

Please print clearly.

## 1 General information

Application number	Name of policy owner(s) (first, middle initial, last)		
Please select which product you are applying for: <input type="radio"/> Family Term OR <input type="radio"/> Business Term			
Premium quoted on illustration	\$		

## 2 Coverage details

Insurance coverages for: 1

**For amounts over \$1,000,000, please complete NN0781E Confidential Financial Questionnaire.**

1	Insured person (people) under this coverage	Illustrated Healthstyle™ category _____	Amount of insurance \$																		
		Illustrated Healthstyle™ category _____																			
	<table border="1"> <tr> <th rowspan="2">Coverage type (check one only)</th> <th colspan="3">Coverage option</th> </tr> <tr> <th>Term-10</th> <th>Term-20</th> <th>Term-Life</th> </tr> <tr> <td><input type="radio"/> Single-life</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td><input type="radio"/> Combined</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td>N/A</td> </tr> <tr> <td><input type="radio"/> First-to-die    <input type="radio"/> Last-to-die</td> <td>N/A</td> <td>N/A</td> <td><input type="radio"/></td> </tr> </table>	Coverage type (check one only)	Coverage option			Term-10	Term-20	Term-Life	<input type="radio"/> Single-life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Combined	<input type="radio"/>	<input type="radio"/>	N/A	<input type="radio"/> First-to-die <input type="radio"/> Last-to-die	N/A	N/A	<input type="radio"/>	
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## 3 Additional protection

Child Protection

Name of insured child(ren)	
A	D
B	E
C	F

**3 Additional protection con't**

**Parent Protection (for Family Term only)**

Name of insured person	Amount (multiple of \$10,000)
A	\$
B	\$

**Business Value Protector (for Business Term only)**

- \* Please provide:**
- financial statements for this business for at least the current year and the previous year and
  - documentation showing the current equity position of each insured person in this business

Name of business *	Amount
	<input type="radio"/> Business owner's share of fair market value or <input type="radio"/> Lesser of \$ _____ and business owner's share of fair market value.
	<input type="radio"/> Business owner's share of fair market value or <input type="radio"/> Lesser of \$ _____ and business owner's share of fair market value.
	<input type="radio"/> Business owner's share of fair market value or <input type="radio"/> Lesser of \$ _____ and business owner's share of fair market value.

**Additional Riders**

Name of insured person	Total Disability Waiver		Accidental Death & Dismemberment (for Family Term only)		Amount	Guaranteed Insurability Option (for Family Term only)		
	Yes	No	Yes	No		Yes	No	Amount
A	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	\$
B	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	\$
C	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	\$
D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	\$
E	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	\$

**Total Disability Waiver on the payor**

Name of payor (if other than an insured person named above).

**4 Statement of disclosure**

I understand that:

- guaranteed premiums will be established during the underwriting process and show in my contract when issued
- this product page will form a part of the application to The Manufacturers Life Insurance Company for life insurance
- if I have applied for Business Term and I have applied for the Business Value Protector coverage, the Fair Market Value of the business and the business owner's share of it are determined solely by The Manufacturers Life Insurance Company based on information required by the company.

Signed at		on	dd/mm/yyyy
Signature of policy owner		Signature of additional policy owner (if applicable)	
Signature of insurance advisor			