Manulife

INDIVIDUAL INSURANCE NEW BUSINESS

E-Application worksheet

This worksheet is for reference only. Do not send it to Manulife.

Note: If this is for a Universal Life or Whole Life insurance policy, also complete the MK3364 (Suppl) form.

If you don't have internet access when you meet with your client, make sure that you gather all information you don't already have so you can enter it online later. You'll also need the product illustration.

Client information (policy owner)

You need to know the following information about anyone to be insured under the policy:

Name _____

Province of signing _____

General information

What is your language preference? ☐ English ☐ French

Why are you buying this policy? Select all that apply.

☐ Mortgage and debt insurance ☐ Income and family protection ☐ Estate preservation ☐ Key Person ☐ Business loan collateral

☐ Buy-sell ☐ Estate bond ☐ Insured Retirement Program (IRP) ☐ Other (specify) _____

Are there any long-term care applications to be considered with this application? ☐ Yes ☐ No

Application number _____ Application number _____

Person A to be insured/Person B to be insured

	Person A to be insured	**Person B to be insured**
Name	(first, middle initial, last)	(first, middle initial, last)
Previous name (if you have used a different name in the last two years)	(first, middle initial, last)	(first, middle initial, last)
Date of birth	(dd/mm/yyyy)	(dd/mm/yyyy)
Do you want to backdate this policy (refer to the Illustration)?	☐ Yes ☐ No	☐ Yes ☐ No

Do not send this worksheet to Manulife

Person A to be insured/Person B to be insured (continued)

	Person A to be insured	Person B to be insured
Sex	☐ Male ☐ Female	☐ Male ☐ Female
Address and postal code		
Number of years at this address		
Preferred contact number and extension (if applicable)		
Language preference for interview	☐ English ☐ French ☐ Other (specify):	☐ English ☐ French ☐ Other (specify):
What is the best time to call?	☐ Morning: 9 a.m. – 12 noon ET ☐ Afternoon: 12 noon – 6 p.m. ET ☐ Evening: 6 p.m. – 9 p.m. ET ☐ Anytime: 9 a.m. – 9 p.m. ET	☐ Morning: 9 a.m. – 12 noon ET ☐ Afternoon: 12 noon – 6 p.m. ET ☐ Evening: 6 p.m. – 9 p.m. ET ☐ Anytime: 9 a.m. – 9 p.m. ET
Place of birth		
Are you a Canadian citizen or do you have a permanent resident status?	☐ Yes ☐ No	☐ Yes ☐ No
Previous country of residence		
Your current immigration status in Canada	☐ On temporary visa ☐ Refugee status ☐ Applied for refugee status ☐ Applied for permanent status ☐ On visa – visitor ☐ On visa – student ☐ On visa - employee ☐ Other (specify):	☐ On temporary visa ☐ Refugee status ☐ Applied for refugee status ☐ Applied for permanent status ☐ On visa – visitor ☐ On visa – student ☐ On visa - employee ☐ Other (specify):
When did this status come into effect?	(dd/mm/yyyy)	(dd/mm/yyyy)
Have you applied for permanent resident status?	☐ Yes ☐ No	☐ Yes ☐ No
Are you a domestic worker under a special immigration program to work as a live-in care giver or nanny?	☐ Yes ☐ No	☐ Yes ☐ No
Are you a foreign-trained physician under a provincial program?	☐ Yes ☐ No	☐ Yes ☐ No
Are you a skilled worker under either federal or special provincial nominee immigration program?	☐ Yes ☐ No	☐ Yes ☐ No

Do not send this worksheet to Manulife

Who will own this policy?

☐ Person A to be insured ☐ Person B to be insured ☐ A legal entity such as a company or trust ☐ Other individual

Individual owner 1/Individual owner 2

	Individual owner 1	Individual owner 2
Name	(first, middle initial, last)	(first, middle initial, last)
Date of birth	(dd/mm/yyyy)	(dd/mm/yyyy)
Sex	☐ Male ☐ Female	☐ Male ☐ Female
Relationship to Person A to be insured		
Address	☐ Same as Person A to be insured ☐ Same as Person B to be insured	☐ Same as Person A to be insured ☐ Same as Person B to be insured
Address and postal code if different from address of Person A or Person B		

Entity owner

Full name of legal entity, such as a company or trust (including Company, Limited, Inc., etc.)

