

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

Siège du Québec
Suite 1310, 2000 Mansfield St.
MONTREAL PQ H3A 3A1
Fax: 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 insured person (first, initial, last)		Sex <input type="radio"/> Male <input type="radio"/> Female
	Date of birth (dd/mmm/yyyy)		Branch code	Name of advisor	Advisor code
2 Change(s) requested * To change the dividend option from accumulation to paid-up additions/insurance, evidence of insurability is required. In this case complete <i>Application for Change, NN7001E</i> . Important: If you are changing the dividend option from Term Option or Enhancement, the enhanced coverage will be cancelled. ** Note: To change the death benefit option to increasing, complete <i>Application for Change, NN7001E</i> . *** 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, NN7001E</i> . **** This note applies only to changes to Security UL (Policy Date before Sept. 25, 2004) and Limited Pay UL. Any Guaranteed Cash Value or Partial Cost Refund 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>proof of birthdate must be submitted</i>) from _____ (dd/mmm/yyyy) to _____ (dd/mmm/yyyy)				
	<input type="radio"/> Change dividend option* from _____ to _____				
	<input type="radio"/> Switch from 10-Year cost coverage to Level cost coverage <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 insurance coverages or <input type="radio"/> Change \$ _____ of insurance 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"/> Delete a benefit or rider (<i>specify name of benefit or rider</i>) _____				
	<input type="radio"/> Decrease a benefit or rider (<i>specify name of benefit or rider</i>) _____ from \$ _____ to \$ _____				
	<input type="radio"/> Delete an insured person (<i>specify name of insured person</i>)**** _____				
	<input type="radio"/> Decrease face amount**** New premium (UL only): _____ from \$ _____ to \$ _____ (<i>Specify premium amount or write 'minimum'.</i>)				
	<input type="radio"/> Change fund (<i>Manulife Investor only</i>) from _____ (name of fund) to _____ (name of fund)				
	<input type="radio"/> Change to Reduced Paid-up (<i>Please submit the policy document or Declaration of Loss of Policy, NN0528E.</i>)				
	<input type="radio"/> Other change (<i>Specify; e.g. change withdrawal order.</i>) _____				
3 Signatures Insured person(s) may be a parent or guardian, if applicable. Policy owner(s) (if other than the insured person) Corporate signatures must include: Two signing officers' signatures and titles OR One signing officer's signature, title and the corporate seal. † If signing for a corporation.	By signing below: • you are asking us to make 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 understand that the changes may change the amount, timing and conditions under which benefits will become payable on your policy. • the insured person, policy owner, irrevocable beneficiary and collateral assignee or hypothecary creditor agree that a faxed copy of this form is valid authorization to process these changes.				
	Signature of insured person X		Signature of witness X		Date (dd/mmm/yyyy)
	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)	