

Application for Annuity

INCLUDING THE ANNUITIZATION OF EXISTING MANULIFE FINANCIAL POLICIES

Please make all cheques payable to Manulife Financial.

We must receive the original of this application in order to issue the contract. Please send the original signed copy to:

Manulife Financial
Del. Stn. 500-3-A
500 King St. N
PO Box 1602 Stn Waterloo
Waterloo, ON N2J 4C6

Please make additional copies for the Owner and Representative.

COPY 1 - HEAD OFFICE COPY 2 - OWNER COPY 3 - REPRESENTATIVE

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Application for Annuity

In this application, the terms *you*, *your* and *owner* refer to the person who has policyowner's or policyholder's rights under the contract. The terms *we*, *our* and *us* refer to **The Manufacturers Life Insurance Company** (Manulife Financial). **All changes must be initiated by ALL persons signing this application.**

Name of representative (first, middle initial, last)			Name of representative #2 (first, middle initial, last)		
Representative code	Branch number	%	Representative code	Branch number	%

1 What type of funds are you using to purchase this contract?

Non-registered
 RRSP/RRIF
 LIRA/Locked-in RSP/RLSP*
 LIF/LRIF/RLIF*
 Registered Pension Plan*
 Deferred Profit Sharing Plan (DPSP)

*If funds are locked-in, do you have a spouse or common-law partner within the meaning of applicable pension legislation? Yes No

If yes, a spousal waiver form may be required.

For the current definition of spouse and spousal waiver and consent forms, please refer to the following website: www.repsource.ca/spouse

2 Source of Funds

Please attach the appropriate forms for transfers.

* Partial transfers: If the balance of the policy is going elsewhere, please submit the appropriate form(s).

If you need more space, please use section 15 *Additional information*.

Cheque made payable to Manulife Financial \$

Transfer from another financial institution

Name of institution	\$
Name of institution	\$

Transfer from another Manulife Financial product

Policy number	Full or Partial*	If partial indicate term or fund name	Transfer Effective Date (dd/mmm/yyyy)	
#	<input type="radio"/> F <input type="radio"/> P			\$
#	<input type="radio"/> F <input type="radio"/> P			\$

If the total premium is more than \$2,000,000 please contact GIC_and_Annuity_Support@manulife.com

Total amount of your deposit (premium) \$

3 Do you want to request a 45-day rate guarantee?

If no rate guarantee is requested, the rates in effect on the date the premium is received at Head Office will apply.

This guarantees only the interest rates in effect at the time the application is received at Head Office. It does not guarantee the income amount. **By signing here you, or your representative on your behalf, agree to the terms and conditions on page 5 of this application.**

Rate effective date (dd/mmm/yyyy)	Annuity Quotation Reference number
Signature of owner or representative	
Date signed (dd/mmm/yyyy)	

To request a rate guarantee, you must fax pages 2, 3 and 4 immediately to 1-800-661-6070.

4 Primary annuitant information

Must be a resident of Canada for income tax purposes (except for annuitizations of existing Manulife Financial policies).

Name (first, middle initial, last)			Title (Ms. Mr., etc.)
Address (number, street and apartment)			
City or town	Province	Postal code	Telephone number ()
Date of birth (Proof of age must be submitted) (dd/mmm/yyyy)	Sex <input type="radio"/> M <input type="radio"/> F	Social Insurance Number (SIN)	

5 Secondary annuitant information

Joint and Survivor Life policies only.

Must be a resident of Canada for income tax purposes.

Must be the spouse of the primary annuitant if the funds are registered.

Name (first, middle initial, last)			Title (Ms. Mr., etc.)
Address (number, street and apartment)			
City or town	Province	Postal code	Telephone number ()
Date of birth (Proof of age must be submitted) (dd/mmm/yyyy)	Sex <input type="radio"/> M <input type="radio"/> F	Social Insurance Number (SIN)	

6 Contract owner information

Must be a resident of Canada.

