Manulife Insurance

INDIVIDUAL INSURANCE NEW BUSINESS

Worksheet supplement for Universal Life and Whole Life

This worksheet is for your reference only. It is to be used in addition to the E-Application Worksheet MK3364.
Do not send it to Manulife.

If you are meeting with your client and you don't have access to the web, you'll need to gather information that you don't already have so you can enter it online later. You'll also need the product illustration.

Client information (policy owner)

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

Name _____ Province (of signing) _____

ENTITY OWNER DETAILS

What is the entity's primary industry?
(Refer to form NN1655, Valid industries and occupations, on Repsource) _____

What is the entity's business type?
(Refer to form NN1655, Valid industries and occupations, on Repsource) _____

Signing officer or trustee #1 signing the request on behalf of the entity

Name (first, middle initial, last): _____

Client identification method: ☐ Single method ☐ Dual method* ☐ Details to be provided at a later date
*If Dual method is selected, complete and attach NN1663 Dual Method Identification form

Which original Canadian document was reviewed by the advisor to verify this person's identity?
☐ Driver's licence ☐ Canadian passport ☐ Citizenship card (issued prior to 2012) ☐ Other (Specify): _____

Name on document reviewed (first, middle initial, last): _____

Identifying number of document reviewed: _____ **Jurisdiction of issue:** ☐ Federal ☐ Provincial or territorial (Specify): _____

Expiry date (dd/mm/yyyy): _____ **Verification date** (dd/mm/yyyy): _____

Signing officer or trustee #2 signing the request on behalf of the entity

Name (first, middle initial, last): _____

Client identification method: ☐ Single method ☐ Dual method* ☐ Details to be provided at a later date
*If Dual method is selected, complete and attach NN1663 Dual Method Identification form

Which original Canadian document was reviewed by the advisor to verify this person's identity?
☐ Driver's licence ☐ Canadian passport ☐ Citizenship card (issued prior to 2012) ☐ Other (Specify): _____

Name on document reviewed (first, middle initial, last): _____

Identifying number of document reviewed: _____ **Jurisdiction of issue:** ☐ Federal ☐ Provincial or territorial (Specify): _____

Expiry date (dd/mm/yyyy): _____ **Verification date** (dd/mm/yyyy): _____

Entity's legal form

What is the entity's legal form?

☐ Association, Society or Lodge ☐ Community Account ☐ Condominium corporation ☐ Corporation ☐ Estate
☐ Holding company ☐ Partnership ☐ Trade or labour union ☐ Trust

If you selected "Condominium corporation", "Holding company" or "Corporation" as the entity's legal form, please select the jurisdiction of registration: ☐ Federal ☐ Provincial or territorial (Specify): _____

Are you providing the incorporation number now or later? ☐ Now ☐ Later Incorporation number: _____

If you selected "Condominium corporation", "Holding company" or "Corporation" as the entity's legal form, please provide the name(s) of all the director(s) of this corporation:

Name of director 1 (first, middle initial, last): **Name of director 3** (first, middle initial, last):

Name of director 2 (first, middle initial, last): **Name of director 4** (first, middle initial, last):

Is the entity a not-for-profit organization? ☐ Yes ☐ No
Does this entity solicit charitable financial donations from the public? ☐ Yes ☐ No
Is this entity a registered charity? ☐ Yes ☐ No **If yes**, provide the Canada Revenue Agency registration number: _____

Declaration of an entity's tax residence(s)

Is the entity a tax resident of Canada? ☐ Yes ☐ No

Is the entity a U.S. person? ☐ Yes ☐ No

If yes – Is the entity a specified U.S. person? ☐ Yes ☐ No **If yes** – Employer identification number (EIN): _____

Is the entity a tax resident of a jurisdiction(s) other than Canada or the U.S.? ☐ Yes ☐ No **Jurisdiction of tax residence:** _____

Does the entity have a taxpayer identification number (TIN) in that jurisdiction? ☐ Yes ☐ No TIN: _____
Reason for not providing TIN: ☐ You will apply or have applied for a TIN but have not yet received it
☐ Your jurisdiction of tax residence does not issue TINs to its residents
☐ Other: _____

Is there another tax residence? ☐ Yes ☐ No **Jurisdiction of tax residence:** _____

Does the entity have a taxpayer identification number (TIN) in that jurisdiction? ☐ Yes ☐ No TIN: _____
Reason for not providing TIN: ☐ You will apply or have applied for a TIN but have not yet received it
☐ Your jurisdiction of tax residence does not issue TINs to its residents
☐ Other: _____

Entity classification

Is the entity a financial institution? ☐ Yes ☐ No

If yes, does the entity have a Global Intermediary Identification Number (GIIN)? ☐ Yes ☐ No GIIN: _____
Reason why entity does not have a GIIN: _____

If the entity is a financial institution, does the financial institution meet the three criteria below? ☐ Yes ☐ No

- It is a resident of a non-participating jurisdiction
- At least 50% of its gross income is from investing or trading in financial assets
- It is managed by another financial institution.

