

Group Benefits Life Conversion Option

Facts about converting your Group Life coverage to an individual policy

As a Manulife Financial group plan member, you may be eligible to convert your group life insurance to an individual policy without having to provide evidence of good health or undergo a medical exam, provided you do so within 31 days of the date your group life insurance terminates or reduces. You can convert your Basic Life Insurance amount and Optional Life Insurance amount (if applicable) up to a combined maximum of \$200,000 (\$400,000 for residents of Quebec) - or as indicated in your group contract. Depending on your plan specifications, you may also be able to convert your spouse's coverage to an individual policy. When your group life insurance benefits cease or reduce you may have the following options:

1. Convert your (and/or your spouse's) group life insurance to individual insurance. Residents of Quebec may convert Dependant life coverage. **You must apply within 31 days of termination or reduction of Group Life Insurance coverage.**
2. Replace your (and/or your spouse's and/or your dependant's) group life coverage with an individual plan purchased through your financial advisor or a Manulife Financial agent.
3. Get new Group Life coverage at your next place of employment.

You may choose one of any of the following three options for an individual policy:

PERMANENT LIFE – This is a Permanent Life policy with the insurance becoming payable at the death of the insured. Your premiums are guaranteed not to increase, we guarantee administration charges won't change and we offer an investment account that guarantees you a minimum interest rate for the life of the policy.

Once your Application for Conversion is received and assessed, additional documentation will be mailed to your attention. It is your responsibility to ensure these documents are completed and returned back to Manulife within three weeks of the date on the accompanying letter.

LEVEL TERM LIFE TO AGE 65 – This policy provides temporary life insurance from the date of issue, until the insured reaches age 65. This policy cannot be converted to another form of insurance, and will terminate when the insured reaches age 65 or at death, whichever is earlier. This policy does not participate in dividends.

ONE-YEAR NON-RENEWABLE, CONVERTIBLE TERM INSURANCE – This policy provides temporary life insurance from the date of issue for one year only. This policy does not participate in dividends. It can be exchanged at any time during the one-year period without medical evidence, but only to a Permanent Life policy or Term Life to Age 65 as outlined above. The premium of the new policy will be calculated at the attained age of the insured at the time of the exchange of policy.

For more information about applying for conversion of your group life coverage to an individual policy, contact your employer's plan administrator or Manulife Financial at:

Customer Service Centre: 1-800-268-6195

TTY/TDD service: 1-800-685-7793

Note: Depending on your age, health etc., you may prefer to simply purchase an individual life insurance policy rather than convert your group life insurance. If you would like to explore this option, you can contact the Individual Life Services Centre outside Quebec at 1-888-MANULIFE (1-888-626-8543) and within Quebec 1-888-MANUVIE (1-888-626-8843).

Premium Rates

Your premium rates will depend on the following:

- The type of insurance you choose.
- The amount of insurance you are converting.
- Your age within six months of the issue date of your new individual policy.
- Annual or monthly payments.

Premiums can be paid annually or monthly. There is also a policy fee depending on which plan and payment method you choose. The chart on page 2 shows annual rates for all three individual insurance plans between the ages of 30 - 65 inclusive.

Quebec residents only: see page 2 for dependent child rate. Please contact your benefit administrator if you would like the rates for an age that is different from what is shown here. The annual rates shown are per \$1,000 of life insurance. Policy fees and rates are subject to change.

