



Manulife Quick Issue Term Sample contract

Includes sample child protection rider

This sample policy contract is provided for your information only.
It is not a valid contract or an offer of insurance.

Your Manulife Quick Issue Term policy provisions

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1 How this insurance policy works

We provide you with insurance protection according to the terms of this policy as long as you pay your premiums.

Here's a summary of how your policy works:

- You pay your premiums to us. You must pay your premiums in Canadian funds, drawn from a Canadian financial institution.
- If you miss paying a premium, you have a grace period to pay the overdue amount to keep your policy in effect. If you do not pay the overdue amount, your policy lapses 31 days after the last premium was due.
- You can convert your amount of insurance to new life insurance during the conversion period shown in your policy summary.
- Your policy summary describes your insurance protection, including any benefits provided by a rider which you may have purchased.

Your Manulife Quick Issue Term policy is non-participating. Owning a non-participating policy means you don't receive annual dividends or vote at our annual meetings.

2 Premiums

Your premiums are the amount we charge you for the insurance coverage and any rider coverage we provide under your policy. We show your premiums in your policy summary.

How we determine the premiums for your policy

Your policy premiums are the total of your insurance coverage premium and any rider premiums.

We determine the premium that applies to your insurance coverage based on the coverage option, the amount of insurance you purchase and the personal information that applies to the insured person. We show this information in your policy summary.

We determine the premium that applies to any rider coverage based on the personal information that applies to the person insured under each rider coverage. We show this information in your policy summary.

If your insurance coverage is renewable, your premium increases on your scheduled renewal date. We show these dates in your policy summary, and we send you a notice when your premium is scheduled to increase.

If you change your insurance or rider coverages:

- your premiums change, and
- we provide you with a new policy summary showing your new premiums.

Premium guarantee

We guarantee that your premiums will never be more than the amounts shown in your policy summary, unless you make a change to a coverage.

If you add new rider coverages, they will have their own guaranteed premiums.

3 Paying death benefits

We pay a death benefit if the insured person dies before the insurance coverage ends.

When we pay a death benefit, we return any premiums you may have paid that were due on or after the date of death.

How we may adjust the death benefit

The death benefit is the amount of insurance shown in your policy summary. However, under certain conditions we adjust the death benefit.

If the age or sex of the insured person has been stated incorrectly, we adjust the death benefit payable using the correct age or sex.

We may also adjust the death benefit as explained in the following sections of your policy:

- *Section 5: The grace period*
- *Policy summary: Your insurance coverage exclusions*

In some circumstances, we may determine that a death benefit is not payable. These circumstances are described in *Section 7: How we respond to misrepresentation or nondisclosure.*

If the insured person commits suicide

We don't pay the amount of insurance shown in your policy summary if the insured person, whether sane or insane, commits suicide within two years of the day we issued or last reinstated your policy, whichever is later. Instead, we refund the premiums you paid for the insurance coverage since the day we issued or last reinstated your policy, whichever is later.

How to claim a death benefit

To claim a death benefit, the person making the claim should contact your advisor or us directly at the phone number shown in your most recent policy statement. We will provide information about the documents we need to process the claim.

We require proof of the following:

- the death of the insured person
- the birthdate of the insured person
- the claimant's right to be paid

Who receives the death benefit

If you've made a beneficiary designation, we pay the death benefit to your beneficiaries according to your instructions. See *Section 7: Your beneficiaries* for more information.

Bereavement counselling assistance

When an insured person dies and we pay a death benefit, we provide bereavement counselling assistance. We reimburse up to a total of \$1,000 of counselling expenses, as described in our administrative rules.

To qualify for this assistance:

- the people receiving the counselling must be the beneficiaries of the death benefit,
- we must receive all receipts within 12 months of the date of death, and
- the counsellor must be professionally accredited or certified.

4 Making changes to your insurance coverage

You can ask us to make the following changes to your insurance coverage. Changes take effect on the monthly processing day on or after the day we approve the change.