If yes, proceed to Information about individuals who control the entity section

If no, select the option that best describes the entity:

☐ The entity is a corporation with shares that regularly trade on an established securities market or a related corporation
☐ The entity is engaged in an active trade or business – less than 50% of its gross income is passive income and less than 50% of its assets produce passive income, other than an entity described in the previous option
☐ The entity is a government, a central bank or an international organization (or an agency of one)
☐ The entity is a Canadian registered plan identified as a non-reporting financial institution by the *Income Tax Act* (Canada), for example an RPP, RRSP, RRIF, DPSP, or TFSA
☐ The entity is an active non-financial entity other than an entity described in the four previous options
☐ The entity is a passive non-financial entity

Do not send this worksheet to Manulife

INFORMATION ABOUT INDIVIDUALS WHO CONTROL THE ENTITY

Is this entity a trust? ☐ Yes ☐ No

Does any individual directly or indirectly own or control 25 per cent or more of the entity that will own this policy? ☐ Yes ☐ No

Provide information about all individuals who are owners, trustees, settlors, beneficiaries, protectors, or other individuals who exercise effective control over the trust

☐ Owner ☐ Trustee ☐ Settlor ☐ Beneficiary ☐ Protector
☐ Other individual who exercises effective control over the trust

Name (first, middle initial, last)

Unit, street number and name

Address line 2 (optional)

City or town **Province** **Postal Code**

☐ Owner ☐ Trustee ☐ Settlor ☐ Beneficiary ☐ Protector
☐ Other individual who exercises effective control over the trust

Name (first, middle initial, last)

Unit, street number and name

Address line 2 (optional)

City or town **Province** **Postal Code**

Complete the information below if the financial institution meets all of the three criteria in the previous **Entity classification** section, or if you selected "The entity is a passive non-financial entity" in the **Entity classification** section.

Is this individual a tax resident or a citizen of the U.S.? ☐ Yes ☐ No

If yes, are you providing this individual's social security number (SSN) or individual taxpayer identification number (ITIN) status now or later?

☐ Now – SSN or ITIN number: _____
☐ Later

Is this individual a tax resident of a jurisdiction(s) other than Canada or the U.S.? ☐ Yes ☐ No

If yes (this individual is a tax resident of a jurisdiction(s) other than Canada or the U.S), complete the date of birth, SIN, TIN and jurisdiction of tax residence questions in the shaded area:

Date of birth (dd/mm/yyyy): _____

Provide this individual's social insurance number (SIN) or SIN status:

☐ SIN: _____
☐ Never had a SIN ☐ Does have a SIN but was not provided

Jurisdiction of tax residence: _____

Does this individual have a taxpayer identification number (TIN) in that jurisdiction? ☐ Yes ☐ No

TIN: _____

Reason for not providing a TIN:
☐ The individual will apply or has applied for a TIN but has not yet received it
☐ The individual's jurisdiction of tax residence does not issue TINs to its residents
☐ Other: _____

Is there another tax residence? ☐ Yes ☐ No

Jurisdiction of tax residence: _____

Does the entity have a taxpayer identification number (TIN) in that jurisdiction? ☐ Yes ☐ No

TIN: _____

Reason for not providing a TIN:
☐ The individual will apply or has applied for a TIN but has not yet received it
☐ The individual's jurisdiction of tax residence does not issue TINs to its residents
☐ Other: _____

Is this individual a tax resident or a citizen of the U.S.? ☐ Yes ☐ No

If yes, are you providing this individual's social security number (SSN) or individual taxpayer identification number (ITIN) status now or later?

