



Mortgage Protection Plan®

Fax to: **1.866.677.4329**

1	BORROWER NAME (and Number)		BIRTHDATE	Life Insurance Quote	LIFE - INITIAL TO ▼ Apply ▼ Waive (Default)	Total Disability Insurance Quote	DI - INITIAL TO ▼ Apply ▼ Waive (Default)
CHOOSE	MORTGAGE INFORMATION	BALANCE	MONTHLY MORTGAGE PAYMENT		FUNDING DATE	MORTGAGE #	
		CREDITORS' GROUP POLICYHOLDER:					
ATTACH A CHEQUE MARKED "VOID" or copy the numbers below. By signing below, I confirm I am the account holder and I accept the Pre-Authorized Debit Agreement in the MPP brochure.							
Cheque # Branch # Institution # Account #							
I understand that my coverage cannot begin until the Insurer receives a valid account from which it is able to collect premiums.							
CHECK	Important instructions - Please check all that apply.						
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2	Answer the following questions only if you are applying for insurance.						
	I understand that if I provide incomplete or inaccurate information, no benefits will be paid for any reason, unless otherwise provided by law.						
	1. Have you ever had or been treated for: heart disorder, chest pains, stroke, narrowing or blockage of an artery, aneurysm, blood disorder, cancer, tumours, lung or liver disorder including hepatitis or hepatitis carrier, diabetes, impaired fasting glucose, disorder of the pancreas, chronic fatigue, fibromyalgia or other form of chronic pain, any immune system abnormality, a positive HIV test, AIDS, or been advised by a physician to stop or reduce drug use or alcohol consumption?						
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	2. During the past 3 years have you had or been treated for: mental or nervous disorder (depression, anxiety, stress, etc.), neurological disorder including seizures, high blood pressure, kidney or urinary disorder, gastrointestinal bleeding, back or knee pain, arthritis, other musculoskeletal disorder or any other illness, disease, operation, injury, or congenital defect not listed?						
	☐ ☐ ☐ ☐						
	3. Are you currently disabled, or under investigation or using medication or other treatment, or have you been advised to have further investigation, treatment, or surgery, or been referred to another doctor?						
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4. During the past 12 months have you smoked any substance or used tobacco in any form?							
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5. During the past 3 years have you been absent from work for medical reasons for a month or longer?							
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I DECLARE THAT I HAVE READ AND UNDERSTOOD THE MEDICAL QUESTIONS ABOVE AND THAT THE ANSWERS TO THOSE QUESTIONS ARE MY SOLE RESPONSIBILITY AND ARE COMPLETE AND TRUE. I understand that my mortgage broker is not qualified to provide advice regarding the medical questions and that I may be required to undergo a medical examination or tests.							
3	I have received and reviewed the MPP brochure. I agree to the collection, use and disclosure of my Personal Information as described in the Personal Information Statement contained in it. To be eligible for insurance I must be a Canadian resident between 18 and 64 years old and be a borrower, co-borrower or guarantor on a mortgage arranged by the Policyholder. If I am ineligible, I have waived. I hereby apply for, or waive my application for, MPP insurance described in the brochure and on this application.						
	Authorization: I authorize any person or organization with information about me to send my Personal Information to the Insurer for use in assessing and issuing the insurance for which I am applying. I understand the insurance offered is creditors' group insurance and that this insurance is optional. I understand that my application will form part of any insurance contract that is issued to me; a photocopy of this application is valid as the original. I acknowledge and agree that the premium and coverage for which I am approved may be different than the premium or coverage for which I have applied. I understand that I may accept any offer of coverage by continuing to pay premiums for 60 days.						
	I understand that I can decline any offer of coverage by contacting the insurer and if I do so in the first 60 days any premium paid during that time will be refunded to me. I declare that any statements made by me on this application form and any future statements made by me in connection with this application are true and complete and I understand and agree that if I provide incomplete or inaccurate information on this application or in future statements I make in connection with this application, the insurance may be void and/or no benefit may be paid under this insurance. I understand that my mortgage broker receives remuneration for providing administrative duties. MPP coverage is issued by The Manufacturers Life Insurance Company. This application is not for use in Québec.						
	Sign here to Apply or Waive						
X				X			
		DATE SIGNED (DD,MM,YY)				DATE SIGNED (DD,MM,YY)	

The Manufacturers Life Insurance Company (Manulife)

Print Date:

Mortgage Protection Plan® (MPP) insurance is the life and/or disability insurance offered on this form

Coverage under Mortgage Protection Plan insurance is offered and underwritten by The Manufacturers Life Insurance Company (Insurer, We, Us, Manulife). Manulife, Manulife & Stylized M Design, Stylized M Design and Mortgage Protection Plan are trademarks of The Manufacturers Life Insurance Company and are used by it, and by its affiliates under license.

Accessible formats and communication supports are available upon request. Visit Manulife.ca/accessibility for more information.

Questions? Call: 1.866.677.4366 Email: help@mortgageprotectionplan.ca Write: P.O. Box 987, Stn F, Toronto, ON M4Y 2N9 Visit: manulife.ca