Business number (BN from Canada Revenue Agency)

Address and postal code ☐ Same address as Person A to be insured ☐ Same address as Person B to be insured

Company department to receive correspondence about this policy (Example: Accounts payable)

Address and postal code (if different than Person A or Person B to be insured)

Is the corporate signing officer the only person authorized to sign on behalf of the corporation? ☐ Yes ☐ No

Successor/subrogated owner

Name of the successor/subrogated owner

Relationship to owner

Coverage information

Refer to the quote or illustration.

Product name

Rider name(s)

Do not send this worksheet to Manulife

Children to be insured under a child rider

	Child 1	Child 2	Child 3	Child 4
Name	(first, middle initial, last)	(first, middle initial, last)	(first, middle initial, last)	(first, middle initial, last)
Related to	☐ Person A to be insured ☐ Person B to be insured	☐ Person A to be insured ☐ Person B to be insured	☐ Person A to be insured ☐ Person B to be insured	☐ Person A to be insured ☐ Person B to be insured
Relationship to the person to be insured	☐ Child ☐ Step child ☐ Legally adopted child	☐ Child ☐ Step child ☐ Legally adopted child	☐ Child ☐ Step child ☐ Legally adopted child	☐ Child ☐ Step child ☐ Legally adopted child
Date of birth	(dd/mm/yyyy)	(dd/mm/yyyy)	(dd/mm/yyyy)	(dd/mm/yyyy)
Sex	☐ Male ☐ Female	☐ Male ☐ Female	☐ Male ☐ Female	☐ Male ☐ Female
Does this child live with an insured or policy owner on this policy?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Who does this child live with?	(caregiver name)	(caregiver name)	(caregiver name)	(caregiver name)
Relationship to child	☐ Mother ☐ Father ☐ Step-mother ☐ Step-father ☐ Other (specify)	☐ Mother ☐ Father ☐ Step-mother ☐ Step-father ☐ Other (specify)	☐ Mother ☐ Father ☐ Step-mother ☐ Step-father ☐ Other (specify)	☐ Mother ☐ Father ☐ Step-mother ☐ Step-father ☐ Other (specify)
When did this child last visit either the people to be insured or the policy owner?	(dd/mm/yyyy)	(dd/mm/yyyy)	(dd/mm/yyyy)	(dd/mm/yyyy)
How often does this child visit either the people to be insured or the policy owner?	☐ Daily ☐ Weekly ☐ Monthly ☐ Other (specify)	☐ Daily ☐ Weekly ☐ Monthly ☐ Other (specify)	☐ Daily ☐ Weekly ☐ Monthly ☐ Other (specify)	☐ Daily ☐ Weekly ☐ Monthly ☐ Other (specify)
Who should we contact to complete the telephone interview for the minor child?	☐ Person A to be insured ☐ Person B to be insured ☐ Other	☐ Person A to be insured ☐ Person B to be insured ☐ Other	☐ Person A to be insured ☐ Person B to be insured ☐ Other	☐ Person A to be insured ☐ Person B to be insured ☐ Other
Relationship to minor	☐ Parent ☐ Guardian	☐ Parent ☐ Guardian	☐ Parent ☐ Guardian	☐ Parent ☐ Guardian
Language preference for interview	☐ English ☐ French ☐ Other (specify)	☐ English ☐ French ☐ Other (specify)	☐ English ☐ French ☐ Other (specify)	☐ English ☐ French ☐ Other (specify)
Preferred contact number for interview	((contact number))	((contact number))	((contact number))	((contact number))

Do not send this worksheet to Manulife

Beneficiary designation

Enter up to six beneficiaries for each person insured, of any combination.

For a joint coverage: We'll use the beneficiary information, Person A to be insured provides, for all the insureds under the joint coverage. For all single and combined coverages: We'll use the beneficiary information that each insured person provides.