- Primary annuitant while living, then the secondary annuitant, if applicable
- Annuitants jointly and then the survivor (For non-registered contracts **ONLY**. Not applicable in Quebec.)
- Primary annuitant **ONLY**
- Non-individual owner (Signing requirements will apply)*
- Other (For non-registered contracts **ONLY**)*
- *Please complete the information below

For non-individual owners (i.e. corporations, trusts, charities or other organizations) please also complete NN1555E, *Corporate and Non-individual Identity Verification*. Sign in accordance with and provide: corporate resolution (corporations); or other supporting documentation (non-individual owners).

Your name (first, middle initial, last)		Your title (Ms. Mr., etc.)	
Address (number, street and apartment)		City or town	Province
Postal code			
Telephone number ()	Date of birth (dd/mmm/yyyy)	Sex <input type="radio"/> M <input type="radio"/> F	Social Insurance Number (SIN) or Business Number (BN)
Your occupation or the nature of your principal business (previous occupation required if retired)		Occupation for joint annuitant/owner (previous occupation required if retired)	

Which document are you showing to verify your identity as required by law?

- Birth certificate (if name is unchanged) Passport Driver's licence Other _____

Required for all owners/annuitants.

Document number(s) (must always provide for all owners/annuitants)

Jurisdiction (must always provide)

7 Payee information

Who will receive the payments?

- Primary annuitant while living, then the secondary annuitant
- Annuitants jointly and then the survivor (For non-registered contracts **ONLY**. Not applicable in Quebec.)
- Primary annuitant **ONLY**
- Owner
- Other (For non-registered contracts **ONLY**) Relationship to owner _____

Complete this section if the payee is "Other".

Name (first, middle initial, last)		Title (Ms. Mr., etc.)	
Address (number, street and apartment)			
<input type="radio"/> Same as annuitant OR _____			
City or town	Province	Postal code	Telephone number ()

The payee will receive any income payments due while an annuitant is alive.

8 Annuity type

- What type of annuity are you purchasing? Choose one
- Single Life (SL) Joint and Survivor Life (J&S) Term Certain (TC)

If your contract is non-registered and qualifies for prescribed status, the taxation will be level unless you check "no" here: **No**

9 Return of premium guarantee

Do you want your full premium returned if death occurs **BEFORE** the payments start?

- Registered funds** (Death of primary annuitant)
The premium amount must be returned if the primary annuitant dies before payments start.
- Yes
- Yes, with interest at _____ % per year
- Return of premium will be paid to joint annuitant if there is one, otherwise to the person named in this section.**
- Non-registered funds** (Death of all annuitants)
- Yes
- Yes, with interest at _____ % per year
- No - guarantee income payments to commence as scheduled
- If selected, the return of premium will be paid to the person named in this section, otherwise in accordance with your contract.

Note: If the full premium is returned no annuity payments will be paid and the guarantee options in section 10 do not apply.

Name of person (first, middle, last) who will receive the return of premium

10 Guarantee options

What guarantee do you want on your annuity payments **AFTER** the payments start?

- Choose **ONLY** one
- Period: _____ years _____ months
- Principal Protection (cash refund)
- Installment refund
- No guarantee**
(not available for non-registered contracts)

***If you choose No guarantee you must sign below.**
My signature below confirms I understand and agree that if the death occurs on or after the day the first income payment is made, no income payments or other amounts are payable after the death of all annuitants and that I agree to the statements on page 5 of this application.

(signature of owner(s))

11 Payment details

Estimated first income payment based on annuity quotation: \$ _____

When do you want your payments to start?
Choose one

- One month after purchase date (dd/mmm/yyyy) (1st to the 28th only)
- One year after purchase date Specific date:

How often do you want to receive your payments?
Choose one

- Monthly Quarterly Semi-annually Annually

We reserve the right to periodically request written proof of the survival of an annuitant or the person entitled to payments. If not received, your payments shall be suspended.