☐ Now – SSN or ITIN number: _____
☐ Later

Is this individual a tax resident of a jurisdiction(s) other than Canada or the U.S.? ☐ Yes ☐ No

If yes (this individual is a tax resident of a jurisdiction(s) other than Canada or the U.S), complete the date of birth, SIN, TIN and jurisdiction of tax residence questions in the shaded area:

Date of birth (dd/mm/yyyy): _____

Provide this individual's social insurance number (SIN) or SIN status:

☐ SIN: _____
☐ Never had a SIN ☐ Does have a SIN but was not provided

Jurisdiction of tax residence: _____

Does this individual have a taxpayer identification number (TIN) in that jurisdiction? ☐ Yes ☐ No

TIN: _____

Reason for not providing a TIN:
☐ The individual will apply or has applied for a TIN but has not yet received it
☐ The individual's jurisdiction of tax residence does not issue TINs to its residents
☐ Other: _____

Is there another tax residence? ☐ Yes ☐ No

Jurisdiction of tax residence: _____

Does the entity have a taxpayer identification number (TIN) in that jurisdiction? ☐ Yes ☐ No

TIN: _____

Reason for not providing a TIN:
☐ The individual will apply or has applied for a TIN but has not yet received it
☐ The individual's jurisdiction of tax residence does not issue TINs to its residents
☐ Other: _____

Do not send this worksheet to Manulife

ADDITIONAL INDIVIDUAL OWNER DETAILS

Name (first and last) (Individual owner that you're providing additional details for)**:**

Provide your social insurance number (SIN) or your SIN status:

☐ SIN _____

☐ Never had a SIN ☐ Does have a SIN but was not provided

What is your employment status?

☐ Employed ☐ Self-employed ☐ Retired ☐ Not employed

If you selected "Self-employed" for employment status, are you a sole proprietor? ☐ Yes ☐ No

Employment details

In what industry are you employed? (most recent if retired or not employed)

Refer to form NN1655, Valid industries and occupations, on Repsource

Occupation? (most recent if retired or not employed)

Refer to form NN1655, Valid industries and occupations, on Repsource

Name of your company/employer/business

(most recent if retired or not employed)

Client identification method:

☐ Single method ☐ Dual method* ☐ Details to be provided at a later date

*If Dual method is selected, complete and attach NN1663 Dual Method Identification form

Which original Canadian document was reviewed by the advisor to verify this person's identity:

☐ Driver's licence ☐ Citizenship card (issued prior to 2012)

☐ Canadian passport ☐ Other (Specify): _____

Name on document reviewed (first, middle initial, last):

Identifying number of document reviewed: _____

Jurisdiction of issue:

☐ Federal ☐ Provincial or territorial (Specify): _____

Expiry date (dd/mm/yyyy): _____

Verification date (dd/mm/yyyy): _____

What is your tax residence(s)? Select all that apply.

☐ You are a tax resident of Canada

☐ You are a tax resident or a citizen of the U.S.

☐ You are a tax resident of a jurisdiction(s) other than Canada or the U.S.

If you are a tax resident or a citizen of the U.S., are you providing your social security number (SSN) or individual taxpayer identification number (ITIN) now or later?

☐ Now – SSN or ITIN number: _____

☐ Later

Name (first and last) (Individual owner that you're providing additional details for)**:**

Provide your social insurance number (SIN) or your SIN status:

☐ SIN _____

☐ Never had a SIN ☐ Does have a SIN but was not provided

What is your employment status?

☐ Employed ☐ Self-employed ☐ Retired ☐ Not employed

If you selected "Self-employed" for employment status, are you a sole proprietor? ☐ Yes ☐ No

Employment details

In what industry are you employed? (most recent if retired or not employed)

Refer to form NN1655, Valid industries and occupations, on Repsource

Occupation? (most recent if retired or not employed)

Refer to form NN1655, Valid industries and occupations, on Repsource

Name of your company/employer/business

(most recent if retired or not employed)

Client identification method:

☐ Single method ☐ Dual method* ☐ Details to be provided at a later date

*If Dual method is selected, complete and attach NN1663 Dual Method Identification form

Which original Canadian document was reviewed by the advisor to verify this person's identity:

☐ Driver's licence ☐ Citizenship card (issued prior to 2012)

☐ Canadian passport ☐ Other (Specify): _____

Name on document reviewed (first, middle initial, last):

Identifying number of document reviewed: _____

Jurisdiction of issue:

☐ Federal ☐ Provincial or territorial (Specify): _____

Expiry date (dd/mm/yyyy): _____

Verification date (dd/mm/yyyy): _____

What is your tax residence(s)? Select all that apply.

☐ You are a tax resident of Canada

☐ You are a tax resident or a citizen of the U.S.

☐ You are a tax resident of a jurisdiction(s) other than Canada or the U.S.

If you are a tax resident or a citizen of the U.S., are you providing your social security number (SSN) or individual taxpayer identification number (ITIN) now or later?

