Term Life Insurance Plan

Your association is pleased to endorse **Term Life Insurance** available to **you** and **your spouse**. You can choose the coverage amount to fit your needs.

Term Life is an affordable way to provide for your loved ones at a time when they need it most. *If you are between the ages of 45 and 70*, and permanently residing in Canada, you can apply for the Term Life Insurance Plan by answering 5 simple questions. You can choose coverage amounts of \$25,000 to \$150,000, in units of \$25,000. Premiums are guaranteed not to increase for 10 years, with reduced rates available for nonsmokers.

Eligibility

The Term Life Insurance Plan is designed for association members and their spouses who are between the ages of 45 and 70.

The term "you" applies to you, your spouse, or to you and your spouse.

Coverage is subject to approval by the insurer on the basis of your answers to the medical questions on the application.

Your Coverage and Benefits

You can apply for life insurance coverage of \$25,000 to \$150,000, in units of \$25,000. Your initial premiums are based on your age at the coverages effective date and are guaranteed for 10 years.

Coverage renews automatically every 10 years with premiums based on your age at renewal. Your coverage is guaranteed renewable for life.

Once you have been covered for 24 months, should you be diagnosed as terminally ill with a life expectancy of 12 months or less, you can apply for a Living Benefit. This Living Benefit is an interest-free advance of up to 50% of your Term Life insurance to a maximum of \$50,000 and is subject to approval by the insurer. The money is paid directly to you, to spend as you wish. Once you receive a Living Benefit, your premiums will be waived and the balance of your coverage will continue.

You can name any individual or institution as your beneficiary, and you can change this at any time, subject to applicable laws.

Benefits are paid tax-free to a named beneficiary.

At age 80, your coverage will reduce to 10% of the original amount, and will continue **premium-free** for life. There are no additional policy fees or service fees to pay. In the event of suicide during your first two years of coverage, no benefit will be paid and your premiums will be refunded.

Your Monthly Premium

The low monthly premium is based on your gender, your age, whether you qualify for non-smoker or smoker rates, and the amount of coverage you select.

Once enrolled in the plan, your premiums will increase every 10 years, and be based on your age at that time

For example: A female non-smoker, age 53, who elects \$50,000 coverage will pay \$22.20 per month until age 63. At age 63 the rate for the \$50,000 coverage will be \$51.62 per month (based on the then current rate table) and would not change for 10 years.

Monthly Premiums for Non-Smokers

(Non-smoker rates apply to persons who have not smoked cigarettes in the past 12 months and who meet the Insurer's health standards.)

MALES												
Applicant'sAge* at Effective Date	Amount of Insurance: \$25,000	Amount of Insurance: \$50,000	Amount of Insurance: \$75,000	Amount of Insurance:\$ 100,000	Amount of Insurance: \$125,000	Amount of Insurance: \$150,000						
45 to 49	\$ 12.10	\$ 24.20	\$ 36.30	\$ 48.40	\$ 60.50	\$ 72.60						
50 to 54	\$ 17.85	\$ 35.70	\$ 53.55	\$ 71.40	\$ 89.25	\$107.10						
55 to 59	\$ 26.52	\$ 53.04	\$ 79.56	\$106.08	\$132.63	\$159.15						
60 to 64	\$ 39.85	\$ 79.70	\$119.55	\$159.40	\$199.25	\$239.10						
65 to 69	\$ 53.08	\$106.16	\$159.24	\$212.32	\$265.38	\$318.45						
70 to 74**	\$ 87.85	\$175.70	\$263.55	\$351.40	\$439.25	\$527.10						
75 to 79**	\$145.83	\$291.66	\$437.49	\$583.32	\$729.13	\$874.95						

		FE	MALES			
Applicant's Age* at Effective Date	Amount of Insurance: \$25,000	Amount of Insurance: \$50,000	Amount of Insurance: \$75,000	Amount of Insurance: \$100,000	Amount of Insurance: \$125,000	Amount of Insurance: \$150,000
45 to 49	\$ 7.85	\$ 15.70	\$ 23.55	\$ 31.40	\$ 39.25	\$ 47.10
50 to 54	\$ 11.10	\$ 22.20	\$ 33.30	\$ 44.40	\$ 55.50	\$ 66.60
55 to 59	\$ 17.56	\$ 35.12	\$ 52.68	\$ 70.24	\$ 87.75	\$105.30
60 to 64	\$ 25.81	\$ 51.62	\$ 77.43	\$103.24	\$129.00	\$154.80
65 to 70	\$ 33.50	\$ 67.00	\$100.50	\$134.00	\$167.50	\$201.00
71 to 74**	\$ 63.02	\$126.04	\$189.06	\$252.08	\$315.13	\$378.15
75 to 79**	\$117.92	\$235.84	\$353.76	\$471.68	\$589.63	\$707.55

^{*} Premiums will increase every ten years to reflect your new age category.

Rates shown in this website are subject to change without notice. However, once you are insured, your premium rates are guaranteed for 10 years.

^{**} Renewal coverage only - you may not apply after age 70.

Monthly Premiums for Smokers

		N	IALES			
Applicant's Age* at Effective Date	Amount of Insurance: \$25,000	Amount of Insurance: \$50,000	Amount of Insurance: \$75,000	Amount of Insurance: \$100,000	Amount of Insurance: \$125,000	Amount of Insurance: \$150,000
45 to 49	\$24.15	\$48.30	\$72.45	\$96.60	\$120.75	\$ 144.90
50 to 54	\$37.75	\$75.50	\$113.25	\$151.00	\$188.75	\$ 226.50
55 to 59	\$58.85	\$117.70	\$176.55	\$235.40	\$294.25	\$ 353.10
60 to 64	\$81.75	\$163.50	\$245.25	\$327.00	\$408.75	\$ 490.50
65 to 69	\$100.10	\$200.20	\$300.30	\$400.40	\$500.50	\$ 600.60
70 to 74**	\$133.44	\$266.88	\$400.32	\$533.76	\$667.25	\$ 800.70
75 to 79**	\$187.50	\$375.00	\$562.50	\$750.00	\$937.50	\$1,125.00

		F	EMALES			
Applicant's Age* at Effective Date	Amount of Insurance: \$25,000	Amount of Insurance: \$50,000	Amount of Insurance: \$75,000	Amount of Insurance: \$100,000	Amount of Insurance: \$125,000	Amount of Insurance: \$150,000
45 to 49	\$15.96	\$31.92	\$47.88	\$63.84	\$79.75	\$95.70
50 to 54	\$22.96	\$45.92	\$68.88	\$91.84	\$114.75	\$137.70
55 to 59	\$32.85	\$65.70	\$98.55	\$131.40	\$164.25	\$197.10
60 to 64	\$44.63	\$89.62	\$133.89	\$178.52	\$223.13	\$267.75
65 to 69	\$55.42	\$110.84	\$166.26	\$221.68	\$277.13	\$332.55
70 to 74**	\$85.94	\$171.88	\$257.82	\$343.76	\$429.75	\$515.70
75 to 79**	\$139.38	\$278.76	\$418.14	\$557.52	\$696.88	\$836.25

^{*} Premiums will increase every ten years to reflect your new age category.

How To Apply You Can...

- call Johnson Inc. for a Benefits Summary and application form at 1-866-990-3199 (toll free in North America)
- complete the Term Life Insurance application
- answer the 5 health questions on the application form
- mail your application form and a cheque marked "VOID" to Johnson Inc. in the postage-paid envelope provided

Johnson Inc., as the administrator of the plan, will...

- forward your application to the underwriter, The Manufacturers Life Insurance Company (Manulife Financial)
- advise you of the underwriter's decision

^{**} Renewal coverage only - you may not apply after age 70. Rates shown in this website are subject to change without notice. However, once you are insured, your premium rates are guaranteed for 10 years.

If your application is approved, Johnson Inc. will...

- mail you an individual policy and a confirmation of coverage letter
- arrange for payment of your monthly premiums on the 5th of each month through automatic bank deduction from your chequing account

Your coverage will begin on the date your application is approved by the insurer, provided the cheque for the first premium is honored when first presented for payment.

Your Guarantee of Satisfaction

When you receive your individual policy, you will have 30 days to examine it and, if you are not completely satisfied, return it to Johnson Inc. for a full refund of the premium you have paid.

Take advantage of your status as a member of your association and join this preferred Term Life Insurance Plan.

Apply Today

YOUR PRIVACY

We have always been, and continue to be, strongly committed to protecting the personal information of our clients.