Decreasing the amount of insurance

You can ask us to decrease your amount of insurance. The decrease is subject to our administrative rules, including the rules describing minimum decreases and minimum amounts of insurance coverage. If you decrease your amount of insurance, the guaranteed premiums may increase or decrease.

Changing the smoking status of the insured person

Once a year, you can ask us to review the insured person's smoking status. You must provide satisfactory proof that the insured person is eligible for the smoking status you are applying for.

5 When your insurance policy ends

Your policy ends on the earliest of the following dates:

- the insurance coverage expiry date shown in your policy summary
- the business day we receive your written request to cancel your policy
- the day we cancel your insurance coverage or deny a claim under *Section 7: How we respond to misrepresentation or nondisclosure*
- the day the insured person dies
- the day your policy lapses, as described in *Section 5: The grace period*

If you cancel your policy or an insurance or rider coverage under your policy, we return any premiums you may have paid that were due on or after the date of cancellation.

The grace period

Starting on the day your second premium is due, we allow a grace period of 31 days after the day each premium is due. During the grace period, the policy stays in effect.

If we don't receive the overdue amount during the grace period, your policy lapses and we refund any amounts you paid for your policy between the start of the grace period and the day the policy ends.

If the insured person dies during the grace period, we deduct any amount owing as of the date of death from any death benefit we pay.

Reinstating your policy

You can ask us to reinstate your policy up to two years after the day it lapses if:

- all of the people insured under the policy are still alive, and
- you pay the reinstatement amount

If you ask us to reinstate your policy within 30 days of the policy lapse we reinstate it without asking for additional information. From the 31st day until two years after the policy lapses, you must complete and submit an application for reinstatement form. We also ask you to give us any information we need to make a decision on whether, and under what conditions, we will reinstate the policy. Once we approve your request and receive the reinstatement amount and any other information we need from you, we reinstate your policy and send you new *Policy details*.

The reinstatement amount

The reinstatement amount is:

- the total of all premiums due on the day your policy went into the grace period, plus
- all premiums due from the day your policy went into the grace period until the day we reinstate your policy, plus
- interest on these amounts, as we describe in our administrative rules.

6 Converting your insurance coverage

You can convert all or part of the amount of insurance provided by your insurance coverage to new permanent life insurance. Follow the rules described below when you apply for the new insurance. You do not need to provide us with proof that the insured person is eligible for the new insurance.

You can apply for conversion at any time during the conversion period shown in your policy summary.

How to apply for conversion

If you would like to convert your amount of insurance, your advisor can help you complete an application.

Any collateral assignee or hypothecary creditor under the Quebec Civil Code and all irrevocable beneficiaries must consent in writing to the conversion.

When the new insurance starts

We must receive your signed application and the first payment required for the new insurance during the conversion period. Once we approve the application, the new insurance takes effect on the next monthly processing day. The amount of insurance being converted ends at 11:59 p.m. on the day before the new insurance takes effect.

If the insured person dies before the new insurance coverage starts, we cancel your application for new insurance and refund any payments you have made for it.

Rules that apply to conversion

- The new life insurance must be a product that we offer for conversion from Manulife Quick Issue Term on the date you apply for conversion. The new life insurance must also be:
 - a new coverage on an existing insurance policy with us that allows you to add insurance coverage after issue, as described in our administrative rules, or
 - a new life insurance policy.
- The new life insurance must insure only the same insured person as the original insurance coverage.
- The insured person must meet the minimum and maximum age and amount of insurance requirements of the new life insurance.
- The new life insurance must have an amount of insurance that doesn't increase over time. You can apply for a coverage with an amount of insurance that increases over time or an improved smoking status or comparable risk category if you provide satisfactory proof that the insured person is eligible for the new insurance.
- The amount of new life insurance can't be more than the amount of insurance you are converting, unless you provide satisfactory proof that the insured person is eligible for the new insurance. If you convert part of the insurance provided by your insurance coverage and the amount of insurance remaining on the original insurance coverage is below our minimum coverage rules, we cancel the original insurance coverage.
- The new life insurance will include any amendments and exclusions contained in your Manulife Quick Issue Term policy that apply to the insured person, as well as any limitations we regularly include in policies being issued on the same plan for people of the same age, sex, insurance rating, and smoking status or comparable risk category.
- The new life insurance can't include any riders unless you provide satisfactory proof that the insured person is eligible for the rider.