12 Additional payment details

If this section is not completed payments will remain level.

If the funds are locked-in, restrictions may apply under applicable pension legislation.

Do you want your payments **increased** each year?

Yes, **increased by** % per year on the anniversary of the first payment date

Do you want your payments **reduced** if either annuitant dies? (Joint and Survivor Life policies only)
Payments will **not** be reduced until after the guarantee period specified in section 10 has expired.

Yes, **reduced by** % on the death of: (Select one of the following)

First annuitant to die Primary annuitant Secondary annuitant

Do you want your payments reduced after a period of time to integrate with your OAS or CPP/QPP?

Yes, **reduced to** \$ on (dd/mmm/yyyy)

13 Payment direction

Where should we send the payments?

Direct deposit to the payee's bank account (**attach a personalized cheque marked "VOID"**)

Bank/Financial institution	Address	Transit #	Bank #	Your account #
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Applied to existing Manulife Financial policy #

Cheque mailed to payee at address shown in section 7, above (available for annual payments only)

To be combined with existing Manulife Financial policy number(s)

Other (for split payments)

14 Beneficiary information

Do not complete this section if *No guarantee* is chosen.

The person(s) you name here will receive a death benefit, if applicable, or other amounts falling due after the death of all annuitants.

If you designate a beneficiary as irrevocable your ownership rights are severely restricted (e.g. beneficiary changes, assignments, etc.). An irrevocable beneficiary who is a minor cannot provide consent, nor can anyone acting on the minor's behalf.

A secondary beneficiary will be entitled to receive amounts payable only if all primary beneficiaries predecease the last surviving annuitant.

Primary beneficiary name(s) and date(s) of birth (dd/mmm/yyyy)	Relationship to annuitant (in Quebec-relationship to policyholder)	Share of benefits
<input type="text"/>	<input type="text"/>	%
<input type="text"/>	<input type="text"/>	%

For Quebec applicants only, if you have named your spouse as beneficiary, the designation is irrevocable unless you check revocable here: **Revocable**

Secondary beneficiary name(s) and date(s) of birth (dd/mmm/yyyy)	Relationship to annuitant (in Quebec-relationship to policyholder)	Share of benefits
<input type="text"/>	<input type="text"/>	%
<input type="text"/>	<input type="text"/>	%

Do you wish the beneficiary(s) named above to be able to commute any remaining guaranteed income payments? Yes No

If this section is not completed it will be deemed you have chosen "yes" here

*Note: If funds are registered and the beneficiary is not the spouse of the annuitant at the time of death, any remaining income payments **MUST** be commuted under the Income Tax Act (Canada).*

15 Additional information

16 Are you acting on behalf of a third party and/or are you a politically exposed person?

Non-registered contracts only

Are you acting on behalf of a third party? (For example, if a third party is contributing the funds.)

No Yes (Please complete form NN0975E, *Client and Third Party Identity Verification*.)

Have you or any close relative ever held a senior position in a government, political party, military, tribunal or government-owned corporation of a foreign country?

No Yes (Please complete form NN0975E, *Client and Third Party Identity Verification*.)

For more information regarding politically exposed persons see form NN0975E.

17 Please sign here

By signing here you confirm that you, and the annuitant(s), if different from the owner, have read and agree to the terms and conditions on page 5 of this application including the Personal Information Statement on page 6.

This application, along with the contract provisions constitute the entire contract. Acceptance of the contract by your signature will constitute agreement to its terms.