Beneficiaries – Person A to be insured

Name of beneficiary 1 (first, middle, initial, last)

Relationship

☐ Revocable ☐ Irrevocable

☐ Beneficiary ☐ Secondary beneficiary, called subrogated in Quebec

Share **%**

Name of beneficiary 2 (first, middle, initial, last)

Relationship

☐ Revocable ☐ Irrevocable

☐ Beneficiary ☐ Secondary beneficiary, called subrogated in Quebec

Share **%**

Name of beneficiary 3 (first, middle, initial, last)

Relationship

☐ Revocable ☐ Irrevocable

☐ Beneficiary ☐ Secondary beneficiary, called subrogated in Quebec

Share **%**

Name of beneficiary 4 (first, middle, initial, last)

Relationship

☐ Revocable ☐ Irrevocable

☐ Beneficiary ☐ Secondary beneficiary, called subrogated in Quebec

Share **%**

Name of beneficiary 5 (first, middle, initial, last)

Relationship

☐ Revocable ☐ Irrevocable

☐ Beneficiary ☐ Secondary beneficiary, called subrogated in Quebec

Share **%**

Name of beneficiary 6 (first, middle, initial, last)

Relationship

☐ Revocable ☐ Irrevocable

☐ Beneficiary ☐ Secondary beneficiary, called subrogated in Quebec

Share **%**

Do not send this worksheet to Manulife

Trustee for minor beneficiary

By naming a trustee, you agree that any benefit that becomes payable to a minor beneficiary will be paid to the trustee to hold in trust for the child until the child comes of legal age. ☐ Yes ☐ No

If you answered Yes, please provide the name(s) of the trustee(s) for minor beneficiary:

Name of trustee 1 for minor beneficiary (first, middle initial, last)

Indicate which minor beneficiary this applies to: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6

Relationship of the trustee to the beneficiary

Name of trustee 2 for minor beneficiary (first, middle initial, last)

Indicate which minor beneficiary this applies to: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6

Relationship of the trustee to the beneficiary

Beneficiary designation (continued)

Beneficiaries – Person B to be insured

Name of beneficiary 1 (first, middle, initial, last)

Relationship ☐ Revocable ☐ Irrevocable ☐ Beneficiary ☐ Secondary beneficiary, called subrogated in Quebec **Share** **%**

Name of beneficiary 2 (first, middle, initial, last)

Relationship ☐ Revocable ☐ Irrevocable ☐ Beneficiary ☐ Secondary beneficiary, called subrogated in Quebec **Share** **%**

Name of beneficiary 3 (first, middle, initial, last)

Relationship ☐ Revocable ☐ Irrevocable ☐ Beneficiary ☐ Secondary beneficiary, called subrogated in Quebec **Share** **%**

Name of beneficiary 4 (first, middle, initial, last)

Relationship ☐ Revocable ☐ Irrevocable ☐ Beneficiary ☐ Secondary beneficiary, called subrogated in Quebec **Share** **%**

Name of beneficiary 5 (first, middle, initial, last)

Relationship ☐ Revocable ☐ Irrevocable ☐ Beneficiary ☐ Secondary beneficiary, called subrogated in Quebec **Share** **%**

Name of beneficiary 6 (first, middle, initial, last)

Relationship ☐ Revocable ☐ Irrevocable ☐ Beneficiary ☐ Secondary beneficiary, called subrogated in Quebec **Share** **%**

Do not send this worksheet to Manulife

Trustee for minor beneficiary

By naming a trustee, you agree that any benefit that becomes payable to a minor beneficiary will be paid to the trustee to hold in trust for the child until the child comes of legal age. ☐ Yes ☐ No

If you answered Yes, please provide the name(s) of the trustee(s) for minor beneficiary:

Name of trustee 1 for minor beneficiary (first, middle initial, last)

Indicate which minor beneficiary this applies to: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6

Relationship of the trustee to the beneficiary

Name of trustee 2 for minor beneficiary (first, middle initial, last)

Indicate which minor beneficiary this applies to: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6

Relationship of the trustee to the beneficiary

Are you sending direction to pay instructions with this application? Only complete if applying for Lifecheque and province of signing is not Alberta, British Columbia, Manitoba, Ontario or Quebec.

☐ Yes ☐ No

Payment information — How does your client want to be billed?

Your first payment

What is the amount of your first payment? $ _____

How is the first payment being made?

☐ With this application, by pre-authorized debit

☐ When we deliver the policy, by cheque or pre-authorized debit

Transit number _____ Institution number _____ Account number _____

Is this a corporate account? ☐ Yes ☐ No

Does the corporate signing officer have sole signing authority on this bank account? ☐ Yes ☐ No

Your regular payments

Who will be making your payments? Select each person or entity associated with the bank account from which the payments will be made.

☐ Owner 1 ☐ Owner 2 ☐ Person A to be insured ☐ Person B to be insured

How will your regular payments be made?