☐ Now – SSN or ITIN number: _____

☐ Later

If you are a tax resident of a jurisdiction(s) other than Canada or the U.S., complete the jurisdiction and TIN information in the shaded area:

Jurisdiction of tax residence: _____

Do you have a taxpayer identification number (TIN) in that jurisdiction? ☐ Yes ☐ No

TIN: _____

Reason for not providing a TIN:

☐ You will apply or have applied for a TIN but have not yet received it
☐ Your jurisdiction of tax residence does not issue TINs to its residents
☐ Other: _____

Is there another tax residence? ☐ Yes ☐ No

Jurisdiction of tax residence: _____

Do you have a taxpayer identification number (TIN) in that jurisdiction? ☐ Yes ☐ No

TIN: _____

Reason for not providing a TIN:

☐ You will apply or have applied for a TIN but have not yet received it
☐ Your jurisdiction of tax residence does not issue TINs to its residents
☐ Other: _____

If you are a tax resident of a jurisdiction(s) other than Canada or the U.S., complete the jurisdiction and TIN information in the shaded area:

Jurisdiction of tax residence: _____

Do you have a taxpayer identification number (TIN) in that jurisdiction? ☐ Yes ☐ No

TIN: _____

Reason for not providing a TIN:

☐ You will apply or have applied for a TIN but have not yet received it
☐ Your jurisdiction of tax residence does not issue TINs to its residents
☐ Other: _____

Is there another tax residence? ☐ Yes ☐ No

Jurisdiction of tax residence: _____

Do you have a taxpayer identification number (TIN) in that jurisdiction? ☐ Yes ☐ No

TIN: _____

Reason for not providing a TIN:

☐ You will apply or have applied for a TIN but have not yet received it
☐ Your jurisdiction of tax residence does not issue TINs to its residents
☐ Other: _____

IDENTIFYING THIRD PARTIES

Will anyone other than the owner be paying for this policy? ☐ Yes ☐ No

Select third party type: ☐ Entity ☐ Individual

Details about the entity or individual paying for this policy

Entity name or individual name (first, middle initial, last)

Date of birth (dd/mm/yyyy) (for individual only)

Address (Unit, street number and name)

City or town | **Province** | **Postal Code**

Address line 2 (optional)

If "Individual" was selected for third party type, complete these questions:

Relationship of this individual to the owner of the policy

In what industry is the individual employed? (most recent if retired or not employed) Refer to form NN1655, Valid industries and occupations, on Repsource

What is the individual's occupation? (most recent if retired or not employed) Refer to form NN1655, Valid industries and occupations, on Repsource

Name of the individual's company/employer (most recent if retired or not employed)

If "Entity" was selected for third party type, complete these questions:

Relationship of this entity to the owner of the policy

What is the entity's primary industry? Refer to form NN1655, Valid industries and occupations, on Repsource

What is the entity's business type? Refer to form NN1655, Valid industries and occupations, on Repsource

Is this entity a corporation? ☐ Yes ☐ No

Jurisdiction of registration:

☐ Federal ☐ Provincial or territorial (Specify): _____

Incorporation number: _____

Does the owner intend to transfer ownership of this policy to another individual or entity within the next year? ☐ Yes ☐ No

Select third party type: ☐ Same as third party payor ☐ Individual ☐ Entity

Do not send this worksheet to Manulife

Details about the entity or individual who will become the owner for this policy

Entity name or individual name (first, middle initial, last)

Date of birth (dd/mm/yyyy) (for individual only)

Address (Unit, street number and name)

City or town

Province

Postal Code

Address line 2 (optional)

If "Individual" was selected for third party type, complete these questions:

Relationship of this individual to the owner of the policy

In what industry is the individual employed?
(most recent if retired or not employed)
Refer to form NN1655, Valid industries and occupations, on Repsource

What is the individual's occupation? (most recent if retired or not employed)
Refer to form NN1655, Valid industries and occupations, on Repsource

Name of the individual's company/employer
(most recent if retired or not employed)

If "Entity" was selected for third party type, complete these questions:

Relationship of this entity to the owner of the policy

What is the entity's primary industry?
Refer to form NN1655, Valid industries and occupations, on Repsource

What is the entity's business type?
Refer to form NN1655, Valid industries and occupations, on Repsource

Is this entity a corporation? ☐ Yes ☐ No

Jurisdiction of registration:
☐ Federal ☐ Provincial or territorial (Specify): _____

Incorporation number: _____

Is there someone else who has indirect control or an interest in this policy, for example a power of attorney, guardianship or assignment? ☐ Yes ☐ No

Select third party type: ☐ Same as third party payor ☐ Same as new owner ☐ Individual ☐ Entity

Details about the entity or individual that will be involved with this policy

Entity name or individual name (first, middle initial, last)

Date of birth (dd/mm/yyyy) (for individual only)

Address (Unit, street number and name)

