



Term Product Page

Please print clearly.

1 General information

Application number	Name of policy owner(s) (first, middle initial, last)

Please attach illustration.

Indicate total premium quoted \$

2 Coverage details

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

Insured person (people) under this policy	Illustrated Healthstyle™ category _____	Face amount \$
	Illustrated Healthstyle™ category _____	

10 Year Term
 Other (please specify) _____
 Joint 10 Year Term, payable on first death _____

3 Additional protection

Single life

Benefit name	Amount	Type
<input type="radio"/> Total Disability Waiver	N/A	N/A
<input type="radio"/> Children's Protection	Number of units: _____ (1 unit = \$ 5,000)	N/A
<input type="radio"/> Spouse Protection	\$	10 Year Term
<input type="radio"/> Accidental Death Benefit	\$	N/A
<input type="radio"/> Guaranteed Insurability Option	\$	<input type="radio"/> Special <input type="radio"/> Regular

Joint with death benefit payable on **first** death

<input type="radio"/> Total Disability Waiver	N/A	N/A
<input type="radio"/> Accidental Death Benefit	\$	N/A

4 Signatures

I understand that:

- guaranteed payments 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

Signed at this day of dd/mmm/yyyy

Signature of policy owner	Signature of additional policy owner (if applicable)
Signature of Manulife representative	