☐ Annually by cheque ☐ Semi-annually by cheque ☐ Quarterly by cheque ☐ Monthly pre-authorized debit plan

Monthly pre-authorized debit options

☐ Set up new monthly pre-authorized debit plan

Monthly withdrawal date (Policy date or specify a date from the 1st to the 28th) _____

Transit number _____ Institution number _____ Account number _____

☐ An existing monthly pre-authorized debit plan with Manulife

Policy number on which the current monthly pre-authorized debit plan is set up _____

Is this a corporate account? ☐ Yes ☐ No

Is this a joint account that needs more than one signature? ☐ Yes ☐ No

Name of joint account holder

Name _____

Relationship to policy owner _____

Does the corporate signing officer have sole signing authority on this bank account? ☐ Yes ☐ No

Do not send this worksheet to Manulife

Personal information

Other information

Person A to be insured

In the past five years, have the people to be insured or the business had any major financial difficulties, such as having pay garnished, petitioning for bankruptcy or declaring bankruptcy?

☐ Yes ☐ No

Provide details, including the bankruptcy discharge date, if applicable

Is a license or permit required to operate your business?

☐ Yes ☐ No

Has any license or permit ever been suspended or revoked, or has a regulating agency ever initiated a complaint against you?

☐ Yes ☐ No

Provide details

Will the money to pay the premiums for this policy be borrowed from an individual, a bank or other institution?

☐ Yes ☐ No

Provide details

Is there an existing or planned agreement that provides for anyone other than an owner identified in this application to obtain any legal interest in any policy resulting from this application?

☐ Yes ☐ No

Provide details

Person B to be insured

In the past five years, have the people to be insured or the business had any major financial difficulties, such as having pay garnished, petitioning for bankruptcy or declaring bankruptcy?

☐ Yes ☐ No

Provide details, including the bankruptcy discharge date, if applicable

Is a license or permit required to operate your business?

☐ Yes ☐ No

Has any license or permit ever been suspended or revoked, or has a regulating agency ever initiated a complaint against you?

☐ Yes ☐ No

Provide details

Will the money to pay the premiums for this policy be borrowed from an individual, a bank or other institution?

☐ Yes ☐ No

Provide details

Is there an existing or planned agreement that provides for anyone other than an owner identified in this application to obtain any legal interest in any policy resulting from this application?

☐ Yes ☐ No

Provide details

Do not send this worksheet to Manulife

Personal information (continued)

Financial information

Person A to be insured

What is your annual earned income (within $10,000), including salary, commissions, dividends, bonuses and pension, within Canada?

$

What is your annual income (within $10,000) from other Canadian sources, including interest and income from real estate, within Canada?

$

If income is not generated from any of the above sources within Canada, tell us the household income.

$

What is your personal net worth (assets minus liabilities)? To calculate your net worth in Canada, add the value of your Canadian assets (such as cash, investments, personal property and real estate), and deduct your Canadian liabilities (any money you owe such as mortgages, loans and credit cards.)

$

Financial information

Person B to be insured

What is your annual earned income (within $10,000), including salary, commissions, dividends, bonuses and pension, within Canada?

$

What is your annual income (within $10,000) from other Canadian sources, including interest and income from real estate, within Canada?

$

If income is not generated from any of the above sources within Canada, tell us the household income.

$

What is your personal net worth (assets minus liabilities)? To calculate your net worth in Canada, add the value of your Canadian assets (such as cash, investments, personal property and real estate), and deduct your Canadian liabilities (any money you owe such as mortgages, loans and credit cards.)

$

Canadian assets (Only applies if the insured is over 70 and face amount is greater than $250,000)

Value of primary residence **$**

Registered investments **$**

Other investments and holdings **$**

Canadian liabilities (Only applies if the insured is over 70 and face amount is greater than $250,000)

Mortgage **$**

Other liabilities **$**

Do not send this worksheet to Manulife

Business insurance

Only complete this section if the owner is a legal entity such as a company or trust.

	This year	Last year
What is the book value of the business (net worth)	$	$
What is the fair market value of the business?	$	$
What is the gross annual revenue?	$	$
What is the net annual after-tax income?	$	$

	Person A to be insured	Person B to be insured
What is the percentage of the business owned by the person(s) to be insured?	%	%

Are other partners, owners and executives being insured?