The cost of the new life insurance will be based on the sex, birthday, and smoking status of the insured person shown in your policy summary and the insured person's age on the birthday closest to the day the new insurance takes effect. The new insurance will be issued with the smoking status or comparable risk category of the original insurance coverage.

If we apply the provisions that relate to suicide and questioning the validity of your insurance to the new insurance, the dates we use will be those that apply to the original insurance coverage. If the new insurance is reinstated, the dates we use will be those which apply to the new insurance.

If we question the validity of the new insurance, we can rely on any information provided to us to obtain or reinstate the original insurance coverage or any additional information provided to us at the time you purchased the new insurance. If we are relying on information provided to us at the time you purchased the new insurance, the dates we use will be those of the new insurance.

7 More information about this policy

How we report to you about your policy

We send you a policy statement once a year. The statement outlines the status of your insurance and rider coverages, and provides other policy information you may find useful.

Your beneficiaries

Your rights as a policy owner include the right to designate and change your beneficiaries. Each insurance or rider coverage under this policy can have different beneficiaries.

A beneficiary designation means that when you named your beneficiaries, you met the requirements set out by the laws governing your policy. You can make a beneficiary designation by completing the beneficiary designation form we sent you along with this policy and returning it to us. You can also contact your advisor or us directly for more information on making a beneficiary designation. When a death benefit is payable, we pay the death benefit to each beneficiary according to your instructions. If you haven't designated beneficiaries, we pay the death benefit to you or to your estate.

You can change beneficiaries at any time before an insured person's death, as long as the change is allowed by law. However, if you have named an irrevocable beneficiary, you can't make a change without that beneficiary's consent.

If you have used this policy as security for a loan, the rights of a collateral assignee or, under the Quebec Civil Code, a hypothecary creditor, may take precedence over the rights of your beneficiaries.

How we respond to misrepresentation or nondisclosure

We rely on you to be truthful and tell us every fact that might have affected our decision to issue your policy, any insurance or rider coverages under the policy, and the terms under which we issued the policy or any insurance or rider coverage. The information we rely on includes any applications, any medical examinations, and any written statements or answers provided as satisfactory proof that the insured person is eligible for the insurance.

We use this information to make our decision, but if you or an insured person didn't provide us with full and truthful information, then our decision was based on false information. If we determine that our decision was based on false information, we will argue that the insurance coverage, rider coverage, or policy that was issued based on the false information isn't valid, and we will deny any claim, as described below.

Misrepresentation or nondisclosure of a material fact

During the contestability period, we will argue that the contract is not valid if you or an insured person:

- didn't disclose a material fact, or
- stated a material fact incorrectly or in a way that was misleading.

Within the period permitted by law, we will argue that the contract is not valid if you or an insured person:

- didn't correctly state the insured person's age, and
- we wouldn't have issued the coverage because the correct age didn't meet our minimum and maximum age requirements.

Fraudulent misrepresentation

At any time, we will argue that the contract is not valid if you or an insured person made an untrue or misleading statement that the person making the statement didn't honestly believe was true when they made the statement. These untrue or misleading statements include any omission or selective answer that leaves out important facts. This behaviour is called fraudulent misrepresentation.

Your rights as a policy owner

Your rights as a policy owner include the right to:

- designate your beneficiaries,
- cancel your policy,
- transfer ownership of your policy,
- use your policy as security for a loan, and
- name a successor owner, called a subrogated policyholder in Quebec. If you don't name a successor owner and the policy doesn't end on your death, your rights pass to your estate.

You must follow the terms and conditions of this policy when you exercise your rights. Your rights may also be limited by any laws that apply to your policy. If you want to exercise any of these rights, you must submit your instructions in writing to our head office. Contact your advisor or us directly to make these changes.

In this policy, we refer to "policy owner" as one person. If there is more than one policy owner, all policy owners must act unanimously to exercise their rights and options.

