

# Request for change

## Evidence of insurability NOT required

Mail or fax to Manulife Financial, Individual Insurance, at:

**Outside Quebec**  
500 King Street North  
PO BOX 1669  
WATERLOO ON N2J 4Z6  
Fax: 1-877-763-8834

**Inside Quebec**  
Siège du Québec  
Suite 1310, 2000 Mansfield St.  
MONTREAL PQ H3A 3A1  
Fax: 1-877-271-5494

- We, us and our refer to the insurer of the policy listed below.
- You and your refer to the policy owner.
- If you are applying for a change to a Performax Gold policy, complete NN1573E only.

|   |  |   |  |  |
|---|--|---|--|--|
| <b>1 General information</b><br>An insured person is a person who is insured under the policy or any rider.   | Policy number _____  | Name of insured person (first, initial, last) _____         |  | Sex<br><input type="radio"/> Male <input type="radio"/> Female |
|   | Date of birth (dd/mmm/yyyy) _____  | Branch code _____   | Name of advisor _____  | Advisor code _____   |
| <b>2 Change(s) requested</b><br><br>* To change the dividend option from accumulation to paid-up additions/insurance, evidence of insurability is required. In this case complete <i>Application for Change</i> , NN7001E.<br><br><b>Important:</b> If you are changing the dividend option from Term Option or Enhancement, your yearly term insurance coverage will be cancelled.<br><br>** <b>Note:</b> To change the death benefit option to increasing, complete <i>Application for Change</i> , NN7001E.<br><br>*** 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 <i>Application for Change</i> , NN7001E.<br><br>**** If this change is for Security UL (policy date before Sept. 25, 2004) or Limited Pay UL, the following note applies. 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. | <input type="radio"/> Change birthdate ( <i>proof of birthdate must be submitted</i> ) from _____ (dd/mmm/yyyy) to _____ (dd/mmm/yyyy)   |   |  |  |
|   | <input type="radio"/> Change dividend option* from _____ to _____  |   |  |  |
|   | <input type="radio"/> Switch from 10-Year cost coverage to <input type="radio"/> Level cost coverage <input type="radio"/> 20-Year cost coverage (Lifecheque policies only)  |   |  |  |
|   | <input type="radio"/> for all insurance or <input type="radio"/> for insurance coverage number(s) _____  |   |  |  |
|   | <input type="radio"/> Change coverage option ( <i>Family Term and Business Term only</i> ) to <input type="radio"/> Term-20 or <input type="radio"/> Term-Life   |   |  |  |
|   | <input type="radio"/> Change from Yearly Renewable (increasing) to Level cost of insurance   |   |  |  |
|   | <input type="radio"/> for all insurance or <input type="radio"/> for insurance coverage number(s) _____  |   |  |  |
|   | <input type="radio"/> Change death benefit option to Level**   |   |  |  |
|   | <input type="radio"/> Change Joint first-to-die coverage to Joint last-to-die, Costs to first death ( <i>InnoVision policies dated April 21, 2007 or later only</i> ).   |   |  |  |
|   | <input type="radio"/> Change Joint first-to-die coverage to Joint last-to-die, Costs to last death ( <i>InnoVision and Security UL only</i> ).   |   |  |  |
|   | You must submit a signed illustration and select one of the following options:   |   |  |  |
|   | <input type="radio"/> Change all Joint first-to-die insurance coverages or <input type="radio"/> Change \$ _____ of insurance coverage number _____  |   |  |  |
|   | <input type="radio"/> Add a child born to an insured person to an <b>existing children's protection rider</b> ***  |   |  |  |
|   | Name of child _____  | Date of birth (dd/mmm/yyyy) _____                           | Sex<br><input type="radio"/> Male <input type="radio"/> Female |  |
