



APPLICATION NUMBER	NAME OF LIFE INSURED (FIRST, MIDDLE INITIAL, LAST)
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<input type="checkbox"/> Performax, PAR <input type="checkbox"/> Joint Performax, PAR (Death Benefit payable on first death) <input type="checkbox"/> Joint Performax, PAR (Death Benefit payable on second death)	Premiums <input type="checkbox"/> first death <input type="checkbox"/> second death
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A) DIVIDEND OPTIONS

<input type="checkbox"/> Term Option	<input type="checkbox"/> Accumulation *
<input type="checkbox"/> Term Option Plus	<input type="checkbox"/> Premium reduction * (only available if premiums are paid annually)
<input type="checkbox"/> Paid-up	<input type="checkbox"/> Other (please specify) _____
<input type="checkbox"/> Cash *	* May be subject to taxation

B) BASIC FACE AMOUNT (Note: For total death benefit amounts over \$1,000,000, please complete NN0781E Confidential Financial Questionnaire).

\$ _____

TERM OPTION AMOUNT \$ _____	TERM OPTION PLUS AMOUNT \$ _____	TOTAL DEATH BENEFIT \$ _____
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C) INITIAL DEPOSIT OPTION PAYMENT (DUMP-IN) \$ _____

D) PLANNED DEPOSIT OPTION PAYMENT (DUMP-IN) (Frequency same as billing) \$ _____

E) PLEASE ATTACH ILLUSTRATION OR INDICATE TOTAL PREMIUM QUOTED: \$ _____

F) SUPPLEMENTAL BENEFITS FOR PERFORMAX

i) Applicable to **single life plans**

<input type="checkbox"/> Total Disability Waiver Rider	
<input type="checkbox"/> Accidental Death Benefit	\$ _____
<input type="checkbox"/> Guaranteed	<input type="checkbox"/> Regular <input type="checkbox"/> Special \$ _____
<input type="checkbox"/> Children's Protection Rider	→ Number of Units (1 unit = \$ 5,000) _____
<input type="checkbox"/> Payor Waiver, Death or Disability	
<input type="checkbox"/> Spouse Protection Rider	10 Year Term \$ _____
<input type="checkbox"/> Term Insurance Rider	Life Insured _____ <input type="checkbox"/> 10 Year Term \$ _____
	<input type="checkbox"/> Total Disability Waiver (additional life insured)

ii) Applicable to **joint plans** with Death Benefit payable on **first** death

<input type="checkbox"/> Total Disability Waiver Rider	
<input type="checkbox"/> Accidental Death Benefit	\$ _____
<input type="checkbox"/> Joint Term Insurance Rider (10 Year Term)	\$ _____

I understand that this product page will form a part of the application to The Manufacturers Life Insurance Company for life insurance.

Signed at _____ this _____ day of _____ .		
SIGNATURE OF OWNER	SIGNATURE OF JOINT OWNER (if applicable)	SIGNATURE OF AGENT/BROKER