For details on our Privacy Practices, please visit our website at www.johnson.ca

Term Life Application Form

Addı									- 1											
/AUU/	ress																Aparti	ment/	/Unit	No.
City	Town .				Pro	vince/T	erritor	ry F	ostal C	ode		, I	Геlерh	one N	Numb	er				
													Area	Code						
Date	of Birth	1 1	1	e nder □ Male	□ Fe	male														
Da	y Month	h Ye		_ Iviaie		illale									E-ma	ail Ad	dress*			
Nam	e of Grou	p or A	ssociat	tion :																
*Eac	ch time you	ı receiv	ve an e	-mail f	rom us,	you w	ill hav	e the o	ption t	o opt o	out of	our m	ailing	list.						
	ıse Inform	ation ((to be	comple	ted only	v if spo	use is	applyi	ıg for e	covera	ge)									
First	Name(s)	1 1	1	1 1			1	1 1	Las	Namo	e 	1 1	1	ı	ı		1 1	ı	1	ı
Date	of Birth		Ge	ender																
				Male	□ Fer	nale														
Da Pi Ea	y Month			NT OF	Герм І	IEE ING	CTID A N	CE VOI	илси (ro din	осная	E•								
						-								105	000			50.0	200	
	mber: ouse:		5,000 5,000		□ \$50,0 □ \$50,0			\$75,00 \$75,00			100,0 100,0				000,		□ \$1 □ \$1			
					- , ,			, .			, -				,					
	EFICIARY D Insurance	DESIGNA	ATIONS																	
	er Member	r's Polic	cy Fir	et Nam	ΙΔ				Lact	Nam	Δ				- R	latio	nship	to M	lemb	er
In Q	uébec, a si	pouse	design	ated o	n this a	pplica	tion as	s bene				ole un	less of	therv			-	10 11	ICIIID	CI
	eby appoint	•	•					•	ate the	nam	of th	e Tru	stee I	neur	ance	hene	fite ca	nnot	t he r	aid t
an u	inderage b	enefic	ciary. A	All pro	oceeds	will b	e dire	ected t	o the	appoi	nted 1	egal ;	guardi	an c	or tru	istee.	. To e	nsure	e un	derag
	ficiaries a	re pro	tectea,	piease	e ensure	e tnat a	i legai	guara	ian or	truste	e nas i	been a	ppoin	itea t	nrou	gn yo	our Wi	111.		
ITUS	tee:		Fir	st Nan	ne				Las	t Nam	ie				_					
Und	er Spouse'	's Polic	y Firs	t Nam	P				Last	Namo	7				- Re	latio	nship 1	to Sr	201186	<u>, </u>
In Q	uébec, a sj	pouse				pplica	tion a	s bene				ole un	less of	therv			_	to or	Jouse	•
I her	eby appoin	nt my	spouse	e as a r	evocab	le bene	eficiai	ry 🗌											. 1	• • •
an u	ou have nat inderage b	enefic	ciary. A	All pro	oceeds	will b	é dire	ected t	o the	appoi	nted 1	egal ;	guardi	an c	or tru	istee.	To e	nsure	t be p	oaid t derag
	eficiaries a	re prot	tected,	please	ensure	that a	legal	guard	ian or	truste	e has l	been a	ppoin	ited t	hrou	gh y	our Wi	ill.		
Trus	tee:		Fir	st Nan	ne				Las	t Nam	ie				-					
				If a b	enefici	ary is 1	not pro	ovided	proce	eds w	ill be	paid t	o you	r esta	ate.					
	MS AND	COND	OITIO	NS - Pl	ease re	ad car	efully	before	signir	ıg.										
Is the	ration policy applied		ended to	replace	any exis	ting insu	rance?	☐ Yes					mber(s)	to be	replac	ced an	d insure	r(s).		
(The i	per's policy # nsurer may d	ecline ar	n applica	ation wh	ich indica	ates repla	acemen	t is inten	ded. A n	ew poli	olicy# cy is no	ot consid	lered to	be a	replace	ement	if the ex	kisting	g cover	age w
I/we h	utomatically b ereby apply f	or insur	ance to T	The Man	ufacturer	s Life In	surance	e Compa	nv (Man	ulife Fi	nancial)	1/we 1	he unde	ersign	ed, dec	clare t	hat the s	tatem	ents c	ontain
in this	application a the basis for	are true a any poli	and con	nplete. I/ ed hereui	we under nder. I/we	stand that unders	at the ap tand tha	pplicatio at any m	n togeth aterial n	er with hisrepre	any oth sentatio	er form n, inclu	s signed ding m	d by n isstate	ne/us i ement	n coni of sm	nection v oker sta	with tl tus, sl	his ap _l hall re	plication der the
insura on the	nce voidable date my/our	at the in properly	stance of complete	of the inseted appl	urer. Suic ication a	ide with nd the fi	in two y rst prem	years of nium are	he effect received	tive dat l by Joh	e is a ris inson In	sk not c ıc., subj	overed. ect to th	I/we u ne app	ınders roval (tand th	nat insur insurer's	ance v unde	will tal rwrite	ke effe rs.
	orization and	ance app	olied for,	I/we, the	undersig	ned appli	icant(s),	, hereby a	uthorize	any lice	ensed ph	ysician,	medica	ıl pracı	titione	r, hosp	ital, pha	rmacy	, clinic	or oth
Autho Relati	ve to the insur-	cility in	surance	cy, any a	, the Med	ker or n	narket ii	n Bureau, ntermedi	the incu		an spon	sor, the	third-pa	arty ad	zation	rator o	rson tha	t has	any re	cords
Authorn Relation medicany in	ally-related fa westigative an	nd securi	ity agen				on to be		ary, any	govern	ment ag	gency or	other	organi				any su	purpo	ose. I/v
Author Relation medical any in knowl for the	ally-related fa vestigative an edge of me/us e purpose of	nd securi s or my/o this app	our healt dication	and con	health of tract and	any sub	sequent	e insured t claim.	ary, any under th I/we aut	governis plan norize 1	to provi Manulife	de to M e Finan	other of other of other of other of other of other other other of other	organi Financ consul	t its e	its rei	files fo	or this		
Author Relating medicany in knowl for the author service	ally-related fa westigative an edge of me/us e purpose of rize Manulife es. I/we under	nd securi s or my/o this app Financia stand tha	our healt dication al, its su at my/ou	and con ibsidiarie r consent	health of tract and s, affiliat to the us	any sub es and a e of such	sequent gents to inform	e insured t claim. o use the nation to	ary, any under th I/we aut informa offer me/	governis plan norize I tion in us prod	to providentification to the province the pr	de to M e Finan olication services	other of anulife cial to of and its is option	organi Financonsul s exist nal an	t its e ing fil d that i	its rein xisting es to o if I/we	files for offer me wish to	us the	nunue	such u
Author Relation medical any in knowledge for the author service I/we medical author services I/we medic	ally-related fa vestigative an edge of me/us e purpose of rize Manulife es. I/we under nay write to M	nd securi s or my/o this app Financia stand tha Ianulife	our healt olication al, its su at my/ou Financia	and con bsidiarie r consent l at the a	health of tract and s, affiliat to the us ddress sh	any sub es and a e of such own on t	sequent gents to inform this doc	e insured t claim. o use the nation to ument. A	ary, any under the I/we auth information offer me/ photoco	governis plan norize I tion in us prod ppy or f	to provi Manulife this appucts or s acsimile	de to Me Finance of the Finance of this	other of anulife cial to of and its option authorization.	organi Financonsul s exist nal and zation	t its eing fil d that i shall b	its rein xisting es to o if I/we be as v	files for offer me wish to alid as th	us the discor he orig	ginal.	
Author Relation medical any in knowledge for the author service I/we must be a local for the author service I/we do con	ally-related fa vestigative an edge of me/us e purpose of rize Manulife es. I/we under hay write to M eclare that I/w sent. This con	nd securi s or my/o this app Financia stand tha fanulife I we have t nsent sha	our healt olication al, its su at my/ou Financia been mad Il take e	and con absidiarie r consent al at the a de aware ffect on t	health of tract and s, affiliate to the us ddress sh of the rea he date o	any sub es and a e of such own on t asons wh f signing	gents to gents to inform this docu y the he of this	e insured t claim. o use the action to ument. A ealth info applicati	ary, any under the l/we autinformation offer me/ a photocommutation on and s	governis plan horize I tion in us produpy or fais needs hall exp	to provi- Manulife this appucts or sacsimile and the dand the	de to Me Finance Finan	other of anulife cial to of and its option authorizand ber	organi Financeonsul s exist nal and zation nefits t minati	t its eding fill d that it shall be to the it on date	its reinxisting es to o if I/we be as v ndivid e of ar	g files for offer me wish to alid as the lual of co ny policy	discor he origonsent on or ce	ginal. ing or rtifica	refusir te issue
Author Relation medical any in knowl for the author service I/we must be a few docom as a reoficial in the service I/we	ally-related fa vestigative are edge of me/us e purpose of izie Manulife es. I/we under nay write to M eclare that I/w sent. This con sult of this ap, m, this may re	nd securists or my/o this app Financia estand that fanulife lawe have the insent shat plication esult in o	our healt olication al, its su at my/ou Financia been mad all take en a. I/we un claims no	and con absidiarie r consent d at the a de aware ffect on t inderstance ot being j	health of tract and s, affiliate to the us ddress sh of the rea he date o I that this paid.	any sub es and a e of such own on t asons wh f signing consent	gents to inform this doc by the he of this may be	e insured t claim. o use the nation to o ument. A ealth info applicati revoked	ary, any under the lower aution offer me/or photocommation on and sat any time.	governis plan norize I tion in us prod opy or fa is neede hall exp	to provi- Manulife this appucts or sacsimile ed and the ire 7 years that if as	de to Me Finance Finance of this he risks ars after s a result	other of anulife cial to of and its option authorizand ber	organi Financeonsul s exist nal and zation nefits t minati	t its eding fill d that it shall be to the it on date	its reinxisting es to o if I/we be as v ndivid e of ar	g files for offer me wish to alid as the lual of co ny policy	discor he origonsent on or ce	ginal. ing or rtifica	refusir te issue