Age	Permanent Life		Level Term to Age 65		One-Year Convertible		Age	Permanent Life		Level Term to Age 65		One-Year Convertible	
	Male	Female	Male	Female	Male	Female		Male	Female	Male	Female	Male	Female
30	\$ 7.81	\$ 7.02	\$3.23	\$2.41	\$2.77	\$2.01	48	\$20.78	\$15.73	\$ 9.07	\$ 6.51	\$ 7.58	\$ 5.38
31	\$ 8.36	\$ 7.39	\$3.50	\$2.59	\$2.91	\$2.11	49	\$22.11	\$16.44	\$ 9.28	\$ 6.66	\$ 8.60	\$ 6.10
32	\$ 8.92	\$ 7.74	\$3.76	\$2.79	\$2.97	\$2.15	50	\$23.44	\$17.28	\$ 9.49	\$ 6.80	\$ 9.70	\$ 6.87
33	\$ 9.47	\$ 8.08	\$4.05	\$3.00	\$3.00	\$2.18	51	\$25.26	\$18.08	\$ 9.81	\$ 7.02	\$10.82	\$ 7.65
34	\$10.02	\$ 8.41	\$4.36	\$3.20	\$3.09	\$2.24	52	\$27.07	\$18.75	\$10.12	\$ 7.24	\$11.85	\$ 8.37
35	\$10.57	\$ 8.73	\$4.66	\$3.42	\$3.16	\$2.29	53	\$28.87	\$19.69	\$10.45	\$ 7.47	\$12.95	\$ 9.14
36	\$11.27	\$ 9.33	\$4.94	\$3.62	\$3.25	\$2.35	54	\$30.68	\$20.48	\$10.79	\$ 7.71	\$14.12	\$ 9.96
37	\$11.92	\$ 9.90	\$5.22	\$3.81	\$3.34	\$2.42	55	\$32.48	\$21.54	\$11.12	\$ 7.95	\$15.45	\$10.89
38	\$12.54	\$10.44	\$5.51	\$4.01	\$3.42	\$2.47	56	\$34.92	\$22.85	\$11.66	\$ 8.32	\$16.80	\$11.83
39	\$13.12	\$10.96	\$5.82	\$4.23	\$3.52	\$2.54	57	\$37.36	\$24.49	\$12.24	\$ 8.70	\$18.23	\$12.83
40	\$13.66	\$11.45	\$6.13	\$4.45	\$3.65	\$2.63	58	\$39.80	\$26.11	\$12.82	\$ 9.10	\$19.68	\$13.85
41	\$14.51	\$11.99	\$6.57	\$4.76	\$3.79	\$2.73	59	\$42.23	\$27.73	\$13.38	\$ 9.48	\$21.23	\$14.93
42	\$15.33	\$12.52	\$7.02	\$5.08	\$3.99	\$2.87	60	\$44.66	\$29.33	\$13.92	\$ 9.89	\$22.91	\$16.11
43	\$16.12	\$13.03	\$7.49	\$5.41	\$4.30	\$3.08	61	\$47.23	\$30.63	\$14.43	\$10.48	\$24.68	\$17.35
44	\$16.89	\$13.52	\$7.96	\$5.74	\$4.71	\$3.37	62	\$49.81	\$32.77	\$15.00	\$11.24	\$26.83	\$18.85
45	\$17.63	\$14.00	\$8.46	\$6.10	\$5.27	\$3.76	63	\$52.38	\$34.92	n/a	n/a	\$29.52	\$20.73
46	\$18.69	\$14.32	\$8.66	\$6.23	\$5.90	\$4.21	64	\$54.96	\$37.08	n/a	n/a	\$32.71	\$22.97
47	\$19.59	\$15.03	\$8.86	\$6.37	\$6.68	\$4.75	65	\$57.53	\$39.23	n/a	n/a	\$36.35	\$25.51

The Minimum partial conversion amount is \$10,000. For Quebec residents, the minimum amount required for conversion of a plan member's coverage is \$10,000 and of a spouse or dependant's coverage is \$5,000.

Quebec Dependant coverage will be converted at the following rates:

Permanent Life		Level Term to Age 65		One-Year Convertible	
Male	Female	Male	Female	Male	Female
\$5.07	\$4.06	\$2.83	\$2.12	\$2.53	\$2.01

Calculating your premiums for Permanent Life:

To calculate the **Annual** premium for Permanent Life product:

Rate (see above rate table) x number of (\$1,000) Units of insurance + \$122.45 annual policy fee = annual premium

Example #1

Male, age 60 (within six months of new issue date) converting \$30,000 to Permanent Life:

Annually: \$44.66 x 30 = \$1,339.80 + \$122.45 (annual policy fee) = \$1,462.25/year

To calculate the **Monthly** premium for Permanent Life product:

Calculate the annual rate and divide by 12.