Signature of primary annuitant		Signature of secondary annuitant	
Signature(s) of owner(s) if different from the annuitant(s)		Province	Date signed (dd/mmm/yyyy)
By signing here, representatives confirm that they are appropriately licensed and that they will receive compensation, if applicable, if this application is accepted by Manulife Financial. Representatives also confirm they have examined the original, valid and unexpired identity verification documentation and that they have completed and attached form NN0975E, <i>Client and Third Party Identity Verification</i> , if they have reasonable grounds to suspect the owner is acting on behalf of a third party.			
Signature of representative	Contact phone number ()	Contact fax number ()	Date signed (dd/mmm/yyyy)

What you understand and agree to when you sign this application

Your signature on page 4 of this application confirms that:

- the personal information you provided in this application is complete, accurate and will be updated in the future if information changes
- no representative of The Manufacturers Life Insurance Company ("Manulife Financial") has the authority to change or waive any question in the application, or any other provision
- this application may be null and void if there has been a misrepresentation
- you permit Manulife Financial to correct any errors or omissions on the application through an amendment letter
- if you are applying for a registered contract, you have asked us to register it under the *Income Tax Act* (Canada) and any applicable provincial income tax legislation
- a copy of this application is a receipt for the amount sent with the application to Manulife Financial
- by providing Direct Deposit information, you are authorizing Manulife Financial to deposit scheduled payments due from this contract into the bank account indicated. Manulife Financial will have no further liability with respect to these payments and may at any time discontinue Direct Deposit of scheduled payments and start issuing cheques requiring personal endorsement
- you request that this application and all documents and correspondence relating to the

Contract be in English. Vous demandez que la demande de souscription et tous les documents et la correspondance afférents au contrat soient en anglais.

- if this application is accepted by Manulife Financial, a contract will be forwarded to your Advisor to be delivered to you. If this application is not accepted by Manulife Financial, any monies received will be refunded
- if this is an annuitization of an existing Manulife Financial contract Manulife Financial is discharged from all liability under the original contract
- if you have indicated in section 2 funds are coming from another Manulife Financial policy your signature constitutes authorization to withdraw the funds as described in that section
- we will keep the information you have provided in this application confidential in an investment file. Access to it will be limited to Manulife Financial and its employees and representatives performing their duties, those to whom you have granted access, and those authorized by law
- there are no rescission rights with respect to this contract
- you may discuss any questions or concerns you may have with your representative or Head Office. You understand more information about our complaint resolution procedures is available on the Internet at www.manulife.ca under *Contact Us*

If you, or your representative on your behalf, have requested a rate guarantee in section 3 you understand and agree to the following terms and conditions

- you will transfer the total premium amount to Manulife Financial
- the commitment to transfer funds is irrevocable
- Manulife Financial guarantees that if it receives the funds within 45 days after the date of the request, the rates in effect on the date it receives the request at its Head Office will apply to the funds
- if the funds are received more than 45 days after the date of the request the interest rate(s) that apply to the funds will be the lower of (i) the rates described in the preceding paragraph and, (ii) the rates in effect when the funds were received
- if you withdraw funds from the contract prior to this rate guarantee being honoured, or if the total premium received under this guarantee differs by more than 10% or \$10,000 from the amount shown, Manulife Financial may, at its option, withdraw from the rate guarantee with respect to all or part of the amount received

- this guarantee is not a guarantee of income but rather is a guarantee of the rate effective date used to determine income. The rate effective date is only one of the factors used to calculate the income and that other factors include the amount of the premium actually received, the deposit date and the income commencement date. You agree that if any of these other factors change, the income amount will also change, even though the guaranteed rate effective date remains the same

If you have requested No guarantee in section 10 of this application you understand and agree to the following statements

- you may not name a beneficiary because even if only one payment is made there is no death benefit payable

- you have obtained or have chosen not to obtain independent legal and estate planning advice
- you have received quotes showing an annuity with *No guarantee* and an annuity with a guarantee

Features & Benefits

- payment guarantees ensure a specific amount is paid to you, your payee or your beneficiaries
- your income can last for a single life, multiple lives, or a chosen period of time
- payments can be level, can increase or can decrease under certain conditions
- for non-registered funds, partial tax-deferral is available for your income

- the death benefit is dependent on the guarantee options chosen. If death occurs after the chosen guarantee period, no death benefit will be payable
- you have the right to request a sample contract for further details.