Every action or proceeding against an insurer for the recovery of insurance money payable under the contract is absolutely barred unless commenced within the time set out in the Insurance Act or other applicable legislation.

Using this policy as security for a loan

You can use this policy as security for a loan by assigning it to the lender, based on the following rules. This is called a collateral assignment or, under the Quebec Civil Code, a hypothec.

- You can only assign or hypothecate the entire policy.
- We are bound by the assignment or hypothec when we receive written notice of it at our Head Office.
- The lender should send the assignment or hypothec to us in duplicate and we will return a copy to the lender.
- After you have collaterally assigned or hypothecated the policy, you may need the consent of the lender to convert or reduce the coverage or cancel the policy.

We are not responsible for the validity of any assignment or hypothec.

The rights of the lender may take precedence over the rights of any person claiming a death benefit.

Transferring policy ownership

You can transfer ownership of your policy to another person. This type of transfer is called an absolute assignment. The entire policy must be assigned. We are not bound by the assignment until we receive a copy of it at our Canadian head office. We are not responsible for making sure that an assignment is valid.

Transferring ownership of your contract has tax consequences, which may include increasing your taxable income.

Claims of creditors

This policy and the benefits payable under it are exempt from seizure and the claims of your creditors, so far as the law allows.

8 Words and phrases we use in this policy

This section defines some of the words and phrases we use in your policy.

Amount of insurance – is the dollar amount of the insurance we show for the insurance coverage and each rider coverage in your policy summary.

Beneficiary – is a person you designate to receive all or part of the death benefit when the insured person dies.

Business day – is any day our Canadian head office is open for business.

Contestability period – is the period of time when we have the right to question the validity of an insurance coverage or a rider coverage because a material fact was misrepresented or not disclosed.

For your insurance coverage, the contestability period is two years starting from the later of:

- your coverage issue date
- the date a change you made took effect, if you had to provide proof that the insured person was eligible for the change
- the date your coverage was last reinstated

For your rider coverages, the contestability period is two years starting from the later of:

- your rider coverage issue date
- the date a change you made took effect, if you had to provide proof that the insured child was eligible for the change
- the date the rider coverage was last reinstated

Conversion period – is the amount of time that you can convert your insurance coverage to new permanent insurance. We show the start and end dates of the conversion period in your policy summary.

Coverage expiry date – is the day the insurance or rider coverage ends.

Coverage issue date – is the day we issue the insurance or rider coverage. If your coverage was reinstated, the coverage issue date in your policy summary reflects the day the coverage was last reinstated.

Coverage option – determines how we calculate your insurance costs, the length of time we charge those costs, and when your premium increases. We show the coverage option in your policy summary.

Healthstyles – are the broad rating categories we use to determine the insurance costs for some insurance products. We determine the insured person's Healthstyle category based on their tobacco use, personal and family medical history, recreational risks and an evaluation of health and other personal and lifestyle information.

Insurance coverage – is life insurance protection provided by your policy. When we refer to the insurance coverage, we are not referring to any rider coverages which you may have added to your policy.

Insured person – is any person we have agreed to insure under your policy. We show the insured people in your policy summary.

Material fact – is a fact that, if disclosed, would:

- influence our decision to issue the coverage or
- affect the conditions under which we would be willing to provide coverage. These conditions could include limiting coverage or charging higher premiums.

Monthly processing day – is the day most changes take effect on your policy. Your monthly processing day is based on the day your policy premium is due. We show this day in your policy summary. Monthly processing days are on the same day of each month. For example, if your policy premium is due on April 12, your monthly processing day is the 12th day of each month.

Permanent insurance – is protection for the lifetime of the insured person. Permanent life insurance doesn't have an expiry date.

Policy owner – is the owner of the policy who holds all rights under the policy, unless these rights are limited by law or by collateral assignment or, under Quebec Civil Code, hypothecation of the policy. The policy owner may be the insured person under the policy.

Premiums – are the amount we charge you for the insurance coverage and for the rider coverages we provide. We show your premiums in your policy summary.

