

Part A – CARP MEMBER INFORMATION (Please print)

First Name _____ Home Telephone _____
Last Name _____ Business Telephone _____
Address _____ Birth Date _____ (DD/MM/YYYY)
City _____ Country of Birth _____
Province _____ Email address (optional) _____
Postal Code _____ Male Female Smoker Non-Smoker*

* Non-smoker rates apply to people who have not used tobacco, tobacco cessation products or marijuana in the last 12 months.

Part B – SPOUSE INFORMATION (Complete if Spouse is applying for coverage)

Last Name _____ First Name _____
Birth Date _____ (DD/MM/YYYY) Male Female Smoker Non-Smoker*
Country of Birth _____

* Non-smoker rates apply to people who have not used tobacco, tobacco cessation products or marijuana in the last 12 months.

Part C – CHOOSE YOUR BENEFIT AMOUNT

Do you (Member or Spouse) have any pending or existing life insurance coverage with Manulife or any other company?

Member Yes No **Spouse** Yes No

If you intend to replace coverage (other than coverage you may have through an employer group benefits plan), do not cancel your existing coverage. A replacement form or declaration may be required, and we may not be able to issue an insurance contract where replacement is intended.

CARP MEMBER COVERAGE (Refer to the Monthly Premium Rates to determine your premium. 1 unit = \$2,500 in Life coverage)

Life Coverage Amount: 2 UNITS 4 UNITS 6 UNITS _____ UNITS (between 1 and 10)

SPOUSE COVERAGE (Refer to the Monthly Premium Rates to determine your premium. 1 unit = \$2,500 in Life coverage)

Life Coverage Amount: 2 UNITS 4 UNITS 6 UNITS _____ UNITS (between 1 and 10)

BENEFICIARY DESIGNATION

Beneficiary for CARP member:

I hereby designate the individual named as beneficiary on this application to receive any death benefit payable with respect to the coverage applied for. If no beneficiary is designated, benefits will be payable to the Estate.

Last Name _____ First Name _____ Relationship to Member _____

If you designate a beneficiary who is a minor when benefits become payable, benefits will be paid into court or to the Public Trustee, unless a Trustee is appointed. By appointing a Trustee below, you agree that if the beneficiary is a minor on the date that benefits become payable, the benefits will be paid to the Trustee to hold in trust for the child until the child comes of age.

Trustee:

Last Name _____ First Name _____ Relationship to Beneficiary _____

Beneficiary for Spouse:

I hereby designate the individual named as beneficiary on this application to receive any death benefit payable with respect to the coverage applied for. If no beneficiary is designated, benefits will be payable to the Estate.

Last Name _____ First Name _____ Relationship to Spouse _____

If you designate a beneficiary who is a minor when benefits become payable, benefits will be paid into court or to the Public Trustee, unless a Trustee is appointed. By appointing a Trustee below, you agree that if the beneficiary is a minor on the date that benefits become payable, the benefits will be paid to the Trustee to hold in trust for the child until the child comes of age.

Trustee:

Last Name _____ First Name _____ Relationship to Beneficiary _____

Part D – CHOOSE YOUR PAYMENT METHOD

Monthly by Pre-Authorized Debit (PAD) from my financial institution account.

Important: For verification purposes, please enclose a sample cheque marked "VOID".

Credit Card Visa **OR** MasterCard **Billing Frequency:** Monthly **OR** Annual

Credit Card # _____ Expiry Date _____ (MM/YY)

Name of Cardholder _____ Signature of Cardholder _____
(if other than Member or Spouse)

Please complete the other side of the application.

Part E – PAYMENT INFORMATION AND AUTHORIZATION

PAYMENT INFORMATION

For Pre-Authorized Debit (PAD) Payment Options

Name of Account Holder _____

Financial Institution _____

Address of Institution _____ City/Town _____

Institution Number _____ Bank Account Number _____ Transit Number _____

Type of Account: Personal Chequing Chequing/Savings Savings Current Direct Deposit Account 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 Pre-Authorized Debit (PAD) Payment Options

