

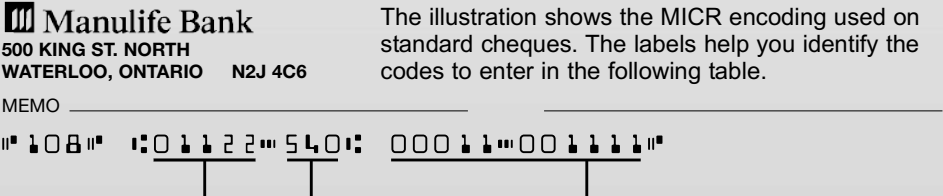
## Affinity Markets - Policy Services Change of information

- To be completed by the insured person unless otherwise indicated.
- Please retain copies for your files as originals will not be returned.

<b>1 Insured person information</b>	Policy number	Plan number	Identification number		
	Name of insured person/Plan member name		Email		
	Address of insured person (number, street and apartment)			Phone number ( )	
	City/Town	Province/State	Country	Postal code/Zip code	
<b>Type of change</b>	<input type="radio"/> <b>Name change</b> <input type="radio"/> <b>Address/Email change</b> <input type="radio"/> <b>Payment information change</b>				
<b>2 Name change</b>  <b>Submit the appropriate legal documents if:</b> <ul style="list-style-type: none"> <li>• the given name or surname has changed for reasons other than marriage, divorce or adoption</li> <li>• a company has changed its name.</li> </ul> <b>Example:</b> <ul style="list-style-type: none"> <li>• <b>Ontario &amp; Quebec:</b> Amendment to the Articles of Incorporation</li> <li>• <b>Other Provinces:</b> Supplementary Letters Patent</li> </ul> <b>No documentation is required if the name changed due to marriage, divorce or adoption.</b>	<b>The Manufacturers Life Insurance Company is requested to change the name of the</b> <input type="radio"/> Insured person <input type="radio"/> Owner				
	<b>From</b>				
	<b>To</b>				
	Reason for change	Date of change (dd/mmm/yyyy)			
<input type="radio"/> Marriage <input type="radio"/> Divorce <input type="radio"/> Adoption					
Full name of spouse (if change is due to marriage)					
<b>3 Address/Email change</b>  Indicate your previous address/email and your new address/email for all policies or accounts you want to change.  This change will be effective on the date it is received and accepted by us.	<b>Previous</b> address (number, street and apartment)				
	City/Town	Province/State	Country	Postal code/Zip code	
	<b>New</b> address (number, street and apartment)				
	City/Town	Province/State	Country	Postal code/Zip code	
	<b>Previous</b> phone number		<b>New</b> phone number		
	<b>Previous</b> email		<b>New</b> email		
<b>4 Your payment method</b>  Please select Option 1 or Option 2.	<input type="radio"/> <b>Option 1 – Credit card authorization</b> Credit card type: <input type="radio"/> Visa <input type="radio"/> MasterCard <input type="radio"/> American Express (Only for Health and Dental) Frequency: <input type="radio"/> Monthly <input type="radio"/> Annually				
	Account number			Expiry date	
	Name of Cardholder				
	<b>OR</b> <input type="radio"/> <b>Option 2 – Payment by cheque or pre-authorized debit</b> Annually – Please enclose a cheque payable to Manulife Financial and mail it along with the application to the address in section 7. Monthly Pre-Authorized Debit (PAD) – Please complete the following.				

**4 Your payment method  
(continued)**

**Staple cheque marked 'VOID'**



**Manulife Bank**  
500 KING ST. NORTH  
WATERLOO, ONTARIO N2J 4C6

MEMO \_\_\_\_\_

⑈ 1 0 8 ⑈ ⑆ 0 1 1 2 2 ⑈ 5 4 0 ⑆ 0 0 0 1 1 ⑈ 0 0 1 1 1 ⑈

Transit number
Institution number
Account number

The illustration shows the MICR encoding used on standard cheques. The labels help you identify the codes to enter in the following table.

Name of Account Holder			
Name of bank or financial institution	Transit number	Bank number	Account number
Address	City/Town	Province	Postal code
Account type: <input type="radio"/> Personal Chequing <input type="radio"/> Chequing/Savings <input type="radio"/> Savings <input type="radio"/> Current <input type="radio"/> Direct Deposit Account <input type="radio"/> Other			
<b>Joint Accounts:</b> Is this a joint account requiring only one signature? <input type="radio"/> Yes <input type="radio"/> No <i>If more than one signature is required on withdrawals issued against the account, both account holders must sign this authorization.</i>			
<b>Non-Chequing Accounts:</b> Since approval from my/our financial institution is required for pre-authorized payments from accounts with no chequing privileges, I/we have made prior arrangements to allow for pre-authorized payments from my/our account. Enclosed is a withdrawal slip that has been stamped by my/our financial institution allowing withdrawals to be made from my/our non-chequing account.			

**Payment authorization**

Please complete one option.

**For Credit Card payment options**  
**I/We hereby authorize** Manulife Financial to make a withdrawal from my/our account \$ \_\_\_\_\_ on or about the first business day of each month in which insurance premiums are due. This Authorization may be terminated by either Manulife Financial or by me through written notice. Manulife Financial may terminate coverage or change the method of payment to another qualifying method should a withdrawal be refused for any reason and the financial institution shall in no way be held liable should such an event occur.

