privacy practices are posted to www.manulife.ca.

We collect, use, verify, and disclose your personal information for identified purposes, and only with your consent, or as permitted or required by law. By signing the form, you give your consent for us to collect, use, and disclose your personal information, as set out in this statement. Any alterations to the consent must be agreed to in writing by the Company.

What personal information do we collect?

We may collect specific personal information about you such as:

- identifying information, such as your name, address, telephone number(s), email address, your date of birth, driver's license, passport number, or Social Insurance Number (SIN)
- information about how you use our products and services, and information about your preferences, demographics, and interests
- other personal information we may require to administer our business relationship with you.

We use fair and lawful means to collect personal information.

Where do we collect your personal information from?

We collect your personal information from:

- completed forms
- other interactions between you and the Company
- other sources, such as:
 - an advisor or authorized representative(s)
 - third parties with whom we deal in issuing and administering the policy
 - public sources, such as government agencies or internet sites.

What do we use your personal information for?

We will use the personal information we collect to:

- confirm your identity and the accuracy of the information you provide
- administer the rights under the policy
- comply with legal and regulatory requirements
- analyze data to make decisions and help us understand our customers better, so we can improve the products and services we provide.

Who do we disclose the information we collect to?

We may disclose information we collect to:

- persons, financial institutions, and other parties with whom we deal in issuing and administering the policy now and in the future
- authorized employees, agents, and representatives
- your advisor
- any agency that has entered into an agreement with us and has supervisory authority, directly or indirectly over your advisor, and their employees
- any person or organization to whom you, or the deceased, gave consent
- people who are legally authorized to view your personal information
- service providers who require this information to perform their services for us (for example data processing, programming, data storage, market research, printing and distribution services, paramedical, and investigative agencies).

The abovementioned people, organizations, and service providers are both within Canada and jurisdictions outside Canada, and would therefore be subject to the laws of those jurisdictions.

Where personal information is provided to our service providers, we require them to protect the information in a manner that is consistent with our privacy policies and practices.

continued...

**6 Authorization and consent
(continued)**

How long do we keep the information we collect?

We keep the information the longer of:

- the time period required by law and by guidelines set for the financial services industry, or
- the time period required to administer the products and services we provide.

Withdrawing your consent

You may withdraw your consent for us to use your SIN or Business Number, if applicable, for non-tax administration purposes. You may also withdraw your consent for us to use your personal information to provide you with other service or product offerings, excluding those mailed with your statements

You may not withdraw your consent for us to collect, use, retain, or disclose personal information we need to issue or administer the policy unless federal or provincial laws give you this right. If you do so, a policy may not be issued and benefits will not be payable under the policy, or we may treat your withdrawal of consent as a request to terminate the policy.

If you wish to withdraw your consent, phone our customer care centre at 1-888-MANULIFE (626-8543), or 1-888-MANUVIE (626-8843) in Quebec, or write to the Privacy Officer at the address below.

Accuracy and Access

You will notify us of any change to your contact information. You have the right to access and verify your personal information maintained in our files, and to request any factually inaccurate personal information be corrected, if appropriate. If you have a question, a concern, or wish to receive more information about parties who have access to your information or about our privacy policies and procedures, and/or wish to review your personal information in our files or correct any inaccuracies, you may send a written request to:

Privacy Officer

Manulife

500 King Street N.

Waterloo, ON N2J 4C6

Privacy_office_canadian_division@manulife.com

Please note the security of email communication cannot be guaranteed. Do not send us information of a private or confidential nature by email. By contacting us via email you are authorizing us to communicate with you by email.

How we resolve complaints

To discuss any questions or concerns you may have, please contact your advisor or our head office at:

1-888-626-8543 in all provinces except Quebec or 1-888-626-8843 in Quebec

More information about our complaint resolution process is available on the Internet at www.manulife.ca under *Contact Us > Complaint resolution*.

7 Signatures

By signing below, you are confirming that:

- to the best of your knowledge, all of the information in this Claimant's Statement is current, correct and complete
- you agree to the terms of this Claimant's Statement
- you make all of the declarations, acknowledgements and authorizations contained in this Claimant's Statement
- you agree that a photocopy of this authorization shall be as valid as the original.

Are you a representative of the estate of the deceased (e.g. executor)? Yes No

Provincial legislation in some provinces requires us to inform you that the time limit for taking legal action is set out in the Insurance Act or other legislation that applies to your claim.

Fraud Notice: Any person who knowingly files a claim containing any false or misleading information may be subject to criminal and civil penalties. In addition, an insurer may deny benefits if false information materially related to the claim or application for insurance was provided by the applicant or the claimant.

Signed at (city or town, province)

Date (dd/mmm/yyyy)

If claimant is an individual, a trust or estate

Signature of claimant

X

Your home telephone number

()

Your business telephone number

()

Signature of claimant

X

Your home telephone number

()

Your business telephone number

()

If claimant is a corporation or unincorporated entity

Signature of signing officer

X

Title

Your business telephone number

()

Signature of signing officer

X

Title

Your business telephone number

()

Note:

- If the beneficiary is an estate or trust, all executors, liquidators, administrators or trustees must sign this form.
- For Individual Insurance and Affinity Markets, if the beneficiary is a corporation, we require the signatures and titles of two signing officers or the signature and title of one signing officer and the corporate seal.
- For Manulife Investments, if the beneficiary is a corporation, sign in accordance with the corporate resolution and provide a copy of the resolution.
- For unincorporated entities, provide documentation that outlines signing authorities for the entity.
- If a person with Power of Attorney is signing on behalf of a claimant, attach copies of supporting documents.