|   | <input type="radio"/> Cancel an insurance or rider coverage ( <i>specify coverage number and, if applicable, name of rider</i> ) _____   |   |  |  |
|   | <input type="radio"/> Decrease a benefit or rider ( <i>specify name of benefit or rider</i> ) _____  |   |  |  |
|   | from \$ _____ to \$ _____  |   |  |  |
|   | <input type="radio"/> Delete an insured person ( <i>specify name of insured person</i> )**** _____   |   |  |  |
|   | <input type="radio"/> Decrease face amount****   |   |  |  |
|   | from \$ _____ to \$ _____  |   | New premium (UL only): _____                                   |  |
|   | (Specify premium amount or write 'minimum'.)   |   |  |  |
|   | <input type="radio"/> Change fund ( <i>Manulife Investor only</i> ) from _____ (name of fund) to _____ (name of fund)  |   |  |  |
|   | <input type="radio"/> Change to Reduced Paid-up ( <i>Please submit the policy document or Declaration of Loss of Policy, NN0528E.</i> )  |   |  |  |
|   | <input type="radio"/> Other change ( <i>Specify; e.g. change withdrawal order.</i> ) _____   |   |  |  |
| <b>3 Signatures</b><br><br>Insured person(s) may be a parent or guardian, if applicable.<br><br>Policy owner(s) (if other than the insured person)<br><br><b>If the owner is a corporation, we require:</b> <ul style="list-style-type: none"> <li>• two signing officers' signatures and titles</li> <li>or</li> <li>• one signing officer's signature, title and the corporate seal;</li> </ul> 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.   | <b>By signing below:</b> <ul style="list-style-type: none"> <li>• 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.</li> <li>• you, any irrevocable beneficiary and any collateral assignee or hypothecary creditor understand that the changes may change the amount, timing and conditions under which benefits will become payable on your policy.</li> <li>• 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.</li> </ul> |   |  |  |
|   | Signature of insured person<br><input checked="" type="checkbox"/>   | Signature of witness<br><input checked="" type="checkbox"/> | Date (dd/mmm/yyyy) _____                                       |  |
|   | Signature of insured person<br><input checked="" type="checkbox"/>   | Signature of witness<br><input checked="" type="checkbox"/> | Date (dd/mmm/yyyy) _____                                       |  |
|   | Signature of policy owner<br><input checked="" type="checkbox"/>   | Title _____   | Signature of witness<br><input checked="" type="checkbox"/>    | Date (dd/mmm/yyyy) _____                                       |
|   | Signature of policy owner<br><input checked="" type="checkbox"/>   | Title _____   | Signature of witness<br><input checked="" type="checkbox"/>    | Date (dd/mmm/yyyy) _____                                       |
|   | Signature of irrevocable beneficiary<br><input checked="" type="checkbox"/>  |   | Signature of witness<br><input checked="" type="checkbox"/>    | Date (dd/mmm/yyyy) _____                                       |
|   | Signature of collateral assignee or hypothecary creditor<br><input checked="" type="checkbox"/>  | Title _____   | Signature of witness<br><input checked="" type="checkbox"/>    | Date (dd/mmm/yyyy) _____                                       |
|   | Signature of collateral assignee or hypothecary creditor<br><input checked="" type="checkbox"/>  | Title _____   | Signature of witness<br><input checked="" type="checkbox"/>    | Date (dd/mmm/yyyy) _____                                       |
| 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.   |   |  |  |

