FollowMe™ Life Application Form

AIR MILES® Collector # : 8

Logo ID:

Agent ID: 00245B

Primary Applicant Information

Last Name ______ First Name ______ Initial ______

Address ______

City ______

Province ______ Postal Code ______

Date of Birth: DD / MM / YYYY ☐ Male ☐ Female

Telephone (Res.) ( )

Telephone (Bus.) ( )

Please provide information about your current or recently ended group life plan:

Employer Name ______ Insurance Company ______

Life Benefit Amount ______ Date Benefits End(ed) ______

Group and Identification Numbers ______

Choice of Coverage

I apply for FollowMe™ Life coverage:

Amount of coverage $ ______

(Available from $25,000 to $200,000; you are eligible to apply for FollowMe Life coverage equal to or less than your group life coverage amount.)

☐ Smoker ☐ Non-Smoker*

*Non-smoker rates apply to people who have not used tobacco or marijuana in any form, including smoking cessation products, in the last 12 months.

Beneficiary Information

Beneficiary on Primary Applicant's Coverage

I hereby designate the individual(s) named as beneficiary below to receive any death benefit payable with respect to the coverage applied for.

Beneficiary(ies):

1. Last Name ______ First Name ______
   Relationship to Primary Applicant ______ % of Benefit ______
2. Last Name ______ First Name ______
   Relationship to Primary Applicant ______ % of Benefit ______

If you designate a beneficiary under the age of 18, benefits will be paid into court unless a trustee is appointed; except in Quebec, where benefits will be paid directly to the tutor or administrator of the beneficiary and no trustee may be appointed.

Trustee:

Last Name ______ First Name ______

Relationship to Primary Applicant ______

For Quebec residents only:

In the province of Quebec, any designation of a spouse as a beneficiary is irrevocable unless stipulated to be revocable. (Check box below if designation is to be revocable.)

☐ I hereby declare and stipulate that the beneficiary designation made in this form is revocable.

Spouse Information (if applying for coverage)

Last Name ______ First Name ______ Initial ______

Address ______

City ______

Province ______ Postal Code ______

Date of Birth: DD / MM / YYYY ☐ Male ☐ Female

Telephone (Res.) ( )

Telephone (Bus.) ( )

Please provide information about your coverage under your spouse's current or recently ended group life plan:

Employer Name ______ Insurance Company ______

Life Benefit Amount ______ Date Benefits End(ed) ______

Group and Identification Numbers ______

Choice of Coverage

I apply for FollowMe™ Life coverage:

Amount of coverage $ ______

(Available from $25,000 to $200,000; you are eligible to apply for FollowMe Life coverage equal to or less than your coverage amount under your spouse's group life plan.)

☐ Smoker ☐ Non-Smoker*

*Non-smoker rates apply to people who have not used tobacco or marijuana in any form, including smoking cessation products, in the last 12 months.

Beneficiary Information

Beneficiary on Spouse's Coverage

I hereby designate the individual(s) named as beneficiary below to receive any death benefit payable with respect to the coverage applied for.

Beneficiary(ies):

1. Last Name ______ First Name ______
   Relationship to Spouse ______ % of Benefit ______
2. Last Name ______ First Name ______
   Relationship to Spouse ______ % of Benefit ______

If you designate a beneficiary under the age of 18, benefits will be paid into court unless a trustee is appointed; except in Quebec, where benefits will be paid directly to the tutor or administrator of the beneficiary and no trustee may be appointed.

Trustee:

Last Name ______ First Name ______

Relationship to Spouse ______

For Quebec residents only:

In the province of Quebec, any designation of a spouse as a beneficiary is irrevocable unless stipulated to be revocable. (Check box below if designation is to be revocable.)

☐ I hereby declare and stipulate that the beneficiary designation made in this form is revocable.

Please complete both sides >

Payment Options – Pay monthly by PAC or credit card and collect AIR MILES® reward miles.

PAYMENTS will be made by: Option #1 ❑ Pre-Authorized Monthly Collection (PAC) plan from my Financial Services Account

Important: Please enclose a sample cheque marked "VOID".

Option #2 ❑ Credit Card Account

Credit Card Billing Frequency: ❑ Monthly ❑ Annually

Payment Information and Authorization

For Pre-Authorized Collection (PAC) Options

Name of Account holder (if other than Applicant) ______________________

Financial Institution ______________________

Type of Account: ❑ Chequing ❑ Non-Chequing

Joint Accounts: Is this a joint account requiring only one signature? ❑ Yes ❑ No

If more than one signature is required on withdrawals issued against the account, both account holders must sign the authorization.

Non-Chequing Accounts: Since approval from my/our financial institution is required for pre-authorized payment from accounts with no chequing privileges, I/we have made prior arrangements to allow for pre-authorized payments from my/our account. Enclosed is a withdrawal slip that has been stamped by my/our financial institution allowing withdrawals to be made from my/our non-chequing account.

For Credit Card Payment Options

Credit Card: ❑ Visa ❑ MasterCard ❑ Amex

Account Number: ______________________ Expiry Date: MM / YY

Name of Account holder (if other than Applicant) ______________________

Payment Authorization

For Pre-Authorized Collection and Credit Card billing options — I/We hereby authorize Manulife Financial to make a withdrawal from my/our account on or about the first business day of each month in which insurance premiums are due. This Authorization may be terminated by either Manulife Financial or by me/us through written notice. Manulife Financial may terminate coverage or change the method of payment to another qualifying method should a withdrawal be refused for any reason and the financial institution shall in no way be held liable should such an event occur. A $25.00 fee will be charged for all NSF (Non-Sufficient Funds) transactions.

______________________ Signature of Cardholder or Account holder

______________________ Second signature if joint account

Declaration – Please read carefully before signing.

❑ Check here if you do not wish to receive further information and material on Manulife Financial products.

I/We, the undersigned applicant(s), hereby apply for insurance to The Manufacturers Life Insurance Company (Manulife Financial). I/We declare that the statements contained in this application are true and complete and together with any other forms signed by me/us in connection with this application, form the basis for any policy issued hereunder. I/We understand that any material misrepresentation, including misstatement of smoker status, shall render the insurance voidable at the instance of the insurer. Suicide within two years of the effective date is a risk not covered. I/We have read and understand that there are exclusions and limitations on the coverage applied for. I/We understand that insurance will take effect on the date the application and payment of the first premium are received by Manulife Financial at its office.

I/We hereby designate the individual(s) named as beneficiary(ies) to receive the proceeds payable upon my/our death.

I/We acknowledge receipt of, and agree with, the Notice on Privacy and Confidentiality and Notice on Information provided to the AIR MILES® Reward Program.

By signing this application, each applicant declares that he/she is not currently ill or injured or, where the Primary Applicant's group life plan has already ended, was not ill or injured at the time the Plan ended.

Important: This product is not intended as replacement insurance for any life insurance you may have. Please do not cancel your existing coverage.

Signed at: ______________ Date: DD / MM / YYYY Applicant's Signature ______________

Signed at: ______________ Date: DD / MM / YYYY Spouse's Signature ______________ (if spouse is applying for coverage)

FollowMe Life is offered through Manulife Financial (The Manufacturers Life Insurance Company).

Plan underwritten by The Manufacturers Life Insurance Company.

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