



## Part F — Your Payment Options, Information and Authorization

Pay monthly by credit card or PAD and collect AIR MILES® reward miles every month.

### 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

#### 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

Quebec residents may detach and mail the following Health Declaration separately to the insurer.   
This application is not valid unless a properly completed Health Declaration is received by Manulife Financial.

## Part G — Your Health Declaration

Please answer all questions and provide full details below, or attach a separate sheet, signed and dated.

Your Physician's Name \_\_\_\_\_

Physician's Address \_\_\_\_\_ Telephone \_\_\_\_\_

Your height \_\_\_\_\_  ft. & in. /  cms. Your current weight \_\_\_\_\_  lbs. /  kgs.

**Have you:**

YES NO

1. Ever applied for any insurance that was declined, modified or rated?

If "Yes", please give date, name of company and reason: \_\_\_\_\_

\_\_\_\_\_

2. Within the past 5 years, had your driver's license suspended or been charged with impaired driving or had more than 3 driving violations?

If "Yes", give details including:

Nature of offence \_\_\_\_\_

Date(s) \_\_\_\_\_ Driver's License # \_\_\_\_\_ Licensing province \_\_\_\_\_

3. Any intention of piloting an aircraft or participating in scuba diving, parachuting, hang gliding, motor vehicle racing, climbing or any other hazardous activity?

If "Yes", give details including type of activity and date(s): \_\_\_\_\_

\_\_\_\_\_

4. Within the next 12 months, any intention of traveling or residing outside North America?

If "Yes", please give details including where, when, why and for how long: \_\_\_\_\_

\_\_\_\_\_

5. Within the past 7 years, used drugs for other than medical purposes, used marijuana or been treated for or advised to reduce alcohol or drug use?

If "Yes", please give details including drug or alcohol type(s) and date(s) last used: \_\_\_\_\_

\_\_\_\_\_

6. Ever had any indication of or been treated for a mental or nervous disorder (depression, anxiety, stress, etc.), disorder of the brain or nervous system, heart or blood vessels, chest pains, heart murmur, high blood pressure, elevated cholesterol, diabetes, cancer, tumour, lung or liver disorder, hepatitis (including hepatitis carrier state), kidney disorder, urinary abnormality, prostate disorder, blood disorder, lymph or glandular disorder, unusual infection, breast disorder, thyroid disorder, skin disorder, gastrointestinal disorder or other illness not mentioned?

7. Ever had any positive test, treatment for/exposure to HIV virus or AIDS?

8. Within the past 2 years, had an abnormal mammogram, PSA or any other test or investigation, consulted a specialist, been prescribed medication, other treatment or counseling for any disorder other than minor ailments (colds, flu, etc.), been advised to undergo further investigation, see another doctor or have surgery?

If you have answered "Yes" to questions 6,7, and/or 8 above, please give details below.

(If you require additional space, please attach a separate sheet, signed and dated.)

Question #	Nature of Disorder	Date and Duration	Result	Attending Physician or Hospital

**Note:** The insurer may request a medical examination, urinalysis or tests such as general blood profile (including blood test for HIV) which will be conducted at no expense to the applicant(s). Results of any positive infectious disease tests will be reported to the appropriate provincial health department if required by law.

**For Quebec residents only:**

If you are detaching and mailing your Health Declaration to Manulife Financial separately, please complete the following:

Applicant's

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Initial \_\_\_\_\_ Home Telephone \_\_\_\_\_

## Part H — Terms and Conditions (Please read carefully before signing)

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

I hereby apply for insurance to The Manufacturers Life Insurance Company (Manulife Financial.)

I declare that the statements contained in this application, including the Health Declaration originally attached hereto, are true and complete. I declare that I am resident in Canada and at least 18 but not yet 71 years of age. I understand that this application, together with any other forms signed by me in connection with this application, forms the basis for any policy issued hereunder. The person to be insured understands that any material misrepresentation, including misstatement of smoker status, shall render the insurance voidable at the instance of the insurer. I understand that exclusions and limitations apply to the coverage applied for. Relative to the insurance applied for, I, the person to be insured, hereby authorize any licensed physician, medical practitioner, hospital, pharmacy, clinic or other medically related facility, insurance company, the Medical Information Bureau, any investigative and security agency, any agent, broker or market intermediary, any government agency or other organization or person that has any records or knowledge of me or my health or the health of any member of my family to be insured under this plan to provide to Manulife Financial or its reinsurers any such information for the purpose of this application and contract and any subsequent claim. I authorize Manulife Financial to consult its existing files for this purpose.

I acknowledge receipt of and confirm my agreement with, the Notice on Exchange of Information, Notice on Information provided to the AIR MILES® Reward Program, and the Notice on Privacy and Confidentiality.

I hereby designate the individual named as beneficiary to receive the proceeds payable upon my death.

I declare that I have been made aware of the reasons why the health information is needed and the risks and benefits to the individual of consenting or refusing to consent. This consent shall take effect on the date of signing of this application and shall expire 7 years after the termination date of any policy issued as a result of this application. I understand that this consent may be revoked at any time and that if as a result of such revocation the insurer is unable to obtain proof of claim, this may result in claims not being paid. Suicide within two years of the effective date is a risk not covered under the Term Life plan.

The party has expressly requested that this Agreement and any related appendices or documents be drafted in the English language.

Insurance will take effect on the date the properly completed application (including my properly completed Health Declaration) and the first premiums are received by Manulife Financial, subject to the approval of the Company's underwriters. I understand that any health information must be accurate as at the date the application is signed and that I am not eligible for insurance under more than one CoverMe Term Life policy issued by Manulife Financial. If I am approved, I will receive a policy specifying the coverage provided. If I am not insurable, a full refund of the premiums will be made.

A photocopy or faxed copy of this authorization shall be as valid as the original.

Signed At \_\_\_\_\_

Dated \_\_\_\_\_  
DD/MM/YYYY

Signature of Applicant \_\_\_\_\_

Send your completed application form along with your initial premium payment to  
Manulife Financial in the business reply envelope provided.

If you need assistance, call Manulife Financial at  
1-877-COVER ME®† (1-877-268-3763), Monday to Friday from 8 a.m. to 8 p.m. ET.

Plan underwritten by The Manufacturers Life Insurance Company.

Available only where provincial regulations allow.

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