Rider coverage – is additional protection provided by a rider. You can have several rider coverages, each covering one person, under each rider. We show the benefit provided by each of your rider coverages in your policy summary.

Riders – are optional benefits you can purchase in addition to your insurance coverage.

Child protection rider

Each rider coverage under this rider insures the life of one child and pays a death benefit if the child insured under a rider coverage dies before the rider coverage ends, as described in this rider.

This rider also provides a guaranteed life insurability benefit and a critical illness insurability benefit.

This rider uses certain words and phrases in specific ways. The definitions of these words and phrases are part of this rider. See *Section 8: Words and phrases we use in this document* for a list of these words and phrases.

We refer to any person whose life is insured by this rider as an insured child.

We use cross-references to make this document easier to use, instead of repeating sections of the policy provisions in your rider. The following sections are part of this rider:

- the policy summary
- *Section 1: How this insurance policy works*
- *Section 2: Premiums*
- *Section 3: How to claim a death benefit*
- *Section 5: The grace period*
- *Section 5: Reinstating your policy*
- *Section 7: Your beneficiaries*
- *Section 7: How we respond to misrepresentation or nondisclosure*
- *Section 8: Words and phrases we use in this policy*

Who can be insured under your child protection rider

You can insure any number of children under this rider, as long as the insured person under your policy is the parent of each insured child, as described in our administrative rules. Each insured child has a separate, individual coverage. If you want to add a child to this rider, you must meet all of our requirements and provide us with satisfactory proof that the child is eligible for insurance. The amount of insurance you have for each child under this rider cannot be changed.

Your death benefit

The death benefit is the amount of insurance shown in your policy summary for each rider coverage.

If the insured child commits suicide

We don't pay the amount of insurance shown in your policy summary if the insured child, whether sane or insane, commits suicide within two years of the day we issued or last reinstated your policy, whichever is later. Instead, we refund the premiums you paid for the rider coverage since the day we issued or last reinstated your policy, whichever is later.

Bereavement counselling assistance

When an insured child dies and we pay a death benefit, we provide bereavement counselling assistance. We reimburse up to a total of \$1,000 of counselling expenses, as described in our administrative rules.

To qualify for this assistance:

- the people receiving the counselling must be the beneficiaries of the death benefit,
- we must receive all receipts within 12 months of the date of death, and
- the counsellor must be professionally accredited or certified.

Your insurability benefits

Your guaranteed life insurability benefit

You can buy new life insurance for each insured child under this rider during an option period. Option periods are described below.

You do not need to provide us with proof that the insured child is eligible for the new life insurance.

Your critical illness insurability benefit

You can apply for new critical illness insurance for each insured child under this rider during an option period.

You do not need to provide us with proof that the insured child is eligible for the new critical illness insurance, except as described below.

Providing evidence on new insurance

When you apply for new critical illness insurance, we will ask the insured child to confirm:

- that they would not qualify for, or start a waiting period for, any benefit under the new critical illness insurance policy, and
- that they do not have and have not applied for critical illness insurance with us and other insurance companies that provides more coverage than our administrative rules allow.

We will not ask for any additional proof.

How we limit the amount of insurance you can buy

The amount of life insurance and critical illness insurance you can buy must be within our minimum and maximum limits for the product you choose. You can buy up to \$250,000 of life insurance and up to \$100,000 of critical illness insurance, but the total of both insurance policies can't be more than \$250,000 for each insured child.

When you can buy new insurance

You can buy new insurance on the insured child during any option period.

An option period is:

- the 75 days following any option day, or
- the 60 days before the rider coverage expires.

An option day occurs on the day:

- the insured child becomes legally married, or enters into a civil union in Quebec
- the insured child's relationship qualifies as common-law under the Income Tax Act of Canada in effect on the option day
- the insured child gives birth to a living child
- the spouse or common-law partner of the insured child gives birth to a living child, as long as the insured child is alive on that day
- the insured child legally adopts a child under the age of 18

How to buy new insurance

If you would like to buy new insurance on an insured child, your advisor can help you complete an application.