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- Complete this page to request a change to a Performax Gold policy only.
- *We, us* and *our* refer to the insurer of the policy listed below.
- *You* and *your* refer to the policy owner.

|  |                             |   |                 |  |
|--|-----------------------------|---|-----------------|--|
| <b>1 General information</b><br><i>An insured person is a person who is insured under the policy or any rider.</i> | Policy number               | Name of insured person (first, initial, last) |                 | Sex<br><input type="radio"/> Male <input type="radio"/> Female |
|  | Date of birth (dd/mmm/yyyy) | Branch code                                   | Name of advisor | Advisor code   |

|  |  |  |
|--|--|--|
| <b>2 Change(s) requested</b><br>* To change the performance credit option from accumulation account to term option or paid-up insurance, or from paid-up insurance to term option, evidence of insurability is required. Complete <i>Application for Change</i> , NN7001E.<br><br>If you are changing your performance credit option from term option to any other option, your yearly term insurance coverage will be cancelled as part of this change.<br><br>** If your performance credit option is term option, decreasing your paid-up insurance or deposit option insurance decreases your term option amount by the same dollar value. In addition, if you decrease your paid-up insurance, you also lose any term option guarantee. If you have deposit option insurance, we recommend decreasing this coverage instead of your paid-up insurance coverage to minimize the impact of the decrease on your term option amount.<br><br>*** Cancelling an insurance coverage results in the cancellation of any associated Performax Enhancer coverages. | <input type="radio"/> Change birthdate ( <i>proof of birthdate must be submitted</i> ) from _____ (dd/mmm/yyyy) to _____ (dd/mmm/yyyy)   |  |
|  | <input type="radio"/> Change performance credit option* for insurance coverage _____<br><input type="radio"/> to accumulation account<br><input type="radio"/> from term option to paid-up insurance   |  |
|  | <input type="radio"/> Decrease the amount of insurance on insurance coverage _____<br>from \$ _____ to \$ _____  |  |
|  | <input type="radio"/> Decrease Performax Enhancer coverage **<br><input type="radio"/> Decrease paid-up insurance coverage _____<br>from \$ _____ to \$ _____<br><input type="radio"/> Decrease deposit option insurance coverage _____<br>from \$ _____ to \$ _____ |  |
|  | <input type="radio"/> Decrease rider with coverage number ( <i>Specify name of rider.</i> ) _____<br>from \$ _____ to \$ _____   |  |
|  | <input type="radio"/> Decrease term option amount for insurance coverage _____<br>from \$ _____ to \$ _____  |  |
|  | <input type="radio"/> Cancel an insurance*** or rider coverage _____<br>( <i>Specify coverage number and if applicable, name of rider.</i> )   |  |
|  | <input type="radio"/> Delete an insured person<br>Name of insured person _____   |  |
|  | Any cash value and/or unused costs released because of a policy change will be placed in your accumulation account. To withdraw that amount (subject to taxation and our administrative rules), select <i>Other change</i> and provide withdrawal instructions.      |  |
|  | <input type="radio"/> Other change ( <i>Withdrawal instructions (if applicable)</i> ). _____   |  |

|  |  |  |                                  |                    |
|--|--|--|----------------------------------|--------------------|
| <b>3 Signatures</b><br><br>Insured person(s) may be a parent or guardian, if applicable.<br><br>Policy owner(s) (if other than the insured person)<br><br><b>If the owner is a corporation, we require:</b><br>• two signing officers' signatures and titles<br><b>or</b><br>• one signing officer's signature, title and the corporate seal;<br>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. | <b>By signing below:</b> <ul style="list-style-type: none"> <li>• 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.</li> <li>• you, any irrevocable beneficiary and any collateral assignee or hypothecary creditor understand that the changes may change the amount, timing and conditions under which benefits will become payable on your policy.</li> <li>• 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.</li> </ul> |  |                                  |                    |
|  | Signature of insured person<br><b>X</b>  | Signature of witness<br><b>X</b>   | Date (dd/mmm/yyyy)               |                    |
|  | Signature of insured person<br><b>X</b>  | Signature of witness<br><b>X</b>   | Date (dd/mmm/yyyy)               |                    |
|  | Signature of policy owner<br><b>X</b>  | Title  | Signature of witness<br><b>X</b> | Date (dd/mmm/yyyy) |
|  | Signature of policy owner<br><b>X</b>  | Title  | Signature of witness<br><b>X</b> | Date (dd/mmm/yyyy) |
|  | Signature of irrevocable beneficiary<br><b>X</b>   |  | Signature of witness<br><b>X</b> | Date (dd/mmm/yyyy) |
|  | Signature of collateral assignee or hypothecary creditor<br><b>X</b>   | Title  | Signature of witness<br><b>X</b> | Date (dd/mmm/yyyy) |
|  | Signature of collateral assignee or hypothecary creditor<br><b>X</b>   | Title  | Signature of witness<br><b>X</b> | Date (dd/mmm/yyyy) |
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