City or town

Province

Postal Code

Address line 2 (optional)

Do not send this worksheet to Manulife

If "Individual" was selected for third party type, complete these questions:

Relationship of this individual to the owner of the policy

In what industry is the individual employed?
(most recent if retired or not employed)
Refer to form NN1655, Valid industries and occupations, on Repsource

What is the individual's occupation? (most recent if retired or not employed)
Refer to form NN1655, Valid industries and occupations, on Repsource

Name of the individual's company/employer
(most recent if retired or not employed)

If the relationship of this third party is Power of Attorney, complete the shaded area:

Client identification method:
☐ Single method ☐ Dual method* ☐ Details to be provided at a later date
*If Dual method is selected, complete and attach NN1663 Dual Method Identification form

Which original Canadian document was reviewed by the advisor to verify this person's identity?
☐ Driver's licence ☐ Citizenship card (issued prior to 2012)
☐ Canadian passport ☐ Other (Specify): _____

Name on document reviewed (first, middle initial, last):

Identifying number of document reviewed: _____

Jurisdiction of issue:
Provincial or territorial (Specify): _____

Expiry date (dd/mm/yyyy): _____

Verification date (dd/mm/yyyy): _____

If "Entity" was selected for third party type, complete these questions:

Relationship of this entity to the owner of the policy

What is the entity's primary industry?
Refer to form NN1655, Valid industries and occupations, on Repsource

What is the entity's business type?
Refer to form NN1655, Valid industries and occupations, on Repsource

Is this entity a corporation? ☐ Yes ☐ No

Jurisdiction of registration:
☐ Federal ☐ Provincial or territorial (Specify): _____

Incorporation number: _____

PRODUCT DETAILS

What do you intend to use this policy for? Select all that apply.
☐ Personal insurance ☐ Savings ☐ Retirement planning ☐ Estate or legacy planning ☐ Business insurance ☐ Business investment

Tax status: ☐ Exempt ☐ Non-exempt **Frequency of policy statements:** ☐ Annually ☐ Semi-annually ☐ Quarterly

Select the death benefit type(s) and where appropriate, provide the % of account value payable on each death for each relevant product(s):

Manulife UL YRT Client Investment Select: ☐ Face Plus ☐ Level Face
Manulife UL YRT Gold Investment Account: ☐ Face Plus ☐ Level Face
Manulife UL Level Client Investment Select: ☐ Face Plus ☐ Account value on each death % of account value payable on each death: _____
Manulife UL Level Gold Investment Account: ☐ Face Plus ☐ Account value on each death % of account value payable on each death: _____

Innovision: ☐ Level ☐ Face Plus ☐ Account value on last death claim
☐ Account value on each death % of account value payable on each death: _____

For Innovision only – Select the **bonus option:** ☐ Investment Accelerator ☐ Valued Client

Do not send this worksheet to Manulife

DEPOSIT ALLOCATION

Information required for Manulife UL YRT Gold Investment Account and Manulife UL Level Gold Investment Account:

Planned Deposit $ _____

Future Deposits
Minimum monthly deposit ☐ Yes ☐ No Planned periodic deposit amount $ _____

Information required for InnoVision, Security UL, Manulife UL Level Client Investment Select and Manulife UL YRT Client Investment Select

Planned Deposit $ _____ Investment Information: _____

Future Deposits
Minimum monthly deposit ☐ Yes ☐ No **If no**, planned periodic deposit amount $ _____

Allocate future deposits same as the initial deposit allocation ☐ Yes ☐ No **If no**, investment Information: _____

Information required for Performax Gold

Payment to cover policy costs $ _____ Planned additional payment amount $ _____

Allocation instructions for additional payments
Allocation to be applied to the accumulation account % _____

Allocation to purchase deposit option insurance %	Applies to (specify insured(s) and coverage)
%	
%	
%	

PERSONAL INFORMATION (continued)

Individual life insurance for a child (complete this section if one or both of the base insureds is a child)

What is the total amount of life insurance in effect on each of the child's parents?
Parent 1 $ _____ Parent 2 $ _____

What is the gross earned income of each of the child's parents?
Parent 1 $ _____ Parent 2 $ _____

How many siblings does the child have?
☐ 0 ☐ 1 ☐ 2 ☐ 3

How much insurance is in effect or pending on each sibling?
Sibling 1 $ _____ Sibling 2 $ _____

Sibling 3 $ _____

Manulife, Manulife Insurance, the Block Design, the Four Cube Design, and Strong Reliable Trustworthy Forward-thinking are trademarks of The Manufacturers Life Insurance Company and are used by it, and by its affiliates under license.