

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 a new Group Life policy 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.

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	\$ 5.93	\$ 4.46	\$3.23	\$2.41	\$2.77	\$2.01	48	\$20.61	\$13.60	\$ 9.07	\$ 6.51	\$ 7.58	\$ 5.38
31	\$ 6.36	\$ 4.74	\$3.50	\$2.59	\$2.91	\$2.11	49	\$21.94	\$14.43	\$ 9.28	\$ 6.66	\$ 8.60	\$ 6.10
32	\$ 6.79	\$ 5.02	\$3.76	\$2.79	\$2.97	\$2.15	50	\$23.28	\$15.27	\$ 9.49	\$ 6.80	\$ 9.70	\$ 6.87
33	\$ 7.22	\$ 5.30	\$4.05	\$3.00	\$3.00	\$2.18	51	\$25.10	\$16.28	\$ 9.81	\$ 7.02	\$10.82	\$ 7.65
34	\$ 7.65	\$ 5.59	\$4.36	\$3.20	\$3.09	\$2.24	52	\$26.91	\$17.29	\$10.12	\$ 7.24	\$11.85	\$ 8.37
35	\$ 8.08	\$ 5.87	\$4.66	\$3.42	\$3.16	\$2.29	53	\$28.73	\$18.30	\$10.45	\$ 7.47	\$12.95	\$ 9.14
36	\$ 8.81	\$ 6.38	\$4.94	\$3.62	\$3.25	\$2.35	54	\$30.55	\$19.31	\$10.79	\$ 7.71	\$14.12	\$ 9.96
37	\$ 9.55	\$ 6.90	\$5.22	\$3.81	\$3.34	\$2.42	55	\$32.36	\$20.33	\$11.12	\$ 7.95	\$15.45	\$10.89
38	\$10.28	\$ 7.41	\$5.51	\$4.01	\$3.42	\$2.47	56	\$34.82	\$21.96	\$11.66	\$ 8.32	\$16.80	\$11.83
39	\$11.02	\$ 7.93	\$5.82	\$4.23	\$3.52	\$2.54	57	\$37.28	\$23.59	\$12.24	\$ 8.70	\$18.23	\$12.83
40	\$11.75	\$ 8.45	\$6.13	\$4.45	\$3.65	\$2.63	58	\$39.74	\$25.22	\$12.82	\$ 9.10	\$19.68	\$13.85
41	\$12.72	\$ 8.98	\$6.57	\$4.76	\$3.79	\$2.73	59	\$42.20	\$26.85	\$13.38	\$ 9.48	\$21.23	\$14.93
42	\$13.69	\$ 9.51	\$7.02	\$5.08	\$3.99	\$2.87	60	\$44.66	\$28.48	\$13.92	\$ 9.89	\$22.91	\$16.11
43	\$14.66	\$10.04	\$7.49	\$5.41	\$4.30	\$3.08	61	\$47.24	\$30.64	\$14.43	\$10.48	\$24.68	\$17.35
44	\$15.63	\$10.57	\$7.96	\$5.74	\$4.71	\$3.37	62	\$49.81	\$32.79	\$15.00	\$11.24	\$26.83	\$18.85
45	\$16.60	\$11.10	\$8.46	\$6.10	\$5.27	\$3.76	63	\$52.39	\$34.94	n/a	n/a	\$29.52	\$20.73
46	\$17.94	\$11.93	\$8.66	\$6.23	\$5.90	\$4.21	64	\$54.96	\$37.09	n/a	n/a	\$32.71	\$22.97
47	\$19.27	\$12.77	\$8.86	\$6.37	\$6.68	\$4.75	65	\$57.54	\$39.24	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
\$3.90	\$2.97	\$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
2727 Joseph Howe Drive, PO BOX 2026, HALIFAX NS B3J 2Z1