Authe Relatir medic any in knowl for the author service I/we n I/we d to con as a re of clair I/we h	ally-related fa avestigative an edge of me/us e purpose of ize Manulife es. I/we under nay write to M eclare that I/w sent. This con esult of this ap	nd securists or my/o this app Financia estand that fanulife leave have the insent shat plication esult in outer the in-	our healt olication al, its su at my/ou Financia been mad ll take en al I/we un claims no dividual	and consideration and consent at the art de aware ffect on the inderstance of being 1 (s) name	health of tract and s, affiliate to the us ddress sh of the rea he date o I that this paid. d as bene	any sub es and a e of such own on t asons wh f signing consent	gents to inform this doc by the he of this may be	e insured t claim. o use the nation to o ument. A ealth info applicati revoked	ary, any under the L/we auti information offer me/ photocommation on and s at any tin	governis plan norize I tion in us prod opy or fais is neede hall exp me and to	to provious danulife this appucts or sacsimile ed and the fire 7 years and the fire 7 years are my/our my/our	de to Me Financolication blication services e of this he risks ars after s a resul-	other canulife cial to canulife and its is option authorizand ber the territorial of such	organi Finance consul s exist nal and zation nefits t minati n revoc	t its e ing fil d that i shall t to the i on dat	its reinxisting es to o if I/we be as v ndivid e of ar	g files for offer me wish to alid as the lual of co ny policy	discor he origonsent on or ce	ginal. ing or rtifica	refusir te issue
Author Relative medicany in knowly for the author service I/we must be to contain as a reference of clair I/we has a contain I/we has a contain I/we has a mark a san a	ally-related fa westigative ar edge of me/us e purpose of rize Manulife es. I/we under nay write to M eclare that I/w sent. This con ssult of this api m, this may re ereby designa	nd securists or my/o this app Financia stand tha Manulife I we have the asent sha plication esult in oute the in ipt of the marked	our healt olication al, its su at my/ou Financia been mad all take en I/we un claims no dividual e Notice "VOID"	and consideration and consideration at the authorization to the inderstance of being [1] (s) name on Exch." is encl	health of tract and s, affiliate to the use ddress should be date of the date of that this paid. d as beneange of Inosed. John	any sub- es and a e of such own on to asons wh f signing consent ficiary to anson Incompanion	sequents to informathis doctory the head of this may be a preceived on and to., the present the sequential sequential that the sequential that the sequents of this may be a preceived that the sequents are sequents of this may be a preceived that the sequents are sequents of this may be a preceived that the sequents are sequents and the sequents are sequents.	e insured t claim. O use the action to o ument. A ealth info applicati revoked the pro- the Notico blan adm	ary, any under the I/we auti- information on and seat any time and private on Private instrator.	governis plan norize I tion in us produpy or fi is neede hall expense and by yable or acy and is auth	to provide Manulife this apputed on the sacsimile and the sacsimil	de to Me Financolication services e of this he risks ars afters a result r death. Hentialit to make	other of anulife cial to of and its is option authorized and berefit the territory (see by month)	organi Financeonsul s exist nal an zation nefits t minati n revoc	t its eing fill d that is shall be to the i on date cation ere).	its reinxisting es to of if I/we be as v individ e of ar the ins	g files for offer me wish to alid as the lual of comp policy purer is until the bar th	discor he originate or ce nable	ginal. ing or rtifica to obta	refusir te issue ain pro-
Author Relative medicany in knowl for the author service I/we m. I/we d to common as a reof clair I/we h. I ackn. A. san. credit.	ally-related fa ivestigative ar et gurpose of frize Manulife es. I/we under nay write to M eclare that I/w sent. This con sent. This con my this may ru ereby designa owledge recei rele cheque of union accounts es parties ont of	nd security of this app this app Financia stand the Manulife we have the sent shall plication esult in court the in- tip of the marked shown of expressed	our healt our healt olication al, its su at my/ou. Financia been mad ill take e a. I/we un claims no dividual e Notice "VOID" on the ch	and consisting and consisting and consisting at the archeological at the	health of tract and s, affiliate to the us ddress sh of the reache date of the thick das benearge of I hat this paid. d as benearge of I osed. Job initial de que la préque la	any sub- es and a e of such own on to asons wh f signing consent fficiary to firm ation formation formatio	sequent gents to inform this doct by the he of this may be o receive on and t c., the p nay cove ttente et	e insured t claim. O use the lation to o ument. A least in info application revoked the Noticolan admer up to 3 t les annotations.	ary, any under the Liwe auti- information on and seat any time ceeds pare on Privation on the contractor of the contract	governis plan norize I tion in us production in us production in us production in us production is needenall expense and it was a subject of premise and it is author premise locume.	to proving anulified this apputes or sacsimile and the first and the first as a my/out a Confidence of the formula of the first and the first	de to Me Finance Finan	and its is option authorized and berefit the territorial of such was greatly (see by month) by premiusoient results of such socient results of such so	organi Financonsul s exist nal and zation nefits t minati n revoor rochur ly ded ums du édigés	t its eing fill d that is shall be to the i on date cation re).	its reinxisting es to dif I/we be as v individe e of ar the ins s from r after glais.	g files for offer me wish to alid as the dual of control policy surer is until the bar the date	discor he originate or ce nable	ginal. ing or rtifica to obta	refusir te issue ain pro-
Author Relative medicany in knowl for the author service. I/we must a reof claim I/we have a same credit to compare the compare the compared to compare the compared to the co	ally-related fa westigative ar edge of me/us e purpose of rize Manulife es. I/we under nay write to M eclare that I/w sent. This con sult of this ap m, this may ru ereby designa owledge recei nple cheque r union accounts	nd security of this app this app Financia stand the Manulife we have the sent shall plication esult in court the in- tip of the marked shown of expressed	our healt our healt olication al, its su at my/ou. Financia been mad ill take e a. I/we un claims no dividual e Notice "VOID" on the ch	and consisting and consisting and consisting at the archeological at the	health of tract and s, affiliate to the us ddress sh of the reache date of the thick das benearge of I hat this paid. d as benearge of I osed. Job initial de que la préque la	any sub- es and a e of such own on to asons wh f signing consent fficiary to firm ation formation formatio	sequent gents to inform this doct by the he of this may be o receive on and t c., the p nay cove ttente et	e insured t claim. O use the lation to o ument. A least in info application revoked the Noticolan admer up to 3 t les annotations.	ary, any under the Liwe auti- information on and seat any time ceeds pare on Privation on the contractor of the contract	governis plan norize I tion in us production in us production in us production in us production is needenall expense and it was a subject of premise and it is author premise locume.	to proving anulified this apputes or sacsimile and the first and the first as a my/out a Confidence of the formula of the first and the first	de to Me Finance Finan	and its is option authorized and berefit the territorial of such was greatly (see by month) by premiusoient results of such socient results of such so	organi Financonsul s exist nal and zation nefits t minati n revoor rochur ly ded ums du édigés	t its eing fil d that is shall be to the i on date cation re).	its reinxisting es to dif I/we be as v individe e of ar the ins s from r after glais.	g files for offer me wish to alid as the dual of control policy surer is until the bar the date	discor he originate or ce nable	ginal. ing or rtifica to obta	refusir te issue ain pro-
Author Relation medical any in knowl for the author service I/we may be a referred to condition as a reoficial I/we have a sancredit to the condition of the condition in the co	ally-related fa ivestigative ar et gurpose of frize Manulife es. I/we under nay write to M eclare that I/w sent. This con sent. This con my this may ru ereby designa owledge recei rele cheque of union accounts es parties ont of	nd securis or my/c this app Financia stand that fanulife I we have the sent shaplication esult in cate the in ipt of the marked s shown of expressée expressée.	our healt our healt olication al, its su at my/ou. Financia been mad ill take e a. I/we un claims no dividual e Notice "VOID" on the ch	and consisting and consisting and consisting at the archeological at the	health of tract and s, affiliate to the us ddress sh of the reache date of the thick das benearge of I hat this paid. d as benearge of I osed. Job initial de que la préque la	any sub- es and a e of such own on to asons wh f signing consent fficiary to firm ation formation formatio	sequent gents to inform this doct by the he of this may be o receive on and t c., the p nay cove ttente et	e insured t claim. O use the lation to o ument. A least in info application revoked the Noticolan admer up to 3 t les annotations.	ary, any under the Liwe auti- information on and seat any time ceeds pare on Privation on the contractor of the contract	governis plan norize I tion in us production in us production in us production in us production is needenall expense and it was a subject of premise and it is author premise locume.	to proving anulified this apputes or sacsimile and the first and the first as a my/out a Confidence of the formula of the first and the first	de to Me Finance Finan	other of anulife cial to of and its is option authorized and berefit the territory (see by month) y premiuocient response of the territory (se	organi Financonsul s exist nal and zation nefits t minati n revoor rochur ly ded ums du édigés	t its exing fill d that is shall be to the it on date cation in the cati	its reinxisting es to dif I/we be as v individe e of ar the ins s from r after glais.	g files for offer me wish to alid as the dual of control policy surer is until the bar the date	discor he originate or ce nable	ginal. ing or rtifica to obta	refusir te issue ain pro-