Name of Cardholder	Signature of Cardholder
Second signature if joint credit card account	Dated (dd/mmm/yyyy)

**For Pre-Authorized Debit (PAD) payment options**  
**I/We authorize** Manulife Financial to withdraw the premium amount of \$ \_\_\_\_\_ for monthly insurance premiums due on or after the date **I/we sign this authorization. I/We understand** that except for the initial premium, which is due with this application, subsequent premiums will be withdrawn on the first business day of the month or the next business day thereafter. Withdrawals from my/our account may be for variable amounts, as they may change in accordance with the insurance contract and as required to administer the policy; **I/we waive the right to receive 10 days' notice of the amount and date of each automatic withdrawal from my/our account.** If my/our bank or financial institution does not honour an automatic monthly withdrawal the first time it is presented for payment, Manulife Financial may attempt to withdraw that payment again within 30 days. Manulife Financial reserves the right to ask me/us for an alternate method of payment if my/our payment is not honoured. All one-time or automatic withdrawals from my/our bank account will be treated as personal withdrawals as defined by the Canadian Payments Association in Rule H-1. Premium amounts may change in accordance with my/our insurance contract. **I/We and/or Manulife Financial can end** this agreement at any time by giving 10 days' written notice. **I/We understand** that cancelling this PAD agreement may result in a loss of insurance coverage unless Manulife Financial receives another form of payment. Any refund of premium paid pursuant to this authorization shall be made to the policy owner. You may obtain a sample cancellation form by contacting your financial institution or through **www.cdnpay.ca**. If you have any questions about withdrawals from your bank account, contact us at 1-877-598-2273, **am\_service@manulife.com** or write to us at Manulife Financial, PO BOX 670, STN WATERLOO, WATERLOO ON N2J 4B8.

You have certain recourse rights if any debit does not comply with this agreement. For example, you have the right to receive reimbursement for any PAD withdrawal that is not authorized or is inconsistent with this PAD agreement. To obtain a form for a Reimbursement Claim, or for more information on your recourse rights, you may contact your financial institution or visit **www.cdnpay.ca**.

Name of Account Holder	Signature of Account Holder
Second signature if joint account	Dated (dd/mmm/yyyy)
Account Holder address (if different from Applicant)	

<p><b>5 Authorization and signatures</b></p> <p><b>Please sign here</b></p> <p>If owner is a corporation or other entity, we require signatures from duly appointed signing authorities, as authorized by a corporate resolution or similar document or the signature and declaration of a sole corporate or other entity signing authority.</p>	<p>By signing below you:</p> <ul style="list-style-type: none"> <li>• authorize us to act on the changes provided on this form</li> <li>• consent to us accepting a fax of this form in place of an original.</li> </ul> <table border="1"> <tr> <td data-bbox="440 149 1203 233">Signature of insured person</td> <td data-bbox="1208 149 1552 233">Date signed (dd/mmm/yyyy)</td> </tr> <tr> <td data-bbox="440 239 1203 323">Signature of additional insured person (if applicable)</td> <td data-bbox="1208 239 1552 323">Date signed (dd/mmm/yyyy)</td> </tr> <tr> <td data-bbox="440 329 1203 407">Signature of owner (if other than insured person)</td> <td data-bbox="1208 329 1552 407">Date signed (dd/mmm/yyyy)</td> </tr> </table>	Signature of insured person	Date signed (dd/mmm/yyyy)	Signature of additional insured person (if applicable)	Date signed (dd/mmm/yyyy)	Signature of owner (if other than insured person)	Date signed (dd/mmm/yyyy)
Signature of insured person	Date signed (dd/mmm/yyyy)						
Signature of additional insured person (if applicable)	Date signed (dd/mmm/yyyy)						
Signature of owner (if other than insured person)	Date signed (dd/mmm/yyyy)						
<p><b>6 Statement on confidentiality</b></p>	<p>The specific and detailed information requested on the change form is required to process the application. To protect the confidentiality of this information, Manulife will establish a "financial services file" from which this information will be used to process the application, offer and administer services and process claims. Access to this file will be restricted to those Manulife employees, mandataries, administrators who are responsible for the assessment of risk (underwriting), marketing and administration of services and the investigation of claims, and to any other person you authorize or as authorized by law. These people, organizations and service providers may be in jurisdictions outside Canada, and subject to the laws of those foreign jurisdictions. Your consent to the use of personal information to offer you products and services is optional and if you wish to discontinue such use, you may write to Manulife at the address shown below. Your file is secured in our offices or those of our administrator or agent. You may request to review the personal information it contains and make corrections by writing to: Privacy Officer, Customer Experience, Manulife, PO BOX 1602, DEL STN 500 - 4-A, WATERLOO ON N2J 4C6. A copy of our privacy principles and practices is available for view at <a href="http://manulife.ca">manulife.ca</a>.</p>						
<p><b>7 Accessibility at Manulife</b></p>	<p>Manulife is committed to offering products and services to persons with disabilities, in ways that are consistent with the principles of dignity, independence, integration and equal opportunity. Manulife has a core belief that everyone should be treated with courtesy and respect and made to feel welcome. Manulife's accessibility policy allows you to receive this form in alternate formats upon request. Please contact us at <a href="mailto:accessibility@manulife.com">accessibility@manulife.com</a>, or call us at 1-855-891-8671, if you would prefer this document in an alternate format. If you would like more details about accessibility at Manulife, we would encourage you to visit our website at <a href="http://manulife.com/accessibility">manulife.com/accessibility</a>.</p>						
<p><b>8 Mailing instructions</b></p>	<p><b>Manulife</b>  <b>Attention: Affinity Policy Services</b>  <b>PO BOX 670 STN WATERLOO</b>  <b>WATERLOO ON N2J 4B8</b>  <b>Fax to: 1-800-510-3362</b></p>						