Personal Information Statement

Definitions

In this statement, the terms *you*, *your* and *owner* refer to the person who has policyowner's or policyholder's rights under the contract, the annuitant and the parent or guardian of any child named as annuitant who is under the legal age for providing consent. The terms *we*, *our* and *us* refer to The Manufacturers Life Insurance Company (Manulife Financial).

Consent

By signing this form you give your consent for us to obtain, verify, and share your personal information, as set out below in issuing and administering your contract, now and in the future, with any:

- persons,
- financial institutions,
- businesses, or
- other parties

with whom we deal. You also authorize any person that we contact to provide such information. In order to protect your interests, there may be situations where we will obtain, verify and share personal information with our affiliated companies.

You authorize us to use your Social Insurance Number (SIN) and Business Number (BN), if applicable, to uniquely identify you in the collection of information for, and in the administration of your contract, including tax administration.

You authorize us to keep your personal information in an investment file for the longer of:

- the time period required by law and by guidelines set for the financial services industry, and
- the time period required to administer the products and services we provide.

How we will use your personal information

You agree that we may use the personal information that we collect to:

- confirm your identity and the accuracy of the information you provide,
- evaluate your application and issue and administer your contract, including any administration required after your contract has ended,
- administer any other products and services that we provide,
- comply with legal and regulatory requirements,
- conduct searches to locate you and update your contract information,
- determine your eligibility for, and provide you with details of, other financial products or services that may be of interest to you that are offered by us, our affiliates or other select financial product providers.

Who may access your personal information

The following people or service providers may have access to your personal information:

- our employees and our representatives who require this information to perform their jobs,
- service providers who require this information to perform their services for us, which may include, for example, providers of data processing, programming, data storage, market research, printing, mailing and distribution services and investigative agencies,
- your advisor and any agency which has entered into an agreement with us and has supervisory authority, directly or indirectly, over your advisor, and their employees,
- people to whom you have granted access, and
- people who are legally authorized to view your personal information.

Your personal information may be provided to these people, organizations and service providers in jurisdictions outside Canada, and would therefore be subject to the laws of those jurisdictions.

Withdrawing your consent

You may withdraw your consent for us to use your Social Insurance Number or Business Number, if applicable, for non-tax administration purposes as previously described in this Personal Information Statement. You may also withdraw your consent for us to use your personal information to provide you with other service or product offerings, excluding those mailed with your statements.

Except as set out above, you may not withdraw your consent for us to collect, use, retain or share personal information that we need to issue or administer your contract unless federal or provincial laws give you this right. If you do so then the following consequences may apply:

- a contract will not be issued,
- benefits will not be payable under the contract,
- we may treat your withdrawal of consent as a request to terminate your contract, and
- your rights, and the rights of your estate or beneficiary under the contract may be limited.

Dealing with us by telephone

Customer service calls are recorded for the following purposes:

- quality service controls,
- information verification, and
- training.

If you do not wish to have your call recorded, you must communicate with us in writing and request that any response by us also be in writing.

How to withdraw your consent

If you wish to withdraw your consent for us to collect, use, retain or share your personal information, you may contact us by phoning our customer care centre at 1-888-MANULIFE (626-8543), or 1-888-MANUVIE (626-8843) in Quebec, or by writing to the Privacy Officer at the address below.

Questions, concerns and requests for additional information

More information about our privacy policies can be found on our website at www.manulife.ca. You may request additional information or access to your personal information in your file at any time, subject to the restrictions provided by law, and ask that any inaccurate or incomplete information be corrected. To do so, you may send a written request with details to:

Privacy Officer - Manulife Investments

Del. Stn. 500 2-B
500 King Street North
PO BOX 1602
WATERLOO ON N2J 4C6

FOR MORE INFORMATION ABOUT OUR PRODUCTS VISIT MANULIFE.CA/INVESTMENTS

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 **Manulife Investments**

strong reliable trustworthy forward-thinking

| For your future™