

Payment Information and Authorization

Payment Information

For Credit Card payment options

Credit Card: Visa MasterCard American Express

Account Number _____ Expiry Date _____
MM / YYYY

Name of Cardholder _____ Signature of Cardholder _____

For Pre-Authorized Debit (PAD) payment options

Name of Account holder _____

Financial Institution _____ Address _____ City/Town _____

Bank Account Number _____ Transit Number _____

Type of Account: Personal Chequing Chequing/Savings Savings Other

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 this authorization.

Non-Chequing Accounts: Since approval from my/our financial institution is required for pre-authorized payments 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.

Payment Authorization

For Credit Card payment 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 an event occur. A \$25.00 fee will be charged for all NSF (Non-Sufficient Funds) transactions.

Name of Cardholder _____ Signature of Cardholder _____

Second signature if joint account _____ Dated _____

DD / MM / YYYY

For Pre-Authorized Debit (PAD) payment options

I/We authorize Manulife Financial to make monthly automatic withdrawals from my/our bank account on or about the first business day of each month for monthly insurance premiums due on or after I/we sign this authorization. Withdrawals from my/our account may be for variable amounts, as they may change in accordance with my/our insurance contract and as required to administer my/our policy. **I/We waive the right to receive further notice of the amount and date of each automatic withdrawal from my/our account.** If the bank or financial institution does not honour an automatic monthly withdrawal the first time it is presented for payment, Manulife Financial may attempt to withdraw that payment again within 30 days. Manulife Financial reserves the right to ask for an alternative method of payment if payment is not honoured. All one-time or automatic withdrawals from my/our bank account will be treated as personal withdrawals as defined by the Canadian Payments Association in Rule H-1. I/We or Manulife Financial may end this agreement at any time by giving 10 days written notice. I/We understand that cancelling this PAD agreement may result in loss of insurance coverage unless Manulife Financial receives another form of payment.

You may obtain a sample cancellation form by contacting your financial institution or through www.cdnpay.ca. If you have any questions about withdrawals from your bank account, contact us at 1-877-COVER ME® (1-877-268-3763), www.coverme.com or write to us at Manulife Financial, PO Box 670, Stn Waterloo, Waterloo, Ontario N2J 4B8.

You have certain recourse rights if any debit does not comply with this agreement. For example, you have the right to receive reimbursement for any PAD withdrawal that is not authorized or is inconsistent with this PAD agreement. To obtain a form for a Reimbursement Claim, or for more information on your recourse rights, contact your financial institution or visit www.cdnpay.ca.

Name of Account holder _____ Signature of Account holder _____

Second signature if joint account _____ Dated _____

DD / MM / YYYY

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 declare that I/we are Canadian resident(s) between the ages of 18 and 60. I/We understand that my/our coverage will come into effect on the first day of the month following the date my/our application is received and approved by Manulife Financial. I/We declare that I/we have not, at any time during my/our life, been diagnosed with, had any signs and/or symptoms of, or had any medical consultations and/or abnormal tests concerning cancer; heart attack; stroke; AIDS or HIV; diabetes; heart disease; hepatitis, including hepatitis carrier state; chronic kidney disease; transient ischemic attack (TIA); alcoholism or drug abuse; peripheral vascular disease or intracranial tumour; or had coronary artery bypass surgery or aortic surgery and I/we have not undergone any tests for which I/we currently await results. I/We acknowledge receipt of the CoverMe Critical Illness plan brochure and declare that I/we have read and understand the information concerning the terms of coverage under the plan and the limitations and exclusions applicable to such coverage, including those related to pre-existing conditions.

I/We also declare that, if selecting a non-smoker benefit and premium option, I/we have not used any tobacco, nicotine substitutes, tobacco cessation products or marijuana within the last 12 months. I/We agree that any material misrepresentation of smoking status shall render the insurance voidable by Manulife Financial at any time.

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.

A photocopy of this signed authorization shall be as valid as the original.

Signed at _____ Dated _____ Primary Applicant's Signature _____
DD / MM / YYYY

Signed at _____ Dated _____ Secondary Applicant's Signature _____
DD / MM / YYYY
(if applying for coverage)

CoverMe Critical Illness insurance is offered through Manulife Financial (The Manufacturers Life Insurance Company).

Plan underwritten by The Manufacturers Life Insurance Company.

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