Author Relation medicany in knowl for the author service I/we m. I/we d to common as a re of clair I/we h. I ackn. A san credit. Le. Th.	ally-related fa westigative ar edge of me/us e purpose of rize Manulife es. I/we under nay write to M eclare that I/w sent. This con ssult of this ap m, this may re rereby designa owledge recei nple cheque I union accounts es parties ont ne parties haw	nd securis or my/c this app Financia stand that fanulife we have the sent shapplication easily for the marked as shown a expresse e expresse	our healt blication al, its su at my/ou Financia been mad ill take e. i. I/we ur claims ne dividual e Notice "YOID" on the che ement de ssly requ	and consisting and consisting and consisting at the archeological at the	health of tract and s, affiliate to the us ddress sh of the reache date of the thick das benearge of I hat this paid. d as benearge of I osed. Job initial de que la préque la	any sub- es and a es and a es of such own on t assons wh f signing consent ficiary te fi	sequent gents to inform this doctory by the her of this may be o receive on and t c., the p may cover tente et and any	e insured t claim. o use the lation to o ument. A ealth info applicati revoked e the pro- the Notico blan adm er up to 3 t les anno y related	ary, any under the law autient of the law autient of the law appeared on the law autient of the law autient	governis plan norize I tion in us production in us production in us production in us production is needenall expense and it was a subject of premise and it is authorf premise cess or constitution.	to provident to provident to provident this apputes or seasonile and the time 7 years and the first of the time 7 years and 1 years	de to Me Finande Finan	other canulife cital to canulife cital canulife cital	organi Financ consul s exist s exist nal an nal an nefits t minati n revoc rochur ly ded ums de ded ums de n the l	t its ening fill d that is shall be to the is on date cation where the cation is the cation in the cation is the cation in the cation is the cation in the c	its reinxisting es to of I/we be as v ndivide of arthe instructions from after glais.	g files for offer me wish to alid as the dual of control policy surer is until the bar the date	discor he originate or ce nable	ginal. ing or rtifica to obta	refusir te issue ain pro-
Author Relation medicany in knowl for the author service I/we m. I/we do to common as a re of claim I/we h. I acknowledge The The The Spous	ally-related fa westigative ar edge of me/us e purpose of rize Manulife es. I/we under nay write to M eclare that I/w sent. This con sult of this ap m, this may ru nereby designa owledge recei nple cheque i union accounts es parties ont on parties have ner's Signature ne's Signature	nd securis or my/c this app Financia stand that familife I we have the sent shapplication escult in cate the in ipt of the marked s shown a expresse e expresse	our healt olication al, its su at my/ou Financia been mad all take e. I. I/we un claims na dividual e Notice "YOID" on the ch ement de saly requ	and conbisidiarie r consent al at the a de aware ffect on t nderstand ot being (s) name on Exch (iii) is encluded the emandé of ested that	health of tract and s, affiliate to the us ddress sh of the reached date of that this paid. d as bene ange of Irosed. Jobe initial de que la prett this Ag	any sub- es and a es and a es of such own on to assons wh f signing consent ficiary to nformation unson Inc duction n esente en reement	sequent gents to inform his doct y the he of this may be o receive on and t c., the p nay cove tente et and any	e insured t claim. O use the hation to o ument. A ealth info applicati revoked e the pro- the Notic olan admer up to 3 t les anno y related	ary, any under the control of the co	governis plan norize I tion in us prod opy or fi is neede hall expme and is author premi locume ces or country and send individual in the country and is author premi locume ces or country and send individual in the country and send in the country	to proving to proving the proving this apputes or seasoning the proving the pr	de to Me Financial Financi	other canulife cital to canulife cital to canulife cital to canulife cital to canulife is option authorizand ber the territor of such y (see b. month) y premin coient regrafted in moson Inc.	organi Financonsul	t its e ing fil d that it shall b to the i on dat cation weep.	its rein rein its rei	g files fooffer me wish to alid as the dual of comparison of the dual of the dual of comparison of the dual of the dua	which the discording to the di	ginal. ing or rtificato obta	refusir te issue ain pro-
Author Relative medicany in knowl for the author service live must be do con as a re of clair live has a redictive must be mus	ally-related fa westigative ar edge of me/us e purpose of rize Manulife es. I/we under nay write to M eclare that I/w sent. This con sult of this ap m, this may re rereby designa owledge recei nple cheque I union accounts es parties ont of the parties have DICAL QU	nd securis or my/c this app Financia stand that I anulife I we have the assent shapplication esult in C attention to the marked is shown or expressed expressed expressed to the shapplication of the marked in the shown or expressed expressed the shapplication of the marked is shown or expressed the	our healt olication al, its su at my/ou Financia been mad all take e. I. I/we un claims na dividual e Notice "YOID" on the ch ement de saly requ	and conbisidiarie r consent al at the a de aware ffect on t nderstand ot being (s) name on Exch (iii) is encluded the emandé of ested that	health of tract and s, affiliate to the us ddress sh of the reached date of that this paid. d as bene ange of Irosed. Jobe initial de que la prett this Ag	any sub- es and a es and a es of such own on to assons wh f signing consent ficiary to nformation unson Inc duction n esente en reement	sequent gents to inform his doct y the he of this may be o receive on and t c., the p nay cove tente et and any	e insured t claim. O use the hation to o ument. A ealth info applicati revoked e the pro- the Notic olan admer up to 3 t les anno y related	ary, any under the control of the co	governis plan norize I tion in us production is needenall expense and is authorized and is authorized premission of premission course cos or commendation in the production in the production is authorized and send the production in the production in the production is a production in the production in the production in the production is a production in the pr	to provident to provident to provident this appucts or seasonile and and the time 7 years and Confident to the time 7 years and 1 year	de to Me Finande Finan	other canulife cital to canuli	organi Financonsul	t its e ing fil d that it shall b to the i on dat cation weep.	its rein rein its rei	g files fooffer me wish to alid as the dual of comparison of the dual of the dual of comparison of the dual of the dua	vius the discorrence original to the discorrence original to the discorrence or central to the d	ginal. ing or rtifica to obta	refusir te issue ain pro-
Author Relation medical any in knowledge for the author service live or live or live of claim live has a reof claim live has a red for lack nowledge for lac	ally-related fa westigative ar edge of me/us e purpose of rize Manulife es. I/we under nay write to M eclare that I/w sent. This con sult of this ap m, this may ru nereby designa owledge recei nple cheque i union accounts es parties ont on parties have ner's Signature ne's Signature	nd securis or my/c this app Financia stand that I anulife I we have the assent shapplication esult in C attention to the marked is shown or expressed expressed expressed to the shapplication of the marked in the shown or expressed expressed the shapplication of the marked is shown or expressed the	our healt olication al, its su at my/ou Financia been mad all take e. I. I/we un claims na dividual e Notice "YOID" on the ch ement de saly requ	and conbisidiarie r consent al at the a de aware ffect on t nderstand ot being (s) name on Exch (iii) is encluded the emandé of ested that	health of tract and s, affiliate to the us ddress sh of the reached date of that this paid. d as bene ange of Irosed. Jobe initial de que la prett this Ag	any sub- es and a es and a es of such own on to assons wh f signing consent ficiary to nformation unson Inc duction n esente en reement	sequent gents to inform his doct y the he of this may be o receive on and t c., the p nay cove tente et and any	e insured t claim. O use the hation to o ument. A ealth info applicati revoked e the pro- the Notic olan admer up to 3 t les anno y related	ary, any under the control of the co	governis plan norize I tion in us production is needenall expense and is authorized and is authorized premission of premission course cos or commendation in the production in the production is authorized and send the production in the production in the production is a production in the production in the production in the production is a production in the pr	to proving to proving the proving this apputes or seasoning the proving the pr	de to Me Finande Finan	other canulife cital to canuli	organi Financonsul	t its e ing fil d that it shall b to the i on dat cation weep.	its rein rein its rei	g files fooffer me wish to alid as the dual of comparison of the dual of the dual of comparison of the dual of the dua	vius the discorrence original to the discorrence original to the discorrence or central to the d	ginal. ing or rtificato obta	refusir te issue ain pro-
