

BCGREA Guaranteed Issue Life Insurance Application Form

 **Manulife Financial**
For your future™

00584 001
00584 002

POEX3

APPLICANT INFORMATION (Please print)

Last Name _____ First Name _____

Home Address _____ Unit/Apt. # _____

City _____ Province _____ Postal Code _____

Phone Number _____ Birth Date _____ Male Female
(DD/MM/YYYY)

Beneficiary:

I hereby designate the individual(s) named as beneficiary(ies) on this application to receive any death benefit payable with respect to the coverage applied for. If no beneficiary is designated, benefits will be payable to the Estate.

Last Name _____ First Name _____ Relationship to Applicant _____

Trustee for Minor Beneficiary

If you designate a beneficiary under the age of 18, benefits will be paid into court or to the Public Trustee unless a trustee is appointed, except in Quebec, where benefits will be paid to the tutor or administrator of the beneficiary and no trustee may be appointed.

Last Name _____ First Name _____ Relationship to Applicant _____

SPOUSE INFORMATION (Complete if spouse is applying for coverage)

Last Name _____ First Name _____

Birth Date _____ Male Female
(DD/MM/YYYY)

Beneficiary:

I hereby designate the individual(s) named as beneficiary(ies) on this application to receive any death benefit payable with respect to the coverage applied for. If no beneficiary is designated, benefits will be payable to the Estate.

Last Name _____ First Name _____ Relationship to Spouse _____

Trustee for Minor Beneficiary

If you designate a beneficiary under the age of 18, benefits will be paid into court or to the Public Trustee unless a trustee is appointed, except in Quebec, where benefits will be paid to the tutor or administrator of the beneficiary and no trustee may be appointed.

Last Name _____ First Name _____ Relationship to Spouse _____

CHOOSE YOUR BENEFIT AMOUNT

(Refer to the rate charts attached to this application to determine your premium)

APPLICANT COVERAGE Monthly Premium: \$ _____

\$2,500 \$5,000 \$7,500 \$10,000

SPOUSE COVERAGE Monthly Premium: \$ _____

\$2,500 \$5,000 \$7,500 \$10,000

PAYMENT METHOD

Monthly by Pre-Authorized Debit (PAD) from my Financial Institution Account.

Important: For verification purposes, please enclose a sample cheque marked "VOID".

Coverage underwritten by The Manufacturers Life Insurance Company (Manulife Financial)

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CHOOSE YOUR PAYMENT METHOD - (Continued)

PAYMENT INFORMATION

For Pre-Authorized Debit (PAD) Payment Options

Name of Account Holder _____

Financial Institution _____ Address _____ City/Town _____

Bank Account Number _____ Transit Number _____

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 this authorization.

Non-Chequing Accounts: 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

For Pre-Authorized Debit (PAD) Payment Options

I/We authorize Manulife Financial to withdraw monthly premiums from my/our bank account for 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 further 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 1-800-668-0195, e-mail us at am_info@manulife.com or write to us at Manulife Financial, PO Box 670, Stn Waterloo, Waterloo, Ontario 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/MM/YYYY)

Account Holder Address (if different from Applicant) _____

NOTICE ON PRIVACY AND CONFIDENTIALITY

The specific and detailed information requested on the application form is required to process the application. To protect the confidentiality of this information, Manulife Financial 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 Financial employees, mandataries, administrators or agents 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 Financial 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 the Privacy Officer at: Affinity Markets, Manulife Financial, P.O. Box 4213, Stn. A, Toronto, Ontario M5W 5M3.

APPLICANT'S DECLARATION (Please read carefully before signing)

DECLARATION: I/We hereby apply for insurance to The Manufacturers Life Insurance Company (Manulife Financial). I/We declare that the statements contained in this application form 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 understand that any material misrepresentation shall render the insurance voidable at the instance of the insurer. I/We acknowledge having read and I/we agree with the Notice on Privacy and Confidentiality as stated in this document. I/We understand that insurance will take effect on the later of the Requested Effective Date specified below or the date the Application Form and sample cheque are received by Manulife Financial.

Member

Is the policy applied for replacing any existing coverage? No Yes
If yes, please indicate current insurer.

Spouse

Is the policy applied for replacing any existing coverage? No Yes
If yes, please indicate current insurer.

Note: If you intend to replace coverage, do not cancel your existing coverage until you receive your new insurance contract. A replacement form or declaration may be required, and we may not be able to issue an insurance contract where replacement is indicated.

Applicant's Signature _____ Spouse's Signature _____

Signed at _____ Date _____ Signed at _____ Date _____
(City/Province) (DD/MM/YYYY) (City/Province) (DD/MM/YYYY)

B.C Government Retired Employees' Association Guaranteed Issue Life Insurance Rate Charts

KEEP THIS PAGE FOR YOUR RECORDS.
A POLICY WILL BE MAILED TO YOU IN APPROXIMATELY 3 WEEKS.

MONTHLY PREMIUMS - MALE

Issue Age	\$2,500 Coverage	\$5,000 Coverage	\$7,500 Coverage	\$10,000 Coverage
50-54	\$ 8.50	\$ 17.00	\$ 25.50	\$ 34.00
55-59	11.50	23.00	34.50	46.00
60-64	14.75	29.50	44.25	59.00
65-69	19.50	39.00	58.50	78.00
70-74	27.25	54.50	81.75	109.00
75-79	36.75	73.50	110.25	147.00
80-85*	49.50	99.00	148.50	198.00

MONTHLY PREMIUMS - FEMALE

Issue Age	\$2,500 Coverage	\$5,000 Coverage	\$7,500 Coverage	\$10,000 Coverage
50-54	\$ 7.25	\$ 14.50	\$ 21.75	\$ 29.00
55-59	8.50	17.00	25.50	34.00
60-64	11.50	23.00	34.50	46.00
65-69	14.95	29.90	44.85	59.80
70-74	19.95	39.90	59.85	79.80
75-79	27.50	55.00	82.50	110.00
80-85*	36.95	73.90	110.85	147.80

* These rates also apply to ages 85 to 100.

Rates shown on this page are subject to change without notice. However, once enrolled, your monthly premium will remain the same for the duration of your insurance coverage. But, if you wait too long to take advantage of this plan, the monthly premiums may increase by the time you enroll.

If you need assistance with your Guaranteed Issue Life Insurance application form,

Call Manulife Financial toll-free:

1 800 668-0195

Monday through Friday from
8:00 a.m. to 8:00 p.m. Eastern Time
or email am_info@manulife.com

or

Call Martell Insurance Services toll-free:

1 877 228-1501

Monday through Friday from
from 8:30 a.m. to 5:00 p.m. Pacific Time
or email admin@martellinsurance.com