



Manulife Financial

Request for Pre-Authorized Cheque Plan

The Manufacturers Life Insurance Company is hereby requested and authorized, subject to the conditions described below, to draw cheques monthly in its favor under its Pre-Authorized Cheque Plan (hereinafter referred to as PAC). Such cheques are to be charged against the bank account described below for the purpose of collecting premiums and/or loan payments on the policies noted or hereafter added to the PAC Plan at my request.

Type of account Savings Personal Chequing Current Bank Account Number _____

Name and address of bank, trust company or credit union _____

Name of Depositor(s) as shown on bank record — *Please Print* _____

Policy Number(s) — indicate amount, if any, to be applied to loan in each case

Policy Number	Premium	Loan Account	Effective day and month of first cheque

This is authorization to the bank to make such payments.
The above authorization and request shall apply to any other account in this bank or to the account in any other bank, trust company or credit union subsequently named by me.

Date Signature of Depositor

Signature of Second Depositor if required by bank account. Address of bank Depositor

To the Bank

I hereby authorize and request you to pay and debit to the account mentioned above all cheques purporting to be drawn on your Bank, on behalf of the undersigned, by and made payable to The Manufacturers Life Insurance Company, and presented for payment. This authorization may be revoked on ten days written notice to you.
In consideration of your acting as aforesaid, it is agreed that your treatment of each such cheque and your rights with respect to it shall be the same as if it were signed by the undersigned, personally and that the failure to pay any such cheque, shall give rise to no liability on your part even if such failure results in a forfeiture of insurance or loss or damage of any kind.
Any delivery of this authorization to you will constitute delivery by the undersigned.

Pre-Authorized Cheque Plan Agreement

I hereby authorize and request The Manufacturers Life Insurance Company to draw cheques monthly on my account to pay premiums and/or repay loans on the policies listed above or any policies subsequently designated.
It is understood and agreed that:

- Such cheques shall be drawn in the month to pay premiums falling due in such month on the designated policies.
- While the Pre-Authorized Plan is in effect, the Company will not give notices of premiums falling due on such policies.
- The Pre-Authorized Plan may be terminated on written notice by the bank depositor to the Company or by the Company to the undersigned. If the Pre-Authorized Plan is terminated, premiums falling due thereafter shall be payable directly to the Company as such frequency as is determined by the Company to be then appropriate.
- The Manufacturers Life Insurance Company is authorized to release and exchange any Personal Information necessary for the fulfillment of any obligation under this Pre-Authorized Cheque Plan Agreement.

President and Chief Executive Officer

Note: If a company is Payor, this agreement must be signed by an authorized officer stating title and affixing seal or stamp.

A specimen cheque must be attached