1 Plan sponsor information (to be completed by the plan sponsor)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;">Plan sponsor's name</td> <td style="width:30%;">Benefit termination/reduction date (dd/mmm/yyyy)</td> </tr> <tr> <td colspan="2">Plan member's name (first, middle initial, last)</td> </tr> <tr> <td colspan="2">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 If "Yes", then the remaining questions in section 1 should be completed by your Manulife Financial Case Manager. If "No", then the remaining questions in section 1 should be completed by the Plan Administrator of your group.</td> </tr> <tr> <td></td> <td style="text-align: center;">Amount</td> <td style="text-align: center;">Plan contract number</td> <td style="text-align: center;">Division number</td> </tr> <tr> <td>Basic Life coverage</td> <td>\$</td> <td></td> <td></td> </tr> <tr> <td>Optional Life coverage</td> <td>\$</td> <td></td> <td></td> </tr> <tr> <td>Basic Life \$</td> <td>Optional Life \$</td> <td colspan="2"></td> </tr> <tr> <td colspan="2">Signature of plan administrator</td> <td>Title</td> <td>Date signed (dd/mmm/yyyy)</td> </tr> <tr> <td colspan="2">Plan administrator's name</td> <td colspan="2">Telephone number () Ext.</td> </tr> <tr> <td>Basic Life \$</td> <td>Optional Life \$</td> <td colspan="2"></td> </tr> <tr> <td colspan="2">Signature of plan administrator</td> <td>Title</td> <td>Date signed (dd/mmm/yyyy)</td> </tr> <tr> <td colspan="2">Plan administrator's name</td> <td colspan="2">Telephone number () Ext.</td> </tr> <tr> <td>Basic Life \$</td> <td>Optional Life \$</td> <td colspan="2"></td> </tr> <tr> <td colspan="2">Signature of plan administrator</td> <td>Title</td> <td>Date signed (dd/mmm/yyyy)</td> </tr> <tr> <td colspan="2">Plan administrator's name</td> <td colspan="2">Telephone number () Ext.</td> </tr> </table>	Plan sponsor's name	Benefit termination/reduction date (dd/mmm/yyyy)	Plan member's name (first, middle initial, last)		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 If "Yes", then the remaining questions in section 1 should be completed by your Manulife Financial Case Manager. If "No", then the remaining questions in section 1 should be completed by the Plan Administrator of your group.			Amount	Plan contract number	Division number	Basic Life coverage	\$			Optional Life coverage	\$			Basic Life \$	Optional Life \$			Signature of plan administrator		Title	Date signed (dd/mmm/yyyy)	Plan administrator's name		Telephone number () Ext.		Basic Life \$	Optional Life \$			Signature of plan administrator		Title	Date signed (dd/mmm/yyyy)	Plan administrator's name		Telephone number () Ext.		Basic Life \$	Optional Life \$			Signature of plan administrator		Title	Date signed (dd/mmm/yyyy)	Plan administrator's name		Telephone number () Ext.	
Plan sponsor's name	Benefit termination/reduction date (dd/mmm/yyyy)																																																						
Plan member's name (first, middle initial, last)																																																							
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 If "Yes", then the remaining questions in section 1 should be completed by your Manulife Financial Case Manager. If "No", then the remaining questions in section 1 should be completed by the Plan Administrator of your group.																																																							
	Amount	Plan contract number	Division number																																																				
Basic Life coverage	\$																																																						
Optional Life coverage	\$																																																						
Basic Life \$	Optional Life \$																																																						
Signature of plan administrator		Title	Date signed (dd/mmm/yyyy)																																																				
Plan administrator's name		Telephone number () Ext.																																																					
Basic Life \$	Optional Life \$																																																						
Signature of plan administrator		Title	Date signed (dd/mmm/yyyy)																																																				
Plan administrator's name		Telephone number () Ext.																																																					
Basic Life \$	Optional Life \$																																																						
Signature of plan administrator		Title	Date signed (dd/mmm/yyyy)																																																				
Plan administrator's name		Telephone number () Ext.																																																					
2 Plan member (Proposed life insured) information (to be completed by the plan member)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">Full name (first, middle initial, last)</td> <td colspan="2">Plan member certificate number</td> </tr> <tr> <td>Mailing address (number, street and apt.)</td> <td>City/Town</td> <td>Province</td> <td>Postal code</td> </tr> <tr> <td>Date of birth (dd/mmm/yyyy)</td> <td>Plan member's sex <input type="radio"/> Male <input type="radio"/> Female</td> <td colspan="2">Home telephone number ()</td> </tr> <tr> <td>Beneficiary name (first, middle initial, last)</td> <td>Relationship to applicant</td> <td colspan="2">Please indicate whether the beneficiary is revocable or irrevocable*</td> </tr> <tr> <td>What is new occupation?</td> <td>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</td> <td colspan="2">How much life insurance coverage will you have under your new group plan? \$</td> </tr> <tr> <td>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</td> <td>Amount of Insurance to convert (Maximum \$200,000/\$400,000 for Quebec residents or as indicated in your Group Contract) \$</td> <td colspan="2">Premium payment option <input type="radio"/> Annual <input type="radio"/> Monthly - (PAD required, see page 5)</td> </tr> </table>	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 5)																															
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 5)																																																					