Monthly: annual premium \$1,462.25/year ÷ 12 months = \$121.85/monthly

Calculating your premiums for Level Term to Age 65 or One-Year Convertible Term product:

To calculate the **Annual** premium for the Term to Age 65 or One-Year Convertible Term product:

Rate (see above rate table) x number of (\$1,000) Units of insurance + \$50 annual policy fee = annual premium

Example #2

Female, age 62 (within six months of new issue date) converting \$40,000 to One-Year Convertible Term:

Annually: \$18.85 x 40 = \$754 + \$50 (annual policy fee) = \$804/year

To calculate the **Monthly** premium for Term to Age 65 or One-Year Convertible Term product:

Rate (see above rate table) x number of (\$1,000) Units of insurance x .0892 + \$6.00 monthly fee = monthly premium

Rate \$18.85 x 40 = \$754 x .0892 = \$67.26 + \$6 monthly fee = \$73.26 monthly premium

IMPORTANT:

Should you decide to convert your group life insurance, **you must complete and submit the attached application within 31 days of the date your group coverage expires or reduces.** Failure to submit within 31 days may result in the loss of this conversion option. Depending upon your payment plan, you may need to provide Manulife Financial with some banking information so that we can automatically withdraw your premium payments from your bank account.

When submitting your application, please ensure you send in the following:

- Application completed in full
- If paying annually, full annual premium
- If paying monthly, a PAD form, void cheque AND a separate cheque for the first month's premium

YOU MUST SUBMIT A COMPLETED APPLICATION AND PROVIDE PAYMENT IN ORDER FOR THE POLICY TO BE ISSUED.

Group Benefits Group Insurance - Application for Conversion

Please print.

Mailing address: Manulife Financial, Plan Member Administration
PO BOX 11006, STN CENTRE-VILLE, MONTREAL QC H3C 4P8

1 Plan sponsor information

(to be completed by the plan sponsor)

Plan sponsor's name	Benefit termination/reduction date (dd/mmm/yyyy)
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Plan member's name (first, middle initial, last)
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Is the member approved for/or waiting to be approved for either disability benefits or waiver of premium?	<input type="radio"/> Yes	<input type="radio"/> No
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Plan member's group insurance

	Amount	Plan contract number	Division number
Basic Life coverage	\$		
Optional Life coverage	\$		

Spouse's group insurance

Basic Life \$	Optional Life \$		
Signature of plan administrator		Title	Date signed (dd/mmm/yyyy)
Plan administrator's name	Email	Telephone number () Ext.	

Dependant group insurance

(Quebec residents only)

If more than 2 dependants please attach a separate listing.

Basic Life \$	Optional Life \$		
Signature of plan administrator		Title	Date signed (dd/mmm/yyyy)
Plan administrator's name	Email	Telephone number () Ext.	
Basic Life \$	Optional Life \$		
Signature of plan administrator		Title	Date signed (dd/mmm/yyyy)
Plan administrator's name	Email	Telephone number () Ext.	

2 Plan member (Proposed life insured) information

(to be completed by the plan member)

* Note: In the province of Quebec, in the absence of a revocable/irrevocable designation, the legal spouse is deemed to be irrevocable and other beneficiaries are deemed revocable. An irrevocable designation cannot be changed without the beneficiary's written consent.

Full name (first, middle initial, last)		Plan member certificate number	
Mailing address (number, street and apt.)		City/Town	Province Postal code
Date of birth (dd/mmm/yyyy)	Plan member's sex <input type="radio"/> Male <input type="radio"/> Female	Home telephone number ()	
Beneficiary name (first, middle initial, last)		Relationship to applicant	Please indicate whether the beneficiary is revocable or irrevocable*
What is new occupation?	Will you have Group Life coverage with your new occupation within 31 days of above benefit cease date? <input type="radio"/> Yes <input type="radio"/> No	How much life insurance coverage will you have under your new group plan? \$	
Individual plan requested <input type="radio"/> Permanent Life <input type="radio"/> Level Term to Age 65 <input type="radio"/> One Year Non-renewable Convertible Term	Amount of Insurance to convert (Maximum \$200,000/\$400,000 for Quebec residents or as indicated in your Group Contract) \$	Premium payment option <input type="radio"/> Annual <input type="radio"/> Monthly - (PAD required, see page 6)	

Spouse (Proposed life insured)

Full name (first, middle initial, last)		
Date of birth (dd/mmm/yyyy)	Plan member certificate number	Spouse's sex <input type="radio"/> Male <input type="radio"/> Female
Beneficiary name (first, middle initial, last)	Relationship to applicant	Please indicate whether the beneficiary is revocable or irrevocable*
Individual plan requested <input type="radio"/> Permanent Life <input type="radio"/> Level Term to Age 65 <input type="radio"/> One Year Non-renewable Convertible Term	Amount of Insurance to convert (Maximum \$200,000/\$400,000 for Quebec residents or as indicated in your Group Contract) \$	Premium payment option <input type="radio"/> Annual <input type="radio"/> Monthly - (PAD required, see page 6)

Dependant (Proposed life insured)

(Quebec residents only)

If more than 2 dependants please attach a separate listing.

