

Guaranteed Life Application

PLEASE PRINT (Complete this section even if only your spouse is applying for coverage.)

First Name(s)										Last Name														
Address																				Apartment/Unit No.				
City/Town						Province/Territory				Postal Code				Telephone Number										
Date of Birth						Gender				Smoking Status*				E-mail Address**										
Day		Month		Year		<input type="checkbox"/> Male		<input type="checkbox"/> Female		<input type="checkbox"/> Smoker		<input type="checkbox"/> Non-smoker												

Name of Group or Association: _____

* You are a non-smoker if you have not used any form of tobacco, tobacco cessation products or marijuana in the past 12 consecutive months.

** Each time you receive an e-mail from us, you will have the option to opt out of our mailing list.

Spouse Information (to be completed only if spouse is applying for coverage)

First Name(s)										Last Name									
Date of Birth						Gender				Smoking Status*									
Day		Month		Year		<input type="checkbox"/> Male		<input type="checkbox"/> Female		<input type="checkbox"/> Smoker		<input type="checkbox"/> Non-smoker							

* You are a non-smoker if you have not used any form of tobacco, tobacco cessation products or marijuana in the past 12 consecutive months.

PLEASE INDICATE THE AMOUNT OF GUARANTEED LIFE INSURANCE YOU WISH TO PURCHASE:

Member:	<input type="checkbox"/> \$2,500	<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$7,500	<input type="checkbox"/> \$10,000	<input type="checkbox"/> \$12,500	<input type="checkbox"/> \$15,000	<input type="checkbox"/> \$17,500	<input type="checkbox"/> \$20,000	<input type="checkbox"/> \$22,500	<input type="checkbox"/> \$25,000
Spouse:	<input type="checkbox"/> \$2,500	<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$7,500	<input type="checkbox"/> \$10,000	<input type="checkbox"/> \$12,500	<input type="checkbox"/> \$15,000	<input type="checkbox"/> \$17,500	<input type="checkbox"/> \$20,000	<input type="checkbox"/> \$22,500	<input type="checkbox"/> \$25,000

BENEFICIARY DESIGNATION

Life Insurance

Under Member's Policy

First Name	Last Name	Relationship to Member
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In Québec, a spouse designated on this application as beneficiary is irrevocable unless otherwise stated.

I hereby appoint my spouse as a revocable beneficiary

If you have named a beneficiary under age 18, please indicate the name of the Trustee. Insurance benefits cannot be paid to an underage beneficiary. All proceeds will be directed to the appointed legal guardian or trustee. To ensure underage beneficiaries are protected, please ensure that a legal guardian or trustee has been appointed through your Will.

Trustee: _____
First Name Last Name

Under Spouse's Policy

First Name	Last Name	Relationship to Spouse
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In Québec, a spouse designated on this application as beneficiary is irrevocable unless otherwise stated.

I hereby appoint my spouse as a revocable beneficiary

If you have named a beneficiary under age 18, please indicate the name of the Trustee. Insurance benefits cannot be paid to an underage beneficiary. All proceeds will be directed to the appointed legal guardian or trustee. To ensure underage beneficiaries are protected, please ensure that a legal guardian or trustee has been appointed through your Will.

Trustee: _____
First Name Last Name

If a beneficiary is not provided, proceeds will be paid to your estate.

TERMS AND CONDITIONS – Please read carefully before signing.

Is the policy applied for intended to replace any existing insurance? No Yes If "yes", list policy number(s) to be replaced and insurer(s).

Member's policy # _____ Insurer _____ Spouse's policy # _____ Insurer _____

(The insurer may decline an application which indicates replacement is intended. A new policy is not considered to be a replacement if the existing coverage will end automatically because of age limit, retirement, or some other event that is not of the applicant's choice.)

Declaration

I/we hereby apply for insurance to The Manufacturers Life Insurance Company (Manulife Financial). I/we, the undersigned, declare that the statements contained in this application are true and complete. I/we understand that the application together with any other forms signed by me/us in connection with this application form the basis for any policy issued hereunder. I/we understand that any material misrepresentation, including misstatement of smoker status, shall render the insurance voidable at the instance of the insurer. I/we have read and understand that there are exclusions and limitations on the coverage applied for. I/we understand that insurance will take effect on the date my/our properly completed application and the first premium are received by Johnson Inc.

I/we authorize Manulife Financial, its subsidiaries, affiliates and agents and Johnson Inc. to use the information in this application and its existing files to offer me their products and services. I/we understand that my consent to the use of such information to offer me/us products or services is optional and that if I/we wish to discontinue such use I/we may call or write to Manulife Financial at the address or telephone number shown on this document. A photocopy or facsimile of this authorization shall be as valid as the original.

I/we hereby designate the individual(s) named as beneficiary to receive the proceeds payable on my/our death.

I acknowledge receipt of the Notice on Privacy and Confidentiality (see brochure).

A sample cheque marked "VOID" is enclosed. Johnson Inc., the plan administrator, is authorized to make monthly deductions from the bank, trust company or credit union accounts shown on the cheque (the initial deduction may cover up to 3 months of premiums) for monthly premiums due on or after the date of this application.

Member's Signature	Date	Signed at City/Province
Spouse's Signature (if applying)	Date	Signed at City/Province