☐ Yes ☐ No

Provide details, including why not

Do not send this worksheet to Manulife

Other insurance policies

Person A to be insured

Other than group insurance, are any people to be insured covered under other life, critical illness, disability, or long term care insurance policies? Also include policies that: lapsed within the past 90 days, were sold to a third party, or were issued in another country.

☐ Yes ☐ No

Name of person insured (first, middle, initial, last)

Name of insurance company

Type of insurance (life, critical illness, disability or long-term care)

Policy number

Year issued | Amount of insurance

Lapsed or sold to a third party | Personal or business

☐ lapsed ☐ sold to a third party ☐ personal ☐ business

Replacing | Replacement form or LIRD completed, if applicable

☐ Yes ☐ No ☐ Yes ☐ No

Have you applied for any other insurance that has not yet been issued? Include life, critical illness, disability, or long term care insurance.

☐ Yes ☐ No

Name of person insured (first, middle, initial, last)

Name of insurance company

Reference number | Amount of insurance

Type of insurance (life, critical illness, disability or long-term care)

Personal or business ☐ personal ☐ business

Person B to be insured

Other than group insurance, are any people to be insured covered under other life, critical illness, disability, or long term care insurance policies? Also include policies that: lapsed within the past 90 days, were sold to a third party, or were issued in another country.

☐ Yes ☐ No

Name of person insured (first, middle, initial, last)

Name of insurance company

Type of insurance (life, critical illness, disability or long-term care)

Policy number

Year issued | Amount of insurance

Lapsed or sold to a third party | Personal or business

☐ lapsed ☐ sold to a third party ☐ personal ☐ business

Replacing | Replacement form or LIRD completed, if applicable

☐ Yes ☐ No ☐ Yes ☐ No

Have you applied for any other insurance that has not yet been issued? Include life, critical illness, disability, or long term care insurance.

☐ Yes ☐ No

Name of person insured (first, middle, initial, last)

Name of insurance company

Reference number | Amount of insurance

Type of insurance (life, critical illness, disability or long-term care)

Personal or business ☐ personal ☐ business

Temporary life insurance

Complete this section if applying for Life products.

Eligibility for temporary life insurance

Only people from the ages of 15 days to 75 years inclusive are eligible for temporary life insurance.

Each person to be insured under the policy who is applying for temporary life insurance must answer the following questions.

	Person A to be insured	Person B to be insured
In the past 12 months, have you consulted a doctor or other health practitioner for, been treated for or had any indication of heart attack, cancer, stroke or exposure to AIDS or HIV?	☐ No ☐ Yes	☐ No ☐ Yes
In the past 60 days, have you consulted a doctor or other health practitioner and been told to have a further examination, diagnostic test or surgery which has not been performed, or for which the results are not known (other than pregnancy or childbirth)?	☐ No ☐ Yes	☐ No ☐ Yes

Do not send this worksheet to Manulife

Temporary critical illness insurance

Complete this section if applying for Critical Illness products.

Eligibility for temporary critical illness insurance

Only people from the ages of 18 years to 60 years inclusive are eligible for temporary critical illness insurance.

Each person to be insured under the policy who is applying for temporary critical illness insurance must answer the following questions.

	Person A to be insured	Person B to be insured
Do you have, or have you ever consulted a doctor or health practitioner for, been treated for or had any indication of: ▪ heart or blood vessel disease, heart attack, chest pain ▪ stroke or transient ischemic attacks ▪ diabetes ▪ cancer or tumours ▪ chronic kidney, liver or lung disease ▪ blindness, deafness ▪ loss of limbs ▪ severe burns ▪ AIDS or HIV ▪ cognitive impairment, coma, loss of speech, multiple sclerosis, ▪ paralysis, Parkinson's disease dementia, Alzheimer's disease	☐ No ☐ Yes	☐ No ☐ Yes
In the past two years, have you been refused coverage for life, critical illness, disability or long term care insurance or been offered insurance with restricted benefits or at higher than standard rates?	☐ No ☐ Yes	☐ No ☐ Yes
In the past 60 days, have you been admitted or advised to be admitted to a hospital or clinic, other than for pregnancy or childbirth?	☐ No ☐ Yes	☐ No ☐ Yes
In the past 60 days, have you consulted a doctor or other health practitioner and been told to have a further examination, diagnostic test or surgery which has not been performed, or for which the results are not known (other than pregnancy or childbirth)?	☐ No ☐ Yes	☐ No ☐ Yes

Advisor report

Who initiated this application?