Full name (first, middle initial, last)		
Date of birth (dd/mmm/yyyy)	Plan member certificate number	Sex <input type="radio"/> Male <input type="radio"/> Female
Beneficiary name (first, middle initial, last)	Relationship to applicant	Please indicate whether the beneficiary is revocable or irrevocable*
Individual plan requested <input type="radio"/> Permanent Life <input type="radio"/> Level Term to Age 65 <input type="radio"/> One Year Non-renewable Convertible Term	Amount of Insurance to convert (Maximum \$200,000/\$400,000 for Quebec residents or as indicated in your Group Contract) \$	Premium payment option <input type="radio"/> Annual <input type="radio"/> Monthly - (PAD required, see page 6)

Full name (first, middle initial, last)		
Date of birth (dd/mmm/yyyy)	Plan member certificate number	Sex <input type="radio"/> Male <input type="radio"/> Female
Beneficiary name (first, middle initial, last)	Relationship to applicant	Please indicate whether the beneficiary is revocable or irrevocable*
Individual plan requested <input type="radio"/> Permanent Life <input type="radio"/> Level Term to Age 65 <input type="radio"/> One Year Non-renewable Convertible Term	Amount of Insurance to convert (Maximum \$200,000/\$400,000 for Quebec residents or as indicated in your Group Contract) \$	Premium payment option <input type="radio"/> Annual <input type="radio"/> Monthly - (PAD required, see page 6)

3 Declaration, authorizations and consent

In this section, *you* and *your* refer to the life applicant.

I, the Applicant, declare, to the best of my knowledge and belief, that all answers and statements recorded in this application are true and complete and agree that:

1. This application will be the basis of my contract issued hereunder;
2. Manulife Financial will not be bound by any statement made to, or by, or any knowledge on the part of any other person, unless stated in writing in this application.

Read this entire section carefully. It explains how your personal information is used to issue and administer the policy or policies being applied for on this form. Your signature on this form means that you authorize and agree to the ways we collect, use, share and retain your personal information and that you agree to the terms described in this application. You may not alter any of the wording in section 3. Any attempt to do so will be of no effect. If you wish to withdraw your consent or opt out of direct marketing, see the relevant section below.

Using your personal information

We may use the personal information that we collect to:

- confirm your identity and to uniquely identify you
- confirm the accuracy of the information collected
- review claims submitted to us
- properly administer any financial services and products we provide
- comply with legal and regulatory requirements
- conduct searches to locate you and update your contact information in our files and
- determine whether other financial products offered by us, our affiliates and select financial product providers, are suitable for you so that we can provide you with details on those products. In addition, we may use your social insurance number and your business number (if applicable) to uniquely identify you and to fulfill our tax-reporting requirements.

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3 Declaration, authorizations and consent (continued)

Sharing your personal information

We may share your personal information with the following people, organizations or service providers:

- our employees and agents who require this information to perform their jobs
- third-party service providers who require this information to provide their services to us, which may include:
 - claims investigators and investigative agencies
 - providers of information processing and storage, programming, printing, mailing and distribution services
- your advisor and any agency that employs your advisor or has named your advisor as its agent, and their employees
- applicable reinsurance companies to allow them to evaluate and administer any insurance risk that they accept
- people to whom you have granted access
- people who are legally authorized to view your personal information

These people, organizations and service providers may be in other provinces or in jurisdictions outside Canada. Your information may be shared as required by the laws of those jurisdictions.

Protecting and retaining your personal information

We protect the personal information that we collect and secure it in an individual insurance file. We will keep your personal information for the longer of:

- the time period required by law and by guidelines set for the financial services industry
- the time period required to administer the products and services we provide.

These authorizations and your consent remain in effect after your death so that we can evaluate and review any claims related to the policy.

Dealing with us by telephone

Customer service calls are recorded for service quality control, information verification and training.

Withdrawing consent

You may withdraw your consent for us to collect, use, share or retain your personal information if federal or provincial laws give you this right.

