

Request to change or create a new automatic monthly withdrawal plan

Send by mail to:
Manulife Financial, Individual Insurance
500 King Street North
PO BOX 1669
WATERLOO ON N2J 4Z6
or by fax to: 1-866-257-6207

- *We, us* and *our* mean the company that insures the policy identified below.
- *You* and *your* mean the policy owner unless otherwise defined.

1 General information	Policy number																		
	Name of policy owner #1 or full legal name of corporation, including "Company", "Limited", "Inc.", etc.		Name of policy owner #2 or full legal name of corporation, including "Company", "Limited", "Inc.", etc.																
	Who is paying the premium?																		
	<input type="radio"/> you or <table border="1"> <tr> <td colspan="2">Name (first, middle initial, last)</td> <td colspan="2">Relationship to policy owner</td> </tr> <tr> <td>Address</td> <td>City or town</td> <td>Province</td> <td>Postal code</td> </tr> <tr> <td colspan="2">Name (first, middle initial, last)</td> <td colspan="2">Relationship to policy owner</td> </tr> <tr> <td>Address</td> <td>City or town</td> <td>Province</td> <td>Postal code</td> </tr> </table>				Name (first, middle initial, last)		Relationship to policy owner		Address	City or town	Province	Postal code	Name (first, middle initial, last)		Relationship to policy owner		Address	City or town	Province
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2 Create a new automatic monthly withdrawal plan * only available on eligible Performax and Performax Gold policies **This date must be at least four days before the policy anniversary/monthly processing day. Your automatic monthly withdrawal plan comes into effect on this date.	Amount of automatic monthly withdrawals		Deposit option* amount (if applicable)																
	Preferred automatic monthly withdrawal date (1st through 28th)**		First withdrawal date** (dd/mm/yyyy)																
	Note: The account type must be a chequing account in Canadian currency. It cannot be a line of credit. What banking information should we use? <input type="radio"/> from the attached void cheque (Attach the cheque to this page) <input type="radio"/> as follows: (Only complete the table below if you do not have a void cheque)																		
	Name of Canadian bank or financial institution		Transit number	Institution number	Account number														
3 Change an existing automatic monthly withdrawal plan	<input type="radio"/> add another policy to an existing automatic monthly withdrawal plan		Policy number to be added to automatic monthly withdrawal																
	<input type="radio"/> change amount withdrawn from automatic monthly withdrawal plan		New amount to be withdrawn from automatic monthly withdrawal plan																
	<input type="radio"/> make loan repayments from automatic monthly withdrawal plan		Amount to be added to automatic monthly withdrawal plan for loan repayments																
	<input type="radio"/> change the date we take automatic monthly withdrawals		New date for automatic monthly withdrawals																
4 Signatures	<p>In this section, <i>you</i> and <i>your</i> refer to the owner(s) of the bank account from which withdrawals will be made.</p> <p>By asking us to establish an automatic monthly withdrawal plan to pay the regular payments, you agree to the following:</p> <ul style="list-style-type: none"> • you authorize us to make monthly withdrawals from your bank account to pay for the policy • except as otherwise stated in this agreement, the withdrawals will occur on the date that you specified above • the withdrawals from your bank account are in variable amounts. This means they may increase as required to administer the policy. (Example: if the premiums for the policy are scheduled to change), and • you waive the right to receive 10 days' notice of the amount and date of each automatic monthly withdrawal to be made from your account. 																		

4 Signatures (continued)

What we will do if your bank or financial institution does not honour an automatic monthly withdrawal

If your bank or financial institution does not honour an automatic monthly withdrawal the first time we present it for payment, we may attempt to withdraw that payment again within 30 days.

If that withdrawal is not honoured, we may attempt to withdraw that amount again together with your next month's automatic monthly withdrawal.

We reserve the right to end the automatic monthly withdrawal plan immediately if a withdrawal is not honoured.

Making changes to your automatic monthly withdrawal plan

You can request changes to the amount of the automatic monthly withdrawal or the account from which the automatic monthly withdrawal is being taken by telephone or in writing. We must receive the request at least three days before the automatic monthly withdrawal date. The advisor for this policy can also make these changes on your behalf.

Universal life or Performax Gold policies

For universal life or Performax Gold policies, we have the right to change your monthly withdrawal date to be at least four days before your policy processing day.

Information about withdrawals from your bank account

Personal withdrawals

All automatic monthly withdrawals from your bank account will be treated as personal withdrawals as defined by the Canadian Payments Association in Rule H1 at www.cdnpay.ca.

Cancelling this agreement

You or we can end this agreement at any time by giving 10 days' written notice, counted from the date the notice is mailed. For a sample cancellation form or more information about cancelling an automatic monthly withdrawal plan, contact your bank or financial institution or visit www.cdnpay.ca.

Unauthorized withdrawals

You have certain recourse rights if any withdrawal does not comply with this agreement. For example, you have the right to receive reimbursement for any withdrawal that is not authorized or is not consistent with this agreement. To obtain more information on your recourse rights, contact your bank or financial institution or visit www.cdnpay.ca.

Your personal information

You authorize us to collect, use, release and exchange any personal information necessary to fulfill any obligations relating to withdrawals made from your bank account.

For more information about withdrawals from your bank account

If you have any questions or concerns about withdrawals from your bank account, contact us at 1-888-626-8543 in all provinces except Quebec and at 1-888-626-8843 in Quebec.

For more information about your rights, contact your bank or financial institution or the Canadian Payments Association at www.cdnpay.ca.

Certification

You certify that all people whose signatures are required on this account have signed below, including any required joint account owners or corporate signing officers.

The owner of the account from which payments are to be made must sign below to authorize the withdrawals.

If withdrawals are to be made from a joint account and if your bank or financial institution requires both signatures, both account owners must sign.

If withdrawals are to be made from a corporate account, identify the corporate account and provide the signatures and titles of two corporate signing officers or the signature and title of one signing officer and the corporate seal. If the corporation does not have a corporate seal and you are the only person authorized to sign on behalf of the corporation, sign in the box for account owner #1 and write your initials in the box provided.

Name of account owner #1 or corporate signing officer #1		Date (dd/mm/yyyy)
Signature of account owner #1 or corporate signing officer #1 X		Title (if applicable)
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.	
Name of account owner #2 or corporate signing officer #2 (if applicable)		Date (dd/mm/yyyy)
Signature of account owner #2 or corporate signing officer #2 X		Title (if applicable)