Author Relative medicany in knowl for the author service I/we m. I/we do to common as a re of clair I/we h. I ackn. A sam credit I/we h. I ackn. Mem. Mem. Mem. Mem.	ally-related fa westigative ar edge of me/us e purpose of rize Manulife es. I/we under nay write to M eclare that I/w sent. This con sult of this ap m, this may re rereby designa owledge recei nple cheque I union accounts es parties ont of the parties have DICAL QU	nd securis or my/c this app Financia stand that fanulife I we have the sent shapplication escult in court to the inipt of the marked s shown a sexpressed expressed (if apply).	our healt olication al, its su at my/ou Financia been mad ill take et a. I/we un claims no dividual e Notice "VOID" on the ch ement de saly requ	and conbisidiarie r consent al at the a de aware ffect on t nderstand ot being (s) name on Exch (iii) is encluded the emandé of ested that	health of tract and s, affiliate to the us ddress sh of the reached date of that this paid. d as bene ange of Irosed. Jobe initial de que la prett this Ag	any sub- es and a es and a es of such own on to assons wh f signing consent ficiary to nformation unson Inc duction n esente en reement	sequent gents to inform his doct y the he of this may be o receive on and t c., the p nay cove tente et and any	e insured t claim. O use the instantion to o ument. A ealth info applicati revoked e the pro- the Notic olan admer up to 3 t les anno y related	ary, any under the control of the co	governis plan norize I tion in us prodopy or fi is neede hall expme and is author premi locume ces or commends and send	to provide to provide to provide to provide the total control of the tot	de to Me Financial de la Me Financia de la Me Financia de la Control de la Me Financia del Me Financia de la Me Financia del Me Financia de la Me Financia d	other canulife cital to canuli	organi Financonsul	t its e ing fil d that it shall b to the i on dat cation weep.	its rein rein its rei	g files fooffer me wish to alid as the dual of comparison of the dual of the dual of comparison of the dual of the dua	vius the discorrence original to the discorrence original to the discorrence or central to the d	ginal. ing or rtifica to obta	refusir te issue ain pro-
Author Relation medical any in knowl for the author service I/we may be a few and the condition of the author service I/we may be a few and the condition of the author service I/we may be a few and the condition of the author services I/we may be a few and the author services I/we	ally-related fa westigative ar evestigative ar e purpose of rize Manulife es. I/we under nay write to M eclare that I/w sent. This con sult of this ap m, this may re ereby designa owledge recei nple cheque a union accounts es parties ont o ne parties have er's Signature er's Signature of Collaboration.	nd securis or my/c this app Financia stand that fanulife we have the sent shapplication estud the inipt of the marked as shown a expresse expressed that the inipt of the marked of the	our healt olication al, its su at my/ou Financia been mad ill take et a. I/we un claims no dividual e Notice "VOID" on the ch ement de saly requ	and conbisidiarie romandia de aware effect on the destance of being (s) name on Exch rise eque (the emandé cested that	health of tract and s, affiliate to the us ddress sh of the reached date of that this paid. d as bene ange of Irosed. Jobe initial de que la prett this Ag	any sub- es and a es and a es of such own on to assons wh f signing consent ficiary to nformation unson Inc duction n esente en reement	sequent gents to inform his doct y the he of this may be o receive on and t c., the p nay cove tente et and any	e insured t claim. O use the instantion to o ument. A ealth info applicati revoked e the pro- the Notic olan admer up to 3 t les anno y related	ary, any under the control of the co	governis plan norize I tion in us prodopy or fi is neede hall expme and is author premi locume ces or commends and send	to provide the pro	de to Me Finande Finan	other canulife and life it and its is option authorizand ber the territor of such which is option authorizand ber monthly preminisoient regrafted in the control of the con	organi Financonsul	t its e ing fil d that it shall b to the i on dat cation weep.	its rein rein its rei	g files fooffer me wish to alid as the dual of comparison of the dual of the dual of comparison of the dual of the dua	vius the discorrence original to the discorrence original to the discorrence or the disco	ginal. ing or rtifica to obta	refusir te issue ain pro-
Author Relative medicany in knowl for the author service I/we must be do con as a re of clair I/we had I acknown as a result of the author service I/we had a same credit to the medical form of the medical f	ally-related fa westigative ar edge of me/us e purpose of rize Manulife es. I/we under nay write to M eclare that I/w sent. This con sult of this ap m, this may re rereby designa owledge recei nple cheque i union accounts es parties ont one parties have cer's Signature or signa	nd securis or my/c this app Financia stand that fanulife we have the sent shapplication eater the in ipt of the marked s shown a expressée expressée. (if apply: """ """ """ """ """ """ """	our healt olication al, its su at my/ou Financia ocen machine een vote "VOID" oon the chement de sly requiring) ONS -	and conbisidiarie romandia de aware effect on the destance of being (s) name on Exch rise eque (the emandé cested that	health of tract and s, affiliate to the us ddress sh of the reached date of that this paid. d as bene ange of Irosed. Jobe initial de que la prett this Ag	any sub- es and a es and a es of such own on to assons wh f signing consent ficiary to nformation unson Inc duction n esente en reement	sequent gents to inform his doct y the he of this may be o receive on and t c., the p nay cove tente et and any	e insured t claim. O use the instantion to o ument. A ealth info applicati revoked e the pro- the Notic olan admer up to 3 t les anno y related	ary, any under the control of the co	governis plan norize I tion in us prodopy or fi is neede hall expme and is author premi locume ces or commends and send	to provide the pro	de to Me Financial de la Me Financia de la Me Financia de la Control de la Me Financia del Me Financia de la Me Financia del Me Financia de la Me Financia d	other canulife and life it and its is option authorizand ber the territor of such which is option authorizand ber monthly preminisoient regrafted in the control of the con	organi Financonsul	t its e ing fil d that it shall b to the i on dat cation weep.	its rein rein its rei	g files fooffer me wish to alid as the dual of comparison of the dual of the dual of comparison of the dual of the dua	vius the discorrence original to the discorrence original to the discorrence or the disco	ginal. ing or rtifica to obta	refusir te issue ain pro-
Author Relative medical any in Menumber 1 Memumber 1 Me	ally-related fa westigative ar every action	nd securis or my/c s or my/c this app Financia stand tha fanulife we have t ssent sha plication esult in c tate the in ipt of the marked s shown o expressée e express e (if apply: UESTIC Vame cian	our healt olication al, its su at my/ou Financia ocen machine een vote "VOID" oon the chement de sly requiring) ONS -	and conbisidiarie romandi al at the a de aware ffect on the address and the aware ffect on the address and the aware ffect on the address and the aware ffect on the aware ffect on the address and the aware ffect on the aware ffect of the aware ffet of the	health of tract and s, affiliate to the us ddress sh of the reached date of that this paid. d as bene ange of Irosed. Jobe initial de que la prett this Ag	any sub- es and a es and a es of such own on to assons wh f signing consent ficiary to nformation unson Inc duction n esente en reement	sequent gents to inform his doct y the he of this may be o receive on and t c., the p nay cove tente et and any	e insured t claim. O use the instantion to o ument. A ealth info applicati revoked e the pro- the Notic olan admer up to 3 t les anno y related	ary, any under the control of the co	governis plan norize I tion in us prodopy or fi is neede hall expme and is author premi locume ces or commends and send	to provide the pro	de to Me Finande Finan	other canulife and life it and its is option authorized and ber the terror of such y (see by month) y premin coient regrafted in the such that it is option and ber the terror of such y (see by month) y premin coient regrafted in the such that is the such that i	organi Finan Finan consul s exist nal an cation nefits t minati n revoc rochur dy ded dums du édigés n the l	t its e ing fil d that it shall b to the i on dat cation weep.	its reintstrip its re	g files fooffer me wish to alid as the dual of comparison of the dual of the dual of comparison of the dual of the dua	vius the discorrence original to the discorrence original to the discorrence or the disco	ginal. ing or rtifica to obta	refusir te issue ain pro-
