

Mail or fax to Manulife Financial, Individual Insurance, at:

Outside Quebec
500 King Street North
PO Box 1669
WATERLOO ON N2J 4Z6
Fax: 1-877-763-8834

Inside Quebec
2000, rue Mansfield, bureau 1310
Montréal (Québec) H3A 3A1
Télec. : 1 877 271-5494

Request for change

Evidence of insurability NOT required

- *We, us* and *our* refer to the insurer of the policy listed below.
- *You* and *your* refer to the policy owner.

1 General information An <i>insured person</i> is a person who is insured under the policy or any rider.	Policy number		
	Name of the insured person (first, middle initial, last)	Sex <input type="radio"/> Male <input type="radio"/> Female	Date of birth (dd/mmm/yyyy)
	Branch code	Name of advisor	Advisor code

2a Changes to all types of policies * To change the dividend option from accumulation to paid-up additions/insurance, complete <i>Application for change</i> , NN7001E. ** To change the death benefit option to increasing, complete <i>Application for change</i> , NN7001E. *** To add a step-child or legally adopted child to an existing rider or if your plan requires evidence of insurability for each child, complete <i>Application for change</i> , NN7001E. † Cancelling an insurance coverage for Performax Gold results in the cancellation of any associated Performax Enhancer and Early Cash Value Enhancer rider coverages. †† If this change is for Security UL (policy date before Sept. 25, 2004) or Limited Pay UL: any partial cost refund or guaranteed cash value amount released because of a policy change will be placed in your policy investment accounts. To withdraw that amount from your policy (subject to taxation and our administrative rules), select 'Other change' and provide withdrawal instructions.	<input type="radio"/> Change birthdate (<i>submit proof of birthdate</i>) from _____ to _____ (dd/mmm/yyyy) (dd/mmm/yyyy)		
	<input type="radio"/> Change dividend option* from _____ to _____ Important: If you are changing the dividend option from Term Option or Enhancement, your yearly term insurance coverage will be cancelled.		
	<input type="radio"/> Switch from 10-Year cost coverage to <input type="radio"/> Level cost coverage <input type="radio"/> 20-Year cost coverage (Lifecheque policies only) <input type="radio"/> for all insurance or <input type="radio"/> for insurance coverage number(s) _____		
	<input type="radio"/> Change coverage option (<i>Family Term and Business Term only</i>) to <input type="radio"/> Term-20 or <input type="radio"/> Term-Life		
	<input type="radio"/> Change from Yearly Renewable (increasing) to Level cost of insurance <input type="radio"/> for all insurance or <input type="radio"/> for insurance coverage number(s) _____		
	<input type="radio"/> Change death benefit option to Level**		
	<input type="radio"/> Change Joint first-to-die coverage to Joint last-to-die, Costs to first death (<i>InnoVision policies dated April 21, 2007 or later only</i>). <input type="radio"/> Change Joint first-to-die coverage to Joint last-to-die, Costs to last death (<i>InnoVision and Security UL only</i>). You must submit a signed illustration and select one of the following options: <input type="radio"/> Change all Joint first-to-die coverages or <input type="radio"/> Change \$ _____ of coverage number _____		
	<input type="radio"/> Add a child born to an insured person to an existing children's protection rider*** Name of child _____ Date of birth(dd/mmm/yyyy) _____ Sex <input type="radio"/> Male <input type="radio"/> Female		
	<input type="radio"/> Cancel an insurance or rider coverage† (specify coverage number and, if applicable, name of rider) _____ Note: If you cancel a Performax Gold Early Cash Value Enhancer rider without cancelling the associated coverage, no cash value from the Early Cash Value Enhancer rider will be released.		
	<input type="radio"/> Decrease a benefit or rider (specify name of benefit or rider) _____ from \$ _____ to \$ _____ Note: You cannot decrease a Performax Gold Early Cash Value Enhancer rider.		
	<input type="radio"/> Delete an insured person†† (specify name of insured person) _____		
	<input type="radio"/> Decrease face amount†† on coverage number _____ from \$ _____ to \$ _____ New premium (UL only): _____ (specify premium amount or write 'minimum') Note: Any associated Performax Gold Early Cash Value Enhancer rider will decrease by the same amount.		
	<input type="radio"/> Change fund (<i>Manulife Investor only</i>) from _____ to _____ (name of fund) (name of fund)		
	<input type="radio"/> Change to Reduced Paid-up (<i>submit the policy document or Declaration of loss of policy, NN0528E.</i>)		
<input type="radio"/> Other change (specify; e.g. change withdrawal order.) _____			

►► For changes specific to Performax Gold policies only go to section 2b.
 ►► For changes specific to disability policies only go to section 2c.

