

# CoverMe™ Guaranteed Issue Life Insurance Application Form

coverme™

Life

1XX07 002 WSEX



make it count<sup>+</sup>

AIR MILES®  
Collector #:

8 | | | | | | | | | | | | | | | |

## Primary Applicant Information

Last Name \_\_\_\_\_

First Name \_\_\_\_\_ Initial \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

City \_\_\_\_\_

Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_  Male  Female

DD / MM / YYYY

Telephone (Res.) ( \_\_\_\_\_ ) \_\_\_\_\_

Telephone (Bus.) ( \_\_\_\_\_ ) \_\_\_\_\_

E-mail \_\_\_\_\_

Are you also applying for health coverage with Manulife Financial?  Yes  No

## Spouse Information (if applying for coverage)

Last Name \_\_\_\_\_

First Name \_\_\_\_\_ Initial \_\_\_\_\_

Address (if different than that of Primary Applicant) \_\_\_\_\_  
\_\_\_\_\_

City \_\_\_\_\_

Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_  Male  Female

DD / MM / YYYY

Telephone (Res.) ( \_\_\_\_\_ ) \_\_\_\_\_

Telephone (Bus.) ( \_\_\_\_\_ ) \_\_\_\_\_

E-mail \_\_\_\_\_

Are you also applying for health coverage with Manulife Financial?  Yes  No

## Choice of Coverage

I apply for CoverMe Guaranteed Issue Life coverage: (Please select  one)

\$5,000  \$10,000  \$15,000  \$20,000

I confirm my smoking status as:

Smoker

Non-Smoker

Non-smoker status applies to people who have not used tobacco, tobacco cessation products or marijuana in the past 12 months and who meet Manulife Financial's health standards. Smoker status is determined when your coverage is approved.

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## Beneficiary Information

### Beneficiary on Primary Applicant's Coverage

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

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Relationship to Primary Applicant \_\_\_\_\_

If you designate a beneficiary under the age of 18, benefits will be paid into court or to the Public Trustee unless a trustee is appointed, except in the province of Quebec where benefits will be automatically paid to the tutor or administrator.

Name of Trustee \_\_\_\_\_

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.

## Beneficiary Information

### Beneficiary on Spouse's Coverage

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

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Relationship to Spouse \_\_\_\_\_

If you designate a beneficiary under the age of 18, benefits will be paid into court or to the Public Trustee unless a trustee is appointed, except in the province of Quebec where benefits will be automatically paid to the tutor or administrator.

Name of Trustee \_\_\_\_\_

Relationship to Spouse (if applying for coverage) \_\_\_\_\_

**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.

## Payment Options

I/We hereby authorize Manulife Financial to debit the initial premium, \$ \_\_\_\_\_, and subsequent premiums, from my/our:

### Option #1

- Credit Card Account:  
 Credit Card Billing Frequency:  Monthly - with AIR MILES® reward miles  
 Annually - without AIR MILES reward miles

### Option #2

- Pre-Authorized Debit (PAD) – monthly with AIR MILES® reward miles  
*Important: for verification purposes, we require a sample cheque marked "VOID".*

## 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 such 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](http://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](http://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](http://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, 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.

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

**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 \_\_\_\_\_ Dated \_\_\_\_\_ Applicant's Signature \_\_\_\_\_  
DD / MM / YYYY

Signed at \_\_\_\_\_ Dated \_\_\_\_\_ Spouse's Signature \_\_\_\_\_  
DD / MM / YYYY  
(if applying for coverage)