Author Relative medical any immedical any immedical any immedical any immedical any immedical and im	ally-related fa westigative ar edge of me/us e purpose of rize Manulife es. I/we under nay write to M eclare that I/w sent. This con ssult of this ap m, this may re rereby designa owledge recei nple cheque i union accounts es parties ont one parties have cer's Signature re's Signature re's Signature re's Full N ber's Physic // // st seen (D/M/Y)	nd securis or my/c s or my/c this app Financia restand tha fanulife we have t ssent sha pplication esult in c tate the in ipt of the marked s shown o expressée e express e (if apply: UESTIC Vame cian) an	our healt olication ald, its su tat my/ou Financia ocen mar ll take en ll /we un claims no dividual e Notice "VOID" on the chement de sly requiring) ONS -	and conbisidiarie romandi al at the a de aware ffect on the address and the aware ffect on the address and the aware ffect on the address and the aware ffect on the aware ffect on the address and the aware ffect on the aware ffect of the aware ffet of the	health of tract and s, affiliate to the us ddress sh of the reached date of the thing that this paid. d as beneange of In the thing that the puel ange of In the thing that the puel ange of In the thing that the puel ange of In	any sub- es and a es and a es and a es of such own on t assons wh f signing consent ficiary to fici	sequent gents to inform this doct inform this doct yethe he of this may be or received on and the content of th	e insured t claim. O use the instantion to o ument. A ealth info applicati revoked e the pro- the Notic olan admer up to 3 t les anno y related	ary, any under the large product of the large produ	governis plan norize I tion in us production is needenall expense and is authorized and is authorized in usual locume ces or control in the production in the production is authorized and send in the production in the production in the plan	to provide to provide to provide to provide to provide the total control of the total control	de to Me Financial de la Me Financia de la Me Financia de la Control de la Merce de la Mer	other canulife could be and its is option authorized and ber the terror of such y (see by month) y premin coient regrafted in the such that is soon Inc. GFOF ber ber sult me #	organi Finan Finan consul s exist nal an cation nefits t minati n revoc rochur dy ded dums du édigés n the l	t its eing fill eing fill shall t shall t oo the i on dat cation re). ductions ae on o en an English	its reintstrain its reintstrai	g files fooffer me wish to alid as the dual of comparison of the dual of the dual of comparison of the dual of the dua	vius the discorrence original to the discorrence original to the discorrence or the disco	ginal. ing or rtifica to obta	refusir te issue ain pro-
Author Relative medicany in knowl for the author service I/we in I/we do to con as a reof clair I/we h I acknowledge acknowled	ally-related fa westigative ar edge of me/us e purpose of ize Manulife es. I/we under nay write to M eclare that I/w sent. This con sult of this ap m, this may re ereby designa owledge recei nple cheque I union accounts es parties ont o ne parties have DICAL QU ber's Full N ber's Physic / st seen (D/MY) se's Physic / st seen (D/MY) ber's Heigh I ever had or	nd securis or my/c this app Financia stand that fanulife we have the sent sha pplication estult in cate the in ipt of the marked s shown a expresse expressed with the fanulife beautiful for the marked of the mark	our healt olication al, its su at my/our Financia deen made all take etc. I we unclaims no dividual et Notice "VOID" on the che saly required by Tolke	and conbisidiarie r consent al at the a de aware effect on the number of being grown of the consent al at the analysis of the consent al at the	health of tract and s, affiliate to the us ddress sh of the reached that this paid. d as beneange of Indicate I	any subses and a see of such own on the assons which is such own on the assons which is such own on the assons which is such or assons which is such is such as the asson of t	sequenting gents to inform the inform the inform the inform the information of this may be or received on and the information of the information o	e insured t claim. o use the polarism to ument. A ealth info application revoked to the protection of	ary, any under the variation of the vari	governis plan norize I tion in us produpty or fi is neede hall expense and it yable or vacy and is authof premi locume ces or commend to the commend of the	to provide to provide to provide to provide to provide the total this appucts or seasonile and and the time 7 years that if as an any/out I Confidence of the total tota	de to Me Finanche Fin	other canulife could be an unified and its is option authorizand ber the territor of such which we will be a compared by the country of the territor of such which we will be a compared by the country of the country o	organi Finan Finan consul s exist nal an cation nefits t minati n revoc rochur ly ded ums dt édigés n the l	tits eing fill did that it shall be sha	its reintistrein its re	g files fooffer me wish to alid as the lual of construction of the luar the luar the date. COVE	vius the discorrence original to the discorrence original to the discorrence or the disco	ginal. ing or rtificato obtains to obtains the control of the con	refusir te issue ain pro-
Author Relation medical any in knowl for the author service I/we may be a solution of the author service I/we m	ally-related fa westigative ar edge of me/us e purpose of ize Manulife es. I/we under sent. This con sult of this ap m, this may re ereby designa owledge recei mple cheque i union accounts es parties ont o ee parties have ber's Signature ce's Signature ce's Signature ce's Signature for	nd securis or my/c this app Financia strand that fanulife I we have the sent shapplication easily for the marked shown of expressed expressed (if apply) UESTIC Name Cian Company the fanulife I we have the initiation of the marked is shown of expressed expressed expressed in the fanulification of the marked in the company that the fanulification of the marked in the company that the company t	our healt olication ald, its su at my/ou Financia ocen mad ll take en ll take	and conbisidiarie r consent al at the a de aware ffect on t inderstance to being (s) name on Exch is is encluded to the encount of the encoun	health of tract and s, affiliate to the us ddress should be affected by the track of the real health of the track of the	any subes and a ee of such own on the assense who fisigning consent officiary to a some of the assense of the a	sequent gents to inform this document of this may be or received on and the control of this may be or received on and the control of this may be or received on and the control of this may be or received on and the control of this may be or received on and the control of this may be or received on and the control of this may be or the	e insured t claim. o use the lation to o ument. A ealth info applicati revoked e the pro the Notic blan admer up to 3 t les anno y related BY EA	ary, any under the control of the co	governis plan norize I tion in us produced py or fi is neede hall expense and is author premi locume ces or comments. The transfer of the tran	to provide to provide to provide to provide to provide the total this apputes or seasonile and and thire 7 years that if as a my/out of Confict to provide the total third to provide the total	de to Me Finande Finan	other canulife could be and its is option authorized and ber the territory (see by month) y premit coient regrafted in the territory of the te	organi Finan Finan consul s exist nal an cation nefits t minati n revoc rochur dy ded ums dt édigés n the I	t its e ing fill did that it is half by the control of the it on the it on date eation where the control of the it on the it on the it on date eation where the control of the it of the i	its reintistrein its re	g files fooffer me wish to alid as the lual of construction of the luar the luar the date. COVE	which the discording to the content of the content	ginal. ing or rtificato obtains to obtains the control of the con	refusir te issua ain pro
Author Relative medicany in knowl for the author service live in live do to con as a re of clair live h I ackn A san credit live h I ackn Memt Spous MEI Mem Date la Spoul Date la Mem Have you chest pai infection or other i	ally-related fa westigative ar edge of me/us e purpose of ize Manulife es. I/we under to Manulife es. I/we under es. I/we under es. I/we under sent. This con sult of this ap m, this may re ereby designa owledge recei mple cheque i union accounts es parties ont o the parties have DICAL QU ber's Signature ber's Signature ce's Signature ce's Signature fe's Signature fe's Signature fe's Physic fe's Physic fe's Physic fe's Physic fe's Heigh a ever had or ns, high bloo or immune s illness or inju	nd securis or my/c this app Financia stand that fanulife we have the sent sha pplication escult in cate the in ipt of the marked s shown a expresse expresse with the cate that the interpolation of the marked in the standard security of the marked in the cate that the interpolation of the marked is shown as the cate the interpolation of the marked in the cate of the cate that it is the cate of the ca	our healt olication al, its su at my/our healt al, its su at my/our Financia been made all take et a. I/we unclaims no dividual et Notice "VOID" on the che saly required ing) ONS -	and conbisidiarie r consent al at the a de aware ffect on t to nderstance to being g (s) name on Exch griege in the emandé ce ested that the amandé ce ested that the emandé ce ested the emandé ce ested that the emandé ce ested the emand	health of tract and s, affiliate to the us ddress sh of the reached at the date of the tract and spaid. d as beneange of Inosed. Jobernational deque la pretate this Ag	