

Application for policy loan or withdrawal

We, us and our refers to the company that insures the policy identified below.

You and your refers to the policy owner.

Complete **one** form for each individual insurance policy.

For full surrenders, use *Policy surrender*, NN0387E.

Please send completed form to
Manulife Financial, Individual Insurance at:

All provinces except Quebec In Québec
500 King Street North 2000, rue Mansfield
PO BOX 1669 bureau 1310
WATERLOO ON N2J 4Z6 MONTREAL QC H3A 3A1

| | | | | | |
|---|---|---|---|----------|-------------|
| 1 Policy information | Policy number | | Name of policy owner(s) (first, middle initial, last) | | |
| 2 Policy loan or withdrawal information This policy loan or withdrawal could result in a taxable gain. Loan credit letter If you receive a T5 tax slip as a result of your loan, you may be entitled to a loan credit letter when you repay the loan. T2210-deduction of loan interest Interest paid on a policy loan used to earn income can be deducted while preparing your income tax return. You can request a T2210 from us. | Type of request <input type="radio"/> Policy loan <input type="radio"/> Policy withdrawal | Amount requested <input type="radio"/> Maximum loan or partial withdrawal available <input type="radio"/> Specific amount (after any charges have been subtracted) \$ _____ | | | |
| | For policy withdrawals, source of withdrawal <input type="radio"/> Withdrawal of paid up additions <input type="radio"/> Withdrawal of accumulated dividends <input type="radio"/> Partial withdrawal (indicate fund name, if applicable) _____ <input type="radio"/> Other (specify) _____ | | | | |
| | Payment instructions for the loan or withdrawal <input type="radio"/> Mail cheque to owner <input type="radio"/> Mail cheque to advisor <input type="radio"/> Pay by direct deposit <input type="radio"/> void cheque attached <input type="radio"/> to policy owner using banking information already on file <input type="radio"/> to another payee using banking information already on file (provide payee address) | | | | |
| | | Address (number, street) | City or town | Province | Postal code |
| <input type="radio"/> Other (specify) _____ | | | | | |
| 3 Loan details | If a policy loan interest rate (or service charge) is not specified in the policy, we will calculate interest at a rate set by us from time to time not to exceed the greater of: • 8% and • the prime rate being charged by our banker plus 2%. If the loan and interest, together with all other indebtedness under the policy, at any time exceeds the policy's cash value the policy will automatically terminate, subject to any right of reinstatement provided in the policy. | | | | |
| 4 Signatures If the owner is a corporation, we require: • two signing officers' signatures and titles or • one signing officer's signature, title and the corporate seal; if the corporation does not have a seal and you are the only person authorized to sign on behalf of the corporation, in addition to signing, write your initials in the box provided. * If the policy has been collaterally assigned or in Quebec, hypothecated, either: • obtain a Release of Assignment or Release of Hypothecation or • have the collateral assignee or hypothecary creditor sign this form to show consent for the policy loan or withdrawal. | Signature of owner #1 X Title (if applicable): | | Date (dd/mmm/yyyy) | | |
| | Initial here | Write your initials here to confirm that you are the only person authorized to sign on behalf of the corporation and that it does not have a seal. You must also sign above. | | | |
| | Signature of owner #2 X Title (if applicable): | | Date (dd/mmm/yyyy) | | |
| | Signature of collateral assignee/hypothecary creditor (if applicable)* X Title (if applicable): | | Date (dd/mmm/yyyy) | | |
| | Signature of collateral assignee/hypothecary creditor (if applicable)* X Title (if applicable): | | Date (dd/mmm/yyyy) | | |
| | Any irrevocable or preferred beneficiaries must sign to show their consent to the policy loan or withdrawal. Minor beneficiaries cannot give consent. | | | | |
| Signature of irrevocable beneficiary (if applicable) X | | Date (dd/mmm/yyyy) | | | |