



## CHOOSE YOUR PAYMENT METHOD (Continued)

### PAYMENT INFORMATION

#### 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  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 Financial 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 I/We understand that except for the initial premium, which is due with this application, subsequent premiums will be withdrawn on the first business day of the month or the next business day thereafter.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 Financial may attempt to withdraw that payment again within 30 days. Manulife Financial 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 bank account will be treated as personal withdrawals as defined by the Canadian Payments Association in Rule H-1. Premium amounts may change in accordance with my/our insurance contract. I/We and/or Manulife Financial 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 Financial receives another form of payment. 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.cdnpay.ca](http://www.cdnpay.ca). If you have any questions about withdrawals from your bank account, contact us at 1-800-396-4389, e-mail us at [am\\_service@manulife.com](mailto:am_service@manulife.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, you may 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)

Account Holder Address (if different from Applicant) \_\_\_\_\_

#### 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 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.

Name of Cardholder \_\_\_\_\_ Signature of Cardholder \_\_\_\_\_

Second Signature If Joint Credit Card Account \_\_\_\_\_ Dated \_\_\_\_\_  
(DD/MM/YYYY)

## TERMS AND CONDITIONS (Please read carefully before signing)

**DECLARATION:** I/We hereby apply for insurance to The Manufacturers Life Insurance Company (Manulife Financial). 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, forms the basis for any policy issued hereunder. I/We understand that any material misrepresentation, including misstatement of smoker status, shall render the insurance voidable at the instance of the Insurer. 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. I/We understand that insurance will take effect on the date the application form and payment of the first premium are received by Manulife Financial at its office, subject to approval of the Insurer's underwriters, and that I/We am/are not eligible for insurance under more than one Guaranteed Issue Life Insurance Plan issued by Manulife Financial. I/We hereby designate the individual(s) named as beneficiary on this application form to receive any death benefit payable with respect to the coverage applied for. I/We have read and confirmed agreement with the Notice on Privacy and Confidentiality as stated on this application.

**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 Financial 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 relative to the insurance applied for. Access to the file will be restricted to those Manulife Financial employees, mandataries, administrators or agents who are responsible for the assessment of risk (underwriting), marketing and administration of services and the investigation of claims, 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 participation in the CARP Guaranteed Issue Life Insurance Plan may be made known to The McLennan Group in order to bring other products and services offered under the CARP Insurance Programs to your attention. You may request to review the personal information your file contains and make corrections by writing to the Privacy Officer, Affinity Markets, Manulife Financial, P.O. Box 4213, Stn A, Toronto, Ontario M5W 5M5.

#### Member

Is the policy applied for replacing any existing coverage?  No  Yes  
If yes, please indicate current insurer and do not cancel your existing coverage. \_\_\_\_\_

#### Spouse

Is the policy applied for replacing any existing coverage?  No  Yes  
If yes, please indicate current insurer and do not cancel your existing coverage. \_\_\_\_\_

**This insurance product is not intended or available as replacement insurance. The Insurer will decline an applicant who indicates replacement is intended.**

Member's Signature \_\_\_\_\_ Co-Applicant's Signature \_\_\_\_\_

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_ Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_