any subses and a see of such own on the sasons who is a sons who is a so	sequent gents to inform this document of this source of this may be or received on and the control of this may be or received on and the control of this may be or received on and the control of this may be or received on and the control of this may be or received on and the control of this may be or received on and the control of this may be or received on any think the control of the control of this may be or received on any think the control of this may be or received on any think the control of this may be or received on the control of this may be only the control of this may be	e insured t claim. o use the claim of use the claim of t	ary, any under the variation of the vari	governis plan norize I tion in us prodopy or fi is neede hall expense and is author premi locume ces or commerces or comme	to provide to provide to provide to provide to provide the total this appucts or seasonile and and the time 7 years that if as an any/out I Confidence of the total tota	de to Me Finanche Fin	other canulife could be an unified and its is option authorizand ber the territor of such which will be a could be an unified be a could be a c	organi Finan Finan consul s exist nal an cation nefits t minati n revoc rochur ly ded ums du édigés n the I	t its e ing fill the triangle of triangle	its reintistrein its re	g files fooffer me wish to alid as the lual of construction of the luar the luar the date luage. COVE	which the discording to the original property of the original property	ginal. ing or rtificato obtains to obtains the control obtains th	refusir te issue ain pro-
Author Relative medicany in knowl for the author service. I/we may be a sare of clair I/we have may be a sare of clair I/we have you chest pair infection or other in the lass	ally-related fa westigative ar edge of me/us e purpose of ize Manulife es. I/we under nay write to M eclare that I/w sent. This con sult of this ap m, this may re ereby designa owledge recei nple cheque n union accounts es parties ont on the parties have ber's Signature or's Signature or's Signature or's Full N iber's Physic / st seen (D/M/Y iber's Heigh a ever had or ns, high bloo or immune s	nd securis or my/c s or my/c this app Financia restand tha fanulife we have t sent sha pplication eate the in ipt of the marked s shown of expresse e (if apply) UESTIC Vame cian been tre d pressus system a ury? en presce	our healt olication hall its all, its su at my/ou Financia been made and the color of the color	and conbisidiarie r consent al at the a de aware ffect on t inderstance to being g (s) name on Exch grie is encluded in the encount of the en	health of tract and s, affiliate to the us ddress should be a specific to the used the date of that this paid. It does not be the date of that this paid. It does not be that this paid. It does not be that this Agriculture that the thing are the date of the thing are the depth of the thing are t	any subses and a see of such own on the sasons who is a sons who is a so	sequent gents to inform this document of this may be or received on and the control of this may be or received on and the control of this may be or received on and the control of this may be or received on and the control of this may be or received on and the control of this may be or received on and the control of this may be or received on the control of this may be only the control of this ma	e insured t claim. o use the lation to o ument. A ealth info applicati revoked e the pro the Notic blan admer up to 3 t les anne y related BY EA	ary, any under the control of the co	governis plan norize I tion in us produced is needenall expense and is author premial ocume ces or of the company of the compa	to provide to provide to provide to provide to provide the this apputes or seasonile and and the time 7 years and the time 7 years and the time 7 years are the time 7 years and the time 7 years and the time 7 years are the time 7 years and the time 7 years and the time 7 years are the time 7 years and the time 7 years and the time 7 years are time 7 years and the time 7 years are time 7 years and the time 7 years are time 7 years and the time 7 years are time 7 years and the time 7 years are time 7 years and time 7 years and time 7 years are time 7 years are time 7 years and time 7 years are time 7 years are time 7 years are time 7 years and time 7 years are ti	de to Me Financial de la Financial de Financ	other canulife and if and if and its is option authorized and berrich of such y (see by monthly premin sooient regrafted in a sooi in the sooient regrafted in	organi Finan Finan consul s exist nal an cation nefits t minati n revoc rochur ly ded ums dt édigés n the l	tits eing fill did that it shall be to the it on dat cation when the cation wh	its reintistrein its re	g files fooffer me wish to alid as the lual of construction of the lual of	which the discording to the control of the control	ginal. ing or rtificate to obtain the control of t	refusir te issue ain pro-
Author Relative medicany in knowl for the author service. I/we for the author service I/we for I/we fo	ally-related fa westigative ar edge of me/us e purpose of ize Manulife es. I/we under nay write to M eclare that I/w scent. This con sult of this ap m, this may re ereby designa owledge recei nple cheque i union accounts es parties ont o ne parties have es's Signature es's Signature es's Signature es's Signature es's Full N ber's Physic / st seen (D/MY) ber's Heigh n ever had or ns, high bloo or immune s illness or inju st 2 years, bee us, etc.), beer n ever applied	nd securis or my/c this app Financia stand that fanulife I we have the sent shaplication escult in a cute the in ipt of the marked s shown a shown a captain of the marked	our healt olication al, its su at my/ou Financia oeen mar all take en. I/we unclaims no dividual e Notice "VOID" on the che finent de sly required of the service of the se	and conbisidiarie romain de aware ffect on ton derstance to being general de aware ffect on ton derstance to being general de aware ffect on ton exchenge to be desired to be aware ffect on ton exchenge to be desired to be aware for the desired to be another that was the desired control of the desired to be another that was the desired to the desired to be another that was the desired to t	health of tract and s, affiliate to the us ddress shoof the reached date of the thing that this paid. d as beneange of In the thing that this Age with the thing that the thing the	any subses and a see of such own on the assons which fisigning consent ficiary to ficial	sequenting gents to consequent to consequenting gents to consequent to c	e insured t claim. O use the product claim. O use the production to ument. A cealth info application to complete the Notice olan admer up to 3 to les annot y related. BY EA complete the production of the Notice olan admer up to 3 to les annot y related. The production of the Notice olan admer up to 3 to les annot y related. The notice of the Notice olan admer up to 3 to les annot y related. The notice of the Notice olan admer up to 3 to les annot y related.	ary, any under the large ary, any under the large autienformation of the large appendix at any time ceeds particularly and the large appendix section a sect	governis plan norize I tion in us production is needenall expense and is authorized in a unit of premi locume ces or of the common of t	to provide to provide to provide to provide to provide the this appuncts or seasonile and and the time 7 years and	de to Me Financial de Financial	other canulife and if and if and its is option authorized and berrich of such y (see by monthly premin sooient regrafted in a sooi in the sooient regrafted in	organi Finan Finan consul s exist nal an cation nefits t minati n revoc rochur ly ded ums dt édigés n the l	tits eing fill did that it shall be to the it on dat cation when the cation wh	its reintistrein its re	g files fooffer me wish to alid as the lual of control of the luar the luar the date luage. COVE	Membre s	ginal. ing or rtificato obtains to obtains to obtains the control of the control	refusir te issue ain proof pro
Author Relative medicany in knowl for the author service live to a for clair live of c	ally-related favestigative are edge of me/us e purpose of ize Manulife es. I/we under lay write to M eclare that I/w sent. This consult of this appm, this may receive yet a consult of this appm, this may receive yet designation of the parties have been sometiment of the parties of the parti	nd securis or my/c this app Financia stand that fanulife I we have I basent sha pplication escult in cate the in ipt of the marked s shown of expressed expressed (if apply). UESTIC Vame Cian Deen tred pressus a very expressed of or instant with the control of the cate the inipt of the marked in the cate the inipt of the marked is shown of expressed expressed in apply. The control of the cate the inipt of the inip of the iniput of the i	our healt olication al, its su at my/our financia ocen mar all take en. I/we unclaims no dividual e Notice "YOID" on the chement de sly required ing) ONS - Give Ro Give Ro Give Ro Carried in the chement of the c	and conbisidiarie romandi at the a de aware ffect on the desire of the confidence of	health of tract and s, affiliate to the us ddress shoof the reached at the date of that this paid. d as beneange of I hat this paid. do as beneange of I hat this Agrand I have the date of that this Agrand I have the date of the date of the date of the large that this Agrand I have the date of	any subses and a see of such own on the assons which fisigning consent ficiary to disconsist the asson of the association of the asson	sequent gents to inform this doct inform this doct y the he of this may be or received on and the control of this may be or received the phase of th	e insured t claim. o use the lation to o use the lation to o ument. A calth info application to outline the Notice of the Notice	ary, any under the control of the co	governis plan norize I tion in us produce I tion us produce I t	to provide to provide to provide to provide to provide the this appuncts or seasonile and and the time 7 years and the time 7 years and the time 7 years are the time 7 years and time 7 ye	de to Me Finande Finan	other canulife could be an ulife could to could be and its is option authorized and ber the territory (see by monthly premine coient regrafted in the	organi Finano consulta sexist nal an estato nal anterior nal anter	tits eing fill eing fill did that is shall be on the i on date cation re). ductions as on o en an English Result disorre usual on ts	its reintstring its reintstrin	g files fooffer me wish to alid as the lual of comparison of the lual of the luar of the lual of the lua	Members s	GE. Date	refusir te issue ain pro
