

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

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*.

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.

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

*** To add a step-child or legally adopted child to an existing rider **or** if your plan requires evidence of insurability for each child, 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.

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 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)

Change to reduced paid-up (*submit the policy document or Declaration of loss of policy, NN0528E.*)

Other change (*specify; e.g. change withdrawal order.*) _____

►► 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.

Renew disability policy after age 65 (*submit a letter of employment on company letterhead that states that the insured person is gainfully employed a minimum of 30 hours per week*)

Decrease benefit period from _____ to _____

Increase elimination period from _____ to _____

Add premium refund rider 4-back or 5-back

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:

- 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:

- 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:
 - 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.			

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

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.
- *You* and *your* refer to the policy owners.
- For any other type of policy, use *Request for change*, NN0739E.

Effective date of change (if applicable) (dd/mmm/yyyy)
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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 ¹ Withdrawals may result in a taxable gain.	If you make a change to your policy: <ul style="list-style-type: none"> • 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 you¹.
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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. Important: 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 Performax Gold) or the dividend option (on Performax) 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 ² To change the performance credit option to term option, or from accumulation account to paid-up insurance, use <i>Application for change</i> , NN7001E. ³ Any associated early cash value enhancer rider decreases by the same amount.	<input type="radio"/> Change performance credit option ² for insurance coverage number: _____ <input type="radio"/> to accumulation account <input type="radio"/> from term option to paid-up insurance IMPORTANT: 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 ³ : _____	from \$	to \$
	Important : 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 \$
	<input type="radio"/> Withdraw cash value Important: 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: _____			
Important: If your performance credit option is term option and you decrease your paid-up insurance, you also lose any term option guarantee.			

2.1 Changes requested – Performax Gold policies (continued)

- Use this withdrawal as one of the following options¹:
 - cash withdrawal payable to you (subject to our administrative rules)
 - pay policy costs
 - pay policy loan
 - other _____

2.2 Changes requested – Performax policies

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

⁵ 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 ⁴	from	to
Important: 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 ⁵	from \$	to \$
Important: 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:

- 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.

* 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 X	Signature of witness X
Title	Date (dd/mmm/yyyy)
Signature of insured person #2 X	Signature of witness X
Title	Date (dd/mmm/yyyy)

Owners of the policy

Signature of owner of the policy (if not one of the insureds)* X	Signature of witness X
Title	Date (dd/mmm/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)* X	Signature of witness X
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 two bank officials, and the name of the bank.

Other signatures required

Signature of irrevocable or preferred beneficiary on the policy X Title		Signature of witness X Date (dd/mmm/yyyy)	
Signature of the collateral assignee/hypothecary creditor on the policy X Title		Signature of witness X Date (dd/mmm/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 X Title		Signature of witness X Date (dd/mmm/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/mmm/yyyy)
Signature of account holder #1 or corporate signing officer #1 X	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/mmm/yyyy)
Signature of account holder #2 or corporate signing officer #2 X			

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).