I/We authorize Manulife to withdraw monthly premiums from my/our bank account for insurance premiums **due on or after the date I/we sign this authorization.** I/We understand that except for the initial premium, which is due with this application, subsequent premiums will be withdrawn on or about the first business day of the month or the next business day thereafter. Withdrawals from my/our account may be for variable amounts, as they may change in accordance with the insurance contract and as required to administer the policy; **I/we waive the right to receive further notice of the amount and date of each automatic withdrawal from my/our account.** If my/our bank or financial institution does not honour an automatic monthly withdrawal the first time it is presented for payment, Manulife may attempt to withdraw that payment again within 30 days. Manulife reserves the right to ask me/us for an alternate method of payment if my/our payment is not honoured. All one-time or automatic withdrawals from my/our account will be treated as personal withdrawals as defined by Payments Canada in Rule H-1. Premium amounts may change in accordance with my/our insurance contract. I/We and/or Manulife can end this agreement at any time **by giving 10 days' written notice.** I/We understand that cancelling this PAD agreement may result in a loss of insurance coverage unless Manulife receives another form of payment in accordance with the insurance contract. Any refund of premium paid pursuant to this authorization shall be made to the policy owner.

You may obtain a sample cancellation form by contacting your financial institution or through www.payments.ca. If you have any questions about withdrawals from your bank account, contact Manulife at 1-800-396-4389 or am_info@manulife.com, or write to Manulife, P.O. Box 670, Stn Waterloo, Waterloo, ON 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, you may contact your financial institution or visit www.payments.ca.

Name of Account Holder _____ Signature of Account Holder _____

Second Signature if Joint Account _____ Dated _____
(DD/MM/YYYY)

Account Holder Address (if different from Member) _____

For Credit Card Payment Options

I/We hereby authorize Manulife 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 or by me/us through written notice. Manulife 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.

Name of Cardholder _____ Signature of Cardholder _____

Second Signature if Joint Credit Card Account _____ Dated _____
(DD/MM/YYYY)

NOTICE ON PRIVACY AND CONFIDENTIALITY

The specific and detailed information requested on your application form is required to process your application. To protect the confidentiality of this information, Manulife will establish a financial services file from which this information will be used to process your application(s), offer and administer services, and process claims in relation to the insurance applied for. Access to the file will be restricted to those Manulife employees, mandataries, administrators or agents who are responsible for the assessment of risk (underwriting), marketing and administration of services and the investigation of claims, including CARP and its subsidiaries, affiliates or agents, and to any other person you authorize or as authorized by law. These people, organizations and service providers may be in jurisdictions outside Canada, and subject to the laws of those foreign countries. Your consent to the use of personal information to offer you products and services is voluntary and if you wish to discontinue such use, you may write to Manulife at the address shown below. Your file is secured in our offices or those of our administrators or agents. You may request to review the personal information your file contains and make corrections by writing to the Privacy Officer, Manulife, P.O. Box 1602, Del. Stn 500-4-A, Waterloo, ON N2J 4C6.

AUTHORIZATION AND DECLARATION (Please read carefully before signing)

I/We hereby apply for insurance to The Manufacturers Life Insurance Company (Manulife). I/We (the undersigned) declare that the statements contained in this application form are true and complete. I/We understand that the application form, 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 any insurance issued pursuant to this application voidable at the instance of the insurer. I/We have read and understand the exclusions and limitations that apply to the coverage applied for. Suicide within two years of the effective date is a risk not covered. Any insurance issued pursuant to this application will take effect on the date my/our properly completed application form and payment of the first premium are received by Manulife at its office, and I/we understand that I am/we are not eligible for insurance under more than one Guaranteed Issue Life Insurance Plan issued by Manulife. I/We hereby designate the individual(s) named as beneficiary(ies) on this application form to receive any death benefit payable with respect to the coverage applied for. I/We confirm agreement with the Notice on Privacy and Confidentiality set out above.

NOTE TO CARP MEMBERS: Your application for the Guaranteed Issue Life Insurance Plan for CARP Members may be made known to The McLennan Group Life Insurance Inc. in order to bring other products and services offered under the Insurance Programs for CARP Members to your attention.

A photocopy of this signed authorization and declaration shall be deemed to be an original.

Signed at City/Province _____ Signature of Member _____ Date (DD/MM/YYYY) _____

Signed at City/Province _____ Signature of Spouse _____ Date (DD/MM/YYYY) _____

Coverage is underwritten by The Manufacturers Life Insurance Company.

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