* 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.

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 5)

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 5)

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 5)

3 Signatures

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:

- This application will be the basis of my contract issued hereunder;
- 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.

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

To the Bank

I hereby authorize and request you to pay and debit to the account mentioned below all payments purporting to be drawn on your Bank, on behalf of the undersigned, by and made payable to The Manufacturers Life Insurance Company, and presented for payment. This authorization may be revoked on ten days written notice to you.

In consideration of your acting as aforesaid, it is agreed that your treatment of each such payment and your rights with respect to it shall be the same as if it were signed by the undersigned, personally and that the failure to make any such payments shall give rise to no liability on your part even if such failure results in a forfeiture of insurance or loss or damage of any kind. Any delivery of this authorization to you will constitute delivery by the undersigned.

Pre-Authorized Debit Agreement
I hereby authorize and request The Manufacturers Life Insurance Company to draw payments monthly on my account to pay premiums and/or repay loans on the policies listed within this document or any policies subsequently designated. Premium amount(s) are specified in your contract and may change over time. Please ensure funds are available in your account at the time of the application as your premium is due the 1st of the month following approval. If more than one month of premium is due that amount will be withdrawn from your account.

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

It is understood and agreed that:


- Such payments shall be drawn in the month to pay premiums falling due in such month on the designated policies.
- While the Pre-Authorized plan is in effect, the Company will not give notices of premiums falling due on such policies.
- The Pre-Authorized plan may be terminated on written notice by the bank depositor to the Company or by the company to the undersigned. If the Pre-Authorized plan is terminated, premiums falling due thereafter shall be payable directly to the Company as such frequency as is determined by the Company to be then appropriate.
- The Manufacturers Life Insurance Company is authorized to release and exchange any Personal information necessary for the fulfillment of any obligation under this Pre-Authorized Debit Plan agreement.

Note: If a company is payer, this agreement must be signed by an authorized officer stating title and affixing seal or stamp.

The Manufacturers Life Insurance Company is hereby requested and authorized, subject to conditions described above hereof, to draw payments monthly in its favour under its Pre-Authorized Debit plan (hereinafter referred to as PAD). Such payments are to be charged against the bank account described below for the purpose of collecting premiums and/or loan payments on the policies noted or hereafter added to the PAD Plan.

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 depositor(s) as shown on bank record - please print		
Withdrawal day (1st through 28th day of the month only) (dd/mmm/yyyy)		

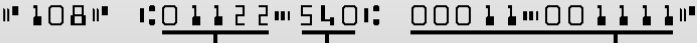
Please ensure you submit a void cheque and your first month's premium.



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

MEMO _____

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



Transit number

Institution number

Account number

Joint accounts: Is this a joint account requiring only one signature? Yes No
If more than one signature is required on withdrawals issued against the account, both account holders must sign the authorization.

Non-chequing accounts: For accounts with no chequing privileges, Manulife requires validation from your financial institution (e.g. withdrawal slip with official stamp) in order to begin the pre-authorized payment process.

This is authorization to the bank to make such payments. The above authorization and request shall apply to any other account in this bank or to the account in any other bank, trust company, Credit Union or Caisse Populaire subsequently named by me.

Signature of depositor	Date (dd/mmm/yyyy)
Signature of second depositor if required by bank account	Date (dd/mmm/yyyy)
Plan member's signature (if other than depositor)	Date (dd/mmm/yyyy)

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

Agent of record name	Date (dd/mmm/yyyy)
Name of company	Agent number
Company address	Telephone number () Ext.

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