For Manulife Financial Use Only
Keyed ____
Approved ____

FollowMe™

Plan Application

Membership Number ____
Centre ____
Agent ID ON1684
Logo ID ____

Please print in ink

Part A — General Information

Applicant's Last Name ____ First Name ____ Initial ____

Health Card Number: ____

Apt. Number, Street Number & Name ____

Marital Status: ❑ Single ❑ Married ❑ Other

City or Town ____ Province ____ Postal Code ____

Occupation: ____

If additional information is required, how may we contact you?

❑ Home Telephone: ____ ❑ Office Telephone: ____

❑ E-Mail: ____

Please provide us with information on your current group health plan:

Employer Name ____ Insurance Company ____

Coverage to be Replaced ____ Date Benefits End D D / M M / Y Y Y Y

Group and Identification Numbers ____

Beneficiary designation for payment of Accidental Death & Dismemberment benefit (in the case of death, if no beneficiary designation is made, benefits will be payable to the estate):

Name ____ Relationship to Applicant ____

Signature of Applicant ____ Dated D D / M M / Y Y Y Y

If you designate a beneficiary under the age of 18, benefits will be paid into court, unless a trustee is appointed.

Name of Trustee ____ Relationship to Applicant ____

Signature of Applicant ____ Dated D D / M M / Y Y Y Y

Part B — Plan Choice

I/We apply for: ❑ FollowMe Basic ❑ FollowMe Enhanced ❑ FollowMe Enhanced Plus ❑ FollowMe Premiere

Part C — Individuals to be covered

First Name	Last Name	Health Card No.	Code	Sex	Birth Date DD/MM/YYYY	Age
APPLICANT			00			
CO-APPLICANT			01			
DEPENDANT CHILD			02			
DEPENDANT CHILD			02			
DEPENDANT CHILD			02			

Manulife Financial

FollowMe is offered through Manulife Financial (The Manufacturers Life Insurance Company).
Plan underwritten by The Manufacturers Life Insurance Company.

Part D — Billing Options

INITIAL PAYMENT: I hereby authorize Manulife Financial to debit the initial 2 months premium, $ ______________ from my/our:
❑ Financial Services Account ❑ Credit Card Account

SUBSEQUENT PAYMENTS: Will be made by:

❑ **Pre-Authorized Payment (PAP) Plan from my Financial Services Account (please complete Part E below)**
PAP Billing Frequency: ❑ Monthly ❑ Semi-Annually (2% discount) ❑ Annually (4% discount)

❑ **Credit Card: (Please also complete Part E below)**
❑ Visa ❑ Mastercard ❑ Amex Account Number ______________________ Expiry Date MM / YYYY

Cardholder ______________________ Signature of Cardholder ______________________
(if other than Applicant or Co-Applicant)

Credit Card Billing Frequency: ❑ Monthly ❑ Semi-Annually ❑ Annually

❑ **Direct Billing:** Direct Billing Frequency: ❑ Semi-Annually (2% discount) ❑ Annually (4% discount)

Important: *For verification purposes, we require a VOID cheque if a payment is being withdrawn from your financial institution.*
Please Note: Billing frequency discounts are not available for Credit Card payment options.

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. A $25 NSF fee will be charged for all NSF transactions.

Part E — Financial Institution

Name of the account holder (if other than Applicant) ______________________

Financial Institution ______________________

Address ______________________ City/Town ______________________

Type of Account: ❑ Personal Chequing ❑ Chequing/Savings ❑ Savings ❑ Current ❑ Direct Deposit Account ❑ Other

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: Since approval from my/our financial institution is required for pre-authorized payment 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. This authorization shall remain in effect unless 30 days written notice is given to Manulife Financial requesting cancellation by the account holder.

For Pre-Authorized Payment and Credit Card Billing 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/us through written notice.

Signature of Applicant ______________________ Second Signature if Joint Account ______________________

Part F — Declaration

ALL APPLICANTS MUST COMPLETE THIS SECTION
This plan is underwritten by The Manufacturers Life Insurance Company.
❑ Check here if you do not wish to receive further information and material on Manulife Financial products.

I/We hereby acknowledge that the statements contained herein are true and complete and together with any other forms signed by me/us in connection with this application form the basis for any Policy issued hereunder. I/We acknowledge receipt of and agree with the Notice on Privacy and Confidentiality. I/We understand and agree that coverage shall not become effective until the first of the month following final approval. A photocopy of this signed authorization shall be as valid as the original.

______________________ ______________________ DD/MM/YYYY
Signature of Applicant Signature of Co-Applicant Date

™Trademarks held by The Manufacturers Life Insurance Company. ©2004 The Manufacturers Life Insurance Company. All rights reserved.