If you have withdrawn your consent or if your consent is not adequate, you agree that until adequate consent is given the following consequences may apply:

- no benefit will be payable under the policy
- you or your estate will not be able to exercise any rights you have under the policy without our agreement and
- at our option, we may choose to terminate the policy.

You may at any time withdraw your consent for us to use your social insurance number and your business number for the purpose of uniquely identifying you. However, withdrawal of this consent may affect our ability to ensure the accuracy of your personal and financial information.

Opting out of direct marketing

You have the right to opt out of additional product offerings. By withdrawing your consent for us to use your personal information for the purpose of marketing, you understand it will not affect our ability to continue to provide you with the products and services you have requested, but it will exclude you from receiving direct personalized marketing or special offers on other products and services.

To withdraw your consent or to opt out

To withdraw your consent, you must use the form and the process for withdrawal of consent that we determine. Please contact us for detailed information or for forms by calling our Customer Service Centre at 1-888-626-8543 outside Quebec, or 1-888-626-8843 in Quebec, or by writing to the privacy office at the address on this page.

Your right to access your personal information

You can ask to review your personal information in our files and have any inaccuracies corrected by sending a written request to: Privacy Office – Individual Insurance

25 Water Street S.
PO Box 800 Stn C
Kitchener ON N2G 4Y5

Additional privacy policy information

You can obtain a copy of our policies and practices for handling personal information by contacting our Privacy Office at the above address or by visiting: www.manulife.ca > Privacy Policy

How we resolve complaints

To discuss any questions or concerns you may have, contact your advisor or our head office at: 1-888-626-8543 outside Quebec or 1-888-626-8843 in Quebec.

More information about our complaint resolution process is available on the Internet at: www.manulife.ca under Contact Us > Customer Satisfaction

Signed at (city/town)

Date (dd/mmm/yyyy)

Signature of witness

Signature of plan member

Signature of spouse (if applying)

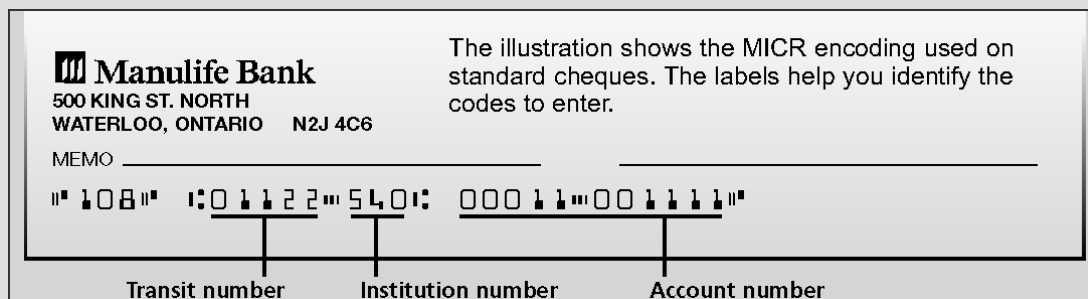
Request for Pre-Authorized Debit (PAD) plan

Please ensure you submit a void cheque and your first month's premium.

In this section, *you* and *your* refer to the owner(s) of the bank account from which withdrawals will be made. By asking us to establish an automatic monthly withdrawal plan to pay the regular payments, you agree to the following:

- 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 below
- 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.**

Type of account <input type="radio"/> Savings <input type="radio"/> Chequing <input type="radio"/> Other	Account number	Transit number
Name and address of bank, trust company, Credit Union or Caisse Populaire		
Name of account owner(s) as shown on bank record - please print		
Withdrawal day (1st through 28th day of the month only) (dd/mmm/yyyy)		



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.

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Request for Pre-Authorized Debit (PAD) plan (continued)

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/mmm/yyyy)
Signature of account owner #1 or corporate signing officer #1		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		Date (dd/mmm/yyyy)
Signature of account owner #2 or corporate signing officer #2		Title (if applicable)
Agent of record name		Date (dd/mmm/yyyy)
Name of company		Agent number
Company address		Telephone number () Ext.

Agent Information
(This field is only applicable if an agent is involved.)

YOU MUST SUBMIT A COMPLETED APPLICATION AND PROVIDE PAYMENT IN ORDER FOR THE POLICY TO BE ISSUED.