☐ Advisor referral ☐ Person to be insured ☐ Owner identified in the application ☐ Cold call

Which Manulife marketing support people were involved in this sale? Select all that apply.

☐ Regional support team ☐ Regional underwriting consultant ☐ Regional actuarial consultant

☐ Regional tax and estate planning consultant ☐ Living benefits wholesaler ☐ None

☐ Other (specify) _____

General information

If the person to be insured qualifies for a Healthstyle that is better than the Healthstyle you illustrated, tell us what you want us to do.

☐ Issue the policy with the amount of insurance illustrated (the premium will be lower than the premium illustrated)

☐ Increase the amount of insurance to an amount that keeps that same premium illustrated and issue the policy with the improved Healthstyle (the amount of insurance will increase but the premium will remain the same as the premium illustrated)

☐ Increase the amount of insurance to an amount that is within the age and amount requirements (the premium will increase and financial underwriting will be required before the new amount of insurance is approved)

Is there any other information that may be useful in reviewing this application or are there any special policy date or other requests?

☐ Yes ☐ No

Provide details

_____

_____

_____

Do not send this worksheet to Manulife

Advisor report (continued)

Did you obtain a special quote from Head Office? ☐ Yes ☐ No

Is this an application for a Manulife employee? ☐ Yes ☐ No

Person A to be insured

How long have you known the person to be insured?

☐ 0-3 months ☐ >3 months-12 months ☐ >1 year-3 years ☐ >3 years

Is the person to be insured an advisor or an immediate family member of an advisor? ☐ Yes ☐ No

Is the person to be insured an existing Manulife client? ☐ Yes ☐ No

Would you like Manulife to order the underwriting requirements for the person to be insured? ☐ Yes ☐ No

Is the person to be insured fluent in the language of this application? ☐ Yes ☐ No

Person B to be insured

How long have you known the person to be insured?

☐ 0-3 months ☐ >3 months-12 months ☐ >1 year-3 years ☐ >3 years

Is the person to be insured an advisor or an immediate family member of an advisor? ☐ Yes ☐ No

Is the person to be insured an existing Manulife client? ☐ Yes ☐ No

Would you like Manulife to order the underwriting requirements for the person to be insured? ☐ Yes ☐ No

Is the person to be insured fluent in the language of this application? ☐ Yes ☐ No

Other information

Did you complete this application in person with the person(s) to be insured and the policy owner(s)? ☐ Yes ☐ No

Provide details including how the application was completed and who completed the application.

_____

_____

_____

Is owner 1 fluent in the language of this application? ☐ Yes ☐ No

Describe the steps that were taken to ensure that the owner understood the questions and authorizations in the application.

_____

_____

_____

Is owner 2 fluent in the language of this application? ☐ Yes ☐ No

Describe the steps that were taken to ensure that the owner understood the questions and authorizations in the application.

_____

_____

_____

Do you want to have the policy resulting from this application issued at the same time as the policy resulting from any other application?

☐ Yes ☐ No Application or policy number _____

Are you completing an insurance application for other individuals associated with the person to be insured on this application (such as business partners or family members)?

☐ Yes ☐ No

Application or policy number _____ **Name** _____

Application or policy number _____ **Name** _____

Application or policy number _____ **Name** _____

Do not send this worksheet to Manulife

Consent

Direct marketing by mail

We would like to keep you informed of additional product offerings. If you do not provide your consent for us to use your personal information for the purposes of marketing, you understand that it will not affect our ability to continue to provide you with the products and services that you have requested, but it will exclude you from receiving direct personalized marketing or special offers on other products and services.

I want to receive additional product offerings and marketing information.

Person A to be insured	☐ Yes	☐ No
Person B to be insured	☐ Yes	☐ No
Owner 1	☐ Yes	☐ No
Owner 2	☐ Yes	☐ No
Signing officer on behalf of the entity owner	☐ Yes	☐ No

Reminder: Email addresses should be collected for individuals that will be completing their esignature through email
If this worksheet is for a Universal Life or Whole Life insurance policy, also complete the MK3364(Suppl) form.

Notes

Manulife, Manulife & Stylized M Design, and Stylized M Design are trademarks of The Manufacturers Life Insurance Company and are used by it, and by its affiliates under license. Manulife, P.O. Box 670 Stn Waterloo, Waterloo, ON N2J 4B8