

Send this completed form to:

Manulife  
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Fax: 1-877-763-8834

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

- *You* and *your* refer to the policy owner, unless otherwise indicated.
- *We*, *us*, and *our* refer to The Manufacturers Life Insurance Company (Manulife).
- Use this form to apply for a child protection rider coverage on your life insurance policy. To increase or apply for a new children's Lifecheque rider on a Lifecheque policy or a new child protection rider-critical illness on a Synergy solution, use *Application for change*, NN7001E.
- Attach an additional sheet of paper if you need more space to answer the questions.
- Should you have any questions about completing this form, contact your advisor or call our customer service centre at 1-888-626-8843 in Quebec, or 1-888-626-8543 in all provinces except Quebec. If you are calling from outside of North America, call us collect at 1-519-747-6600. Visit [manulife.ca](http://manulife.ca) for more information.

<b>1 General information</b>	Policy number		Name of insured person		
	Name of policy owner #1 (first, middle initial, last)		Name of policy owner #2 (first, middle initial, last)		
<b>2 Information about the child to be insured</b>	Does the child to be insured under this rider live with any policy owner or insured person? <input type="radio"/> No <input type="radio"/> Yes				
	Name (first, middle initial, last)		Sex <input type="radio"/> Male <input type="radio"/> Female	Date of birth (dd/mm/yyyy)	
	Relationship to the insured person <input type="radio"/> Child <input type="radio"/> Stepchild <input type="radio"/> Legally adopted child		Where was the child born? (include province and country)		
	<table border="1"> <tr> <td>Height <input type="radio"/> ft/in <input type="radio"/> cm</td> <td>Weight <input type="radio"/> lb <input type="radio"/> kg</td> </tr> </table>				Height <input type="radio"/> ft/in <input type="radio"/> cm
Height <input type="radio"/> ft/in <input type="radio"/> cm	Weight <input type="radio"/> lb <input type="radio"/> kg				
<b>Height and weight</b>	In the past 12 months, has the child's weight decreased by more than 5 lb (2.3 kg)? <input type="radio"/> No <input type="radio"/> Yes ► If Yes, answer the following questions.				
	Amount of weight loss <input type="radio"/> lb <input type="radio"/> kg		Why did the child lose weight?		
<b>Medical information</b>  <b>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 transmission risks, or monitoring, diagnosis or prognosis.</b>	Has the insured person or the child been told the child had, or has the child ever had or been investigated or treated for conditions involving: cancer, heart disease or abnormality, kidney disease, diabetes, developmental disorder or psychological impairment? <input type="radio"/> No <input type="radio"/> Yes ► If Yes, answer the following questions.				
	What was the diagnosis or condition?				
	What is the child's current state of health?				
	Has the child ever been hospitalized for more than 5 consecutive days? <input type="radio"/> No <input type="radio"/> Yes ► If Yes, answer the following questions.				
	What were the dates of hospitalization? (dd/mm/yyyy)				
	What was the reason for the hospitalization?				
	What was the diagnosis?				
	What is the child's current state of health?				
In the past 5 years, has the child used any prescribed medication on daily basis for more than 3 weeks? Do not include vitamins or any medications to treat skin, asthma or allergy. <input type="radio"/> No <input type="radio"/> Yes ► If Yes, answer the following questions.					
What type of medication?					
What was the reason for the medication?					
Is the child still using the medication? <input type="radio"/> No <input type="radio"/> Yes ► If Yes, provide details.					

### 3 Signatures and authorizations

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 owner is different than the insured, we also require the signature of the insured.

If a person to be insured is under age 16 (under age 18 in Quebec), the mother, father or guardian (if they are not also a policy owner) must sign below to consent to this application for insurance.

If an account holder is not the policy owner or one of the people to be insured under the policy, that account holder must sign here to authorize the withdrawals.

The *Income Tax Act* (Canada) introduced new tax rules for life insurance policies that are effective January 1, 2017. If your policy was issued before that date, it may be subject to the new tax rules if you make a change that takes effect on or after January 1, 2017 and if that change requires medical underwriting, or results in a new policy or coverage being issued after 2016. An existing policy that becomes subject to the new rules may require a withdrawal to keep its exempt status and the withdrawal could increase your taxable income. If we cannot adjust your policy to maintain its exempt status, it may become non-exempt. Talk to your advisor and be sure you understand the tax consequences of any change to your policy.

In this section, *you* refers to the owner of this policy, and the insured person under this policy. By signing here you are confirming that:

- You have read this application and confirm that the statements in it are complete, current and accurate to the best of your knowledge and belief.
- You authorize us to share and exchange the information on this application with MIB, LLC.
- You will immediately notify us of any errors or omissions in this application.
- A copy of this authorization and agreement is as valid as the original document.
- If the premiums for this policy are paid by pre-authorized debit (PAD), the pre-authorized debits for monthly payments will be treated as a personal PAD as defined by Payments Canada in Rule H1 at payments.ca. The account holder(s) of that bank account agree that:
  - 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 PAD.**
- **Quebec Residents Only:** You acknowledge that you were provided with the French application and any forms required to apply for insurance. You have expressly chosen to apply for insurance and to receive any forms required for the application of insurance in English.

Signed at (city or town, province)		Date (dd/mm/yyyy)	
Signature of child to be insured if age 16 or over (all provinces except Quebec) X		Signature of witness X	
If a person to be insured is under age 16 (under age 18 in Quebec) Relationship to the person to be insured: <input type="radio"/> Mother <input type="radio"/> Father <input type="radio"/> Guardian (tutor in Quebec)			
Signature of parent or guardian (tutor in Quebec) X		Signature of witness X	
Signature of policy owner #1 X		Title (if the policy is owned by a business)	
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 policy owner #2 X		Title (if the policy is owned by a business)	
Name of account holder #1 or corporate signing officer #1 (first, middle initial, last)		Date (dd/mm/yyyy)	
Signature of account holder #1 or corporate signing officer #1 X		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.		
Name of account holder #2 or corporate signing officer #2 (first, middle initial, last)		Date (dd/mm/yyyy)	
Signature of account holder #2 or corporate signing officer #2 X		Title (if applicable)	

### 4 Advisor's statement

In this section, *you* and *your* refer to the advisor.

List the advisors involved in this application for change. If the servicing advisor shown is not the current servicing advisor, we will update our records to use the servicing advisor shown here.

1 Name of <b>servicing</b> advisor (first, middle initial, last)			2 Name of advisor (first, middle initial, last)		
Advisor code	Branch code	Commission share %	Advisor code	Branch code	Commission share %
By signing here, you confirm that: <ul style="list-style-type: none"><li>• You hold all necessary licenses and certificates to write this application for change in your jurisdiction and the jurisdiction where the policy owner resides.</li><li>• If this change involves replacing another policy, you have made all proper disclosures to your client and completed the appropriate replacement documents, and provided these documents to us, if necessary.</li><li>• You have disclosed the following information to the owner of this policy:<ul style="list-style-type: none"><li>• the name of the company or companies you represent</li><li>• you receive commissions for the sale of life and living benefits insurance products and may receive bonuses, invitations to conferences or other incentives</li><li>• any conflicts of interest you may have with respect to this transaction.</li></ul></li></ul>					
Name of advisor (first, middle initial, last)				Advisor code	
Signature of advisor X			Email address or telephone number for advisor		