The insured child can buy new insurance, but only with your written permission and if the provincial laws that govern your policy allow it. If you buy the insurance, the insured child, or parent or guardian, must agree to the new insurance by signing the application in accordance with the laws that govern your policy.

When we refer to *you* in *When the new insurance starts* and *Rules that apply to buying new insurance*, we mean either the policy owner or the insured child who is buying new insurance with the policy owner's permission.

When the new insurance starts

We must receive your signed application and the first payment required for the new insurance before the end of an option period. Once we approve the application, the new insurance takes effect on:

- the day the rider coverage expires if you purchased the new insurance during the 60-day option period, or
- the monthly processing day after the day we receive the application and first payment if you purchased the new insurance during any 75-day option period.

If the insured child dies before the new insurance coverage starts, we cancel the application for new insurance and refund any payments made for it.

Rules that apply to buying new insurance

- The new insurance must be either:
 - a new coverage on an existing insurance policy with us that allows you to add insurance coverage after issue, as described in our administrative rules, or
 - a new insurance policy offered by us on the date you apply for the new insurance.
- The new insurance must insure only the same insured child as the original rider coverage.
- The insured child must meet the minimum and maximum age and amount of insurance requirements of the new insurance.
- The new insurance must have an amount of insurance that doesn't increase over time. You can apply for a coverage with a benefit that increases over time or an improved Healthstyle or comparable risk category if you provide satisfactory proof that the insured child is eligible for the new insurance.

- The new insurance will include any amendments and exclusions contained in your Manulife Quick Issue Term policy that apply to the insured child, as well as any limitations we regularly include in policies being issued on the same plan for people of the same age, sex, insurance rating, and Healthstyle or comparable risk category.
- The new life insurance can't include any riders unless you provide satisfactory proof that the insured person is eligible for the new rider.

The cost of the new insurance will be based on the sex and birthday of the insured child shown in your policy summary and the insured child's age on the birthday closest to the day the new insurance takes effect.

The cost of the new insurance will also be based on the following premium rates:

- for a policy that has Healthstyle categories, the rates will be Healthstyle category 5, unless we approve your application for an improved Healthstyle or comparable risk category;
- for a policy that does not have Healthstyle categories, the rates will be the rates for a comparable risk category, unless we approve your application for an improved risk category.

If we apply the provisions that relate to suicide or questioning the validity of your insurance to the new insurance, we use the dates that apply to the new insurance. If we reinstate the new insurance, we use the date of the latest reinstatement.

If we question the validity of the new insurance, we can rely on any information provided to us to obtain or reinstate the original rider coverage or any additional information provided to us at the time you purchased the new insurance. If we are relying on information provided to us at the time you purchased the new insurance, the dates we use will be those of the new insurance.

When your rider coverages continue

If your policy ends because:

- the insured person dies and a death benefit is payable, or
- your policy reaches its expiry date,

we continue any rider coverages in effect under this rider at no cost to you. All benefits provided by your rider coverages continue unchanged until each rider coverage expires.

When your policy ends, we send you a certificate of insurance for each insured child, stating their amount of insurance and their coverage expiry date.

We make the insured child the owner of the rider coverage if the policy ends because the insured person dies and a death benefit is payable, and these three conditions are also true:

- you are the insured person and the only policy owner on this policy
- you didn't name a successor or subrogated owner
- the insured child is legally able to own a policy

When your rider coverages end

Each rider coverage under this rider ends on the earliest of the following dates:

- the day the insured child dies, or
- the business day we receive your written request to cancel a rider coverage under this rider, or
- the business day we receive your written request to cancel your policy or this rider, or
- the day before the new insurance purchased under the provisions of this rider on the insured child takes effect, or
- the day we cancel your insurance coverage or deny a claim, as described in *Section 7: How we respond to misrepresentation or nondisclosure*, or
- the rider coverage expiry date shown in your policy summary.

This rider ends on the day when the last rider coverage under this rider ends.

If you cancel your policy or a rider coverage under your policy, we return any premiums you may have paid that were due on or after the date of cancellation.

Sample