Author Relative medicany im knowl for the author service live must be author service must be author se	ally-related fa westigative ar edge of me/us e purpose of ize Manulife es. I/we under nay write to M eclare that I/w scent. This con sult of this ap m, this may re ereby designa owledge recei nple cheque i union accounts es parties ont o ne parties have es's Signature es's Signature es's Signature es's Signature es's Full N ber's Physic / st seen (D/MY) ber's Heigh n ever had or ns, high bloo or immune s illness or inju st 2 years, bee us, etc.), beer n ever applied	d securis or my/c this app Financia stand that fanulife I we have the sent shapplication eaself in the marked is shown to expresse e expresse e (if apply). UESTIC Vame cian been trade pressus system a arry? en prescen advised d for ins marijua is have in this source of the marked in the marked is shown to expresse expresse e e	our healt olication ald, its su at my/ou Financia oeen mad ill take en il. I/we un claims no didividual en Notice "VOID" on the chement de sly required ing) ONS - Give Ro Give Ro Cribed med to see surance and in the you ever	and conbisidiarie ronsent al at the a de aware ffect on the inderstance of being general and the analysis of the inderstance of	health of tract and s, affiliate to the us ddress should be a specific to the used the date of that this paid. It does not be that this paid. It does not be that this paid. It does not be that this Agriculture that the thing are the thing and the thing are the thinge	any subes and a ee of such own on the assons who is signing consent of ficiary to asson the ficial to assort the f	sequent gents to inform the inform the inform the inform the inform the information of this may be or received on and the information and the information and	e insured t claim. o use the lation to o use the lation to out the lation l	ary, any under the control of the co	governis plan norize I tion in us produce I tion is needenall expense and is author of premi locume ces or of the I to t	to provide to provide to provide to provide to provide the provide that if as a casimile and and the provide that if as a my/out of Confict to provide the provide that if as a my/out of Confict to provide the provide that if as a my/out of Confict to provide the provide that if a case of the provide that	de to Me Financial de to Me Financial de to Me Financial de Financial	other canulife could be an ulife could to consult of an ulife could be and its is option authorized and ber the territory (see by monthly premine could be an uniform the territory of the territ	organi Finano consulta sexist nal an estato nal anterior nal anter	tits eing fill eing fill did that it shall to the i on dat eation re). luction: le on o en an Englisi D. Resul disorc luction: luction: le on o en an en an en an en an en an en an en at en	its reintstring its reintstrin	g files fooffer me wish to alid as the lual of control of the luar the luar the date luage. COVE	Members s	ginal. ing or rtificato obtains to obtains to obtains the control of the control	refusir te issue ain proof pro
Author Relation medical any in knowl for the author service Liver mr. I/we do to con as a reof clair I/we have a sancredit of the service The Member	ally-related farvestigative are avestigative are purpose of rize Manulife es. I/we under lay write to Meclare that I/we sent. This consult of this appendix owledge receipted as well as a sent of the parties of the pa	d securis or my/c this app Financia stand that fanulife I we have I basent sha plication escult in C tate the in inject of the marked s shown to expresse expresse (if apply: UESTIC Jame cian been tropical to the company of the com	our healt olication al, its su tat my/ou Financia oeen mar all take en. I/we un claims no dividual e Notice "VOID" on the che fiment de sly required ing) ONS - Relief R	and conbisidiarie r consent al at the a de aware effect on the derivation of being (s) name on Exch rise eque (the emandé cested that was e last 12 r had your consent au the derivation of the	health of tract and s, affiliate to the us ddress should be a specific to the used the date of the thing that this paid. do as beneange of Incomplete the thing that this Agrant this Agr	any subses and a see of such own on the assons which fisigning consent ficiary tenformation in the asson for the a	sequent gents to inform this doct inform this doct yet he for this may be or received on and the content of the	e insured t claim. O use the product claim. O use the patient of the production to unment. A cealth info application to complete the Notice of	ary, any under the Live autienformation of the photocommation on and seat any time ceeds participated by the commation of the ceeds participated by	governis plan norize I tion in us produced by the produce I tion in us produced by the produce	to provide to provide to provide to provide to provide the total this appuncts or seasonile and and the time 7 years and the time 7 yea	de to Me Finanche Fin	other canulife could be an ulife cial to consult of an ulife cial to consult of an ulife cial to consult of such and its is option authorized and ber the territory of such an other premius coient regarded in the sult of th	organi Finano consult sexisti nal anezation neefits to minati no revoci rochur dy ded ums du édigés no the la	tits eing fill did that it shall be to the it on dat cation weel. The cation weel is the cation of the cation weel in the cation weel in the cation weel in the cation weel in the cation of the cati	its rein its its rein its its rein rein its rein	g files fooffer me wish to alid as the lual of control of the luar the luar the date luage. COVE	Members s	GE. Date	refusir te issue ain pro
Author Relative medicany in knowl for the author service. I/we note that the condition of the author service is a respective for the author service. I/we note that I acknown as a respective for the I acknown as	ally-related farvestigative are edge of me/us edge of me/us e purpose of ize Manulife es. I/we under may write to M electare that I/w sent. This consult of this apym, this may refer every designation of the parties o	d securis or my/c this app Financia stand that fanulife I we have I basent sha plication escult in C tate the in inject of the marked s shown to expresse expresse (if apply: UESTIC Jame cian been tropical to the company of the com	our healt olication ald, its sur at my/ou Financia ocen mar all take en. I/we un claims no dividual en Notice "YOID" on the chement de sly required ing) ONS - Give Ro Give Ro Give Ro Give Ro cribed mar distribution of the chement de sly required ing) ONS -	and conbisidiarie r consent al at the a de aware effect on the derivation of being (s) name on Exch rise eque (the emandé cested that was e last 12 r had your consent au the derivation of the	health of tract and s, affiliate to the us ddress shoof the reached at the date of that this paid. d as beneange of I hat this paid. do as beneange of I hat this Ag we Québe to the thin this Ag we	any subses and a see of such own on the assons which fisigning consent ficiary tenformation in the asson for the a	sequent gents to inform this doct inform this doct of this may be or received on and the control of the control	e insured t claim. o use the lation to o use the lation to o ument. A calth info application to obtain admer up to 3 t les annot y related the lation to obtain admer up to 3 t les annot y related the lation to obtain admer up to 3 t les annot y related the lation between the lation and lation and lation and lation admer up to 3 t les annot y related the lation and lation	ary, any under the control of the co	governis plan norize I tion in us produced by the produce I tion in us produced by the produce	to provide to provide to provide to provide to provide the total this apputes or seasonile and and the time 7 years and the time 1 to tim	de to Me Finanche Fin	other canulife control of anulife cital to canulife cital control of such control of such control of such control control control cital cital cital control control cital cita	organi Finano consult sexisti nal anezation neefits to minati no revoci rochur dy ded ums du édigés no the la	tits eing fill did that is shall be on the i on date cation re). ductions as on o en an English Result Result disorre ts separa	its rein its its rein its its rein rein its rein	g files for offer me wish to alid as the land of composition of the land	Membras s	GE. Date	refusir te issue ain pro

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