2b Additional changes to Performax Gold policies only

††† To change the performance credit option from accumulation account to term option or paid-up insurance, or from paid-up insurance to term option, complete *Application for change*, NN7001E.

For Performax Gold policies: Any cash value and/or unused costs released because of a policy change will be placed in your accumulation account. To withdraw that amount (subject to taxation and our administrative rules), select *Other change* above and provide withdrawal instructions.

<input type="radio"/> Change performance credit option††† for insurance coverage number _____ <input type="radio"/> to accumulation account <input type="radio"/> from term option to paid-up insurance Note: If you are changing your performance credit option from term option to any other option, your yearly term insurance coverage will be cancelled as part of this change.
<input type="radio"/> Decrease Performax Enhancer coverage <input type="radio"/> Decrease paid-up insurance coverage number _____ from \$ _____ to \$ _____ <input type="radio"/> Decrease deposit option insurance coverage number _____ from \$ _____ to \$ _____ Note: If your performance credit option is term option, decreasing your paid-up insurance or deposit option insurance decreases your term option amount by the same dollar value. In addition, if you decrease your paid-up insurance, you also lose any term option guarantee. If you have deposit option insurance, we recommend decreasing this coverage instead of your paid-up insurance coverage to minimize the impact of the decrease on your term option amount.
<input type="radio"/> Decrease term option amount for insurance coverage number _____ from \$ _____ to \$ _____

2c Additional changes to disability policies only

<input type="radio"/> Renew disability policy after age 65 (<i>submit a letter of employment on company letterhead that states that the insured person is gainfully employed a minimum of 30 hours per week</i>)
<input type="radio"/> Decrease benefit period from _____ to _____
<input type="radio"/> Increase elimination period from _____ to _____
<input type="radio"/> Add premium refund rider <input type="radio"/> 4-Back or <input type="radio"/> 5-Back

3 Signatures

Insured person(s) may be a parent or guardian, if applicable.

Policy owner(s)
(if other than the insured person)

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.

By signing below:

- you are requesting the changes or deletions shown above to the policy identified in section 1. You authorize us, if necessary, to amend the policy.
- you, any irrevocable beneficiary and any collateral assignee or hypothecary creditor understand that the changes may change the amount, timing and conditions under which benefits will become payable on your policy.
- you, the insured person, any irrevocable beneficiary and collateral assignee or hypothecary creditor agree that a faxed copy of this form is valid authorization to process these changes.
- if the premiums for this policy are paid by automatic monthly withdrawal, the owner(s) of that bank account agree that we can increase the monthly withdrawal by the new amount required to keep the policy in effect as a result of this policy change. **They waive the right to receive 10 days' notice of the amount of automatic monthly withdrawal.**

Signature of insured person X		Signature of witness X		Date (dd/mmm/yyyy)
Signature of policy owner X	Title	Signature of witness X	Date (dd/mmm/yyyy)	
Signature of policy owner X	Title	Signature of witness X	Date (dd/mmm/yyyy)	
Signature of irrevocable beneficiary X		Signature of witness X		Date (dd/mmm/yyyy)
Signature of collateral assignee or hypothecary creditor X	Title	Signature of witness X	Date (dd/mmm/yyyy)	
Signature of collateral assignee or hypothecary creditor X	Title	Signature of witness X	Date (dd/mmm/yyyy)	
Name of account holder #1 (first, middle initial, last) or full legal name of corporation (including Company etc.) (if that person has not already signed above)		Name of account holder #2 (first, middle initial, last) (if that person has not already signed above)		
Signature of account owner #1 X		Signature of account owner #2 X		
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.			