

Affinity Markets - Policy Services Change of information

- To be completed by the insured person unless otherwise indicated.
- Please retain copies for your files as originals will not be returned.

1 Insured person information	Policy/Plan/Certificate number		Identification number (Only complete for Health and Dental Policies)	
	Name of insured person		Email	
	Address of insured person (number, street and apartment)			Phone number
	City/Town	Province/State	Country	Postal code/Zip code
Type of change	<input type="radio"/> Name change <input type="radio"/> Address/Email change <input type="radio"/> Payment information change			
2 Name change Submit the appropriate legal documents if: <ul style="list-style-type: none"> • The given name or surname has changed for reasons other than marriage, divorce or adoption • A company has changed its name. Examples: <ul style="list-style-type: none"> • Certificate of Amendment • Supplementary Letters Patent No documentation is required if the name changed due to marriage, divorce or adoption.	The Manufacturers Life Insurance Company is being requested to change the name of the <input type="radio"/> Insured person <input type="radio"/> Policy Owner			
	From			
	To			
	Reason for change	Date of change (dd/mm/yyyy)		
	<input type="radio"/> Marriage <input type="radio"/> Divorce <input type="radio"/> Adoption <input type="radio"/> Other _____			
3 Address/Email change Indicate your previous address/ email and your new address/ email for the Policy/Certificate number set out in Section 1. The changes will be effective on the date it is received and accepted by us.	Previous address (number, street and apartment)			
	City/Town	Province/State	Country	Postal code/Zip code
	New address (number, street and apartment)			
	City/Town	Province/State	Country	Postal code/Zip code
	Previous phone number		New phone number	
	Previous email		New email	
4 Your payment method Please select Option 1 or Option 2.	<input type="radio"/> Option 1 – Payment by cheque (annual only) or pre-authorized debit Annually – Please enclose a cheque payable to Manulife and mail it along with this change of information form to the address in section 8. A \$25.00 fee may be charged for all NSF (Non-Sufficient Funds) transactions. Pre-Authorized Debit (PAD) – Please complete the payment information on the following page. Frequency: <input type="radio"/> Monthly <input type="radio"/> Annually <input type="radio"/> Semi-Annual <input type="radio"/> Quarterly (Semi-Annual, Quarterly - only offered on Health and Dental policies)			
	OR <input type="radio"/> Option 2 – Credit card To add or change your credit card number, please call our Customer Service at 1-800-268-3763; Your expiry date will be updated automatically, no action is necessary.			

4 Your payment method (continued)

Pre-Authorized Debit (PAD) payment information

Enclose a cheque marked 'VOID'

Manulife Bank

500 KING ST. NORTH
WATERLOO, ONTARIO N2J 4C6

MEMO

The illustration shows the MICR encoding used on standard cheques. The labels help you identify the codes to enter in the following table.

108 0122 5401 000100111

Transit numberInstitution numberAccount number

Name of Account Holder

Name of bank or financial institution

Transit number

Bank number

Account number

Address

City/Town

Province

Postal code

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:

If a VOID cheque cannot be provided, please visit your financial institution to obtain a Confirmation of Banking Information Form.

Payment authorization

Please complete one option.

For Pre-Authorized Debit (PAD) payment options

I/We authorize

Manulife to make automatic withdrawals from my/our bank account on or about the first business day of the month in which insurance premiums is due on or after 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 10 days' 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 may attempt to withdraw that payment again within 30 days. Manulife 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 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 receives another form of payment. Any refund of premium paid pursuant to this authorization shall be made to the policy owner. A \$25.00 fee may be charged for all NSF (Non-Sufficient Funds) transactions.

You may obtain a sample cancellation form by contacting your financial institution or through payments.ca. If you have any questions about withdrawals from your bank account, contact us at 1-877-598-2273, am_service@manulife.ca or write to us at Manulife, P.O. BOX 670, STN WATERLOO, WATERLOO ON 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 payments.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)

The Manufacturers Life Insurance Company (Manulife)

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<p>5 Declaration and Authorization</p> <p>Please sign here</p> <p>If owner is a corporation or other entity, we require signatures from duly appointed signing authorities, as authorized by a corporate resolution or similar document or the signature and declaration of the only person authorized to sign on behalf of the corporate or other entity.</p>	<p>By signing below you:</p> <ul style="list-style-type: none"> • Are authorized to request the changes set out herein • Authorize us to act on the changes set out on this form • Consent to us accepting a fax or electronic version of this form. <table border="1"> <tr> <td data-bbox="435 170 1190 254">Signature of insured person</td><td data-bbox="1190 170 1563 254">Date signed (dd/mm/yyyy)</td></tr> <tr> <td data-bbox="435 254 1190 338">Signature of additional insured person (if applicable)</td><td data-bbox="1190 254 1563 338">Date signed (dd/mm/yyyy)</td></tr> <tr> <td data-bbox="435 338 1190 422">Signature of owner (if other than insured person)</td><td data-bbox="1190 338 1563 422">Date signed (dd/mm/yyyy)</td></tr> <tr> <td data-bbox="435 422 1190 506">Signature of owner (if other than insured person)</td><td data-bbox="1190 422 1563 506">Date signed (dd/mm/yyyy)</td></tr> </table>	Signature of insured person	Date signed (dd/mm/yyyy)	Signature of additional insured person (if applicable)	Date signed (dd/mm/yyyy)	Signature of owner (if other than insured person)	Date signed (dd/mm/yyyy)	Signature of owner (if other than insured person)	Date signed (dd/mm/yyyy)
Signature of insured person	Date signed (dd/mm/yyyy)								
Signature of additional insured person (if applicable)	Date signed (dd/mm/yyyy)								
Signature of owner (if other than insured person)	Date signed (dd/mm/yyyy)								
Signature of owner (if other than insured person)	Date signed (dd/mm/yyyy)								
<p>6 Statement of confidentiality</p>	<p>We collect, use, and disclose the personal information provided for the purposes of processing your request, establishing, and managing our relationship with you, providing you with products and services, administering our business, and complying with legal and regulatory requirements. We collect personal information from you, your advisor or authorized representatives, third parties you allow to share information with us or who issue, service, and administer your products and services now or in the future, and public sources. We disclose your personal information to our employees, agents, representatives, financial institutions, reinsurers, and other parties with whom we deal in issuing and administering your products and services, now and in the future. Also, our employees or service providers who require this information to perform their services for us (for example data processing, programming, data storage, market research, printing and distribution services, paramedical and investigative agencies). Unless there are contractual limitations, your personal information may be accessed or transferred within or outside Canada and may be subject to the laws of those jurisdictions. You may withdraw your consent, subject to legal and contractual restrictions. You also have the right to access and correct your personal information maintained in our files. For more information, you can review our Canadian Privacy Policy at manulife.ca or email us at Canada_Privacy@Manulife.ca. Questions? Please phone our Customer Service Centre at 1-800-268-3763.</p>								
<p>7 Accessibility at Manulife</p>	<p>Manulife is committed to offering products and services to persons with disabilities, in ways that are consistent with the principles of dignity, independence, integration and equal opportunity. Manulife has a core belief that everyone should be treated with courtesy and respect and made to feel welcome. Manulife's accessibility policy allows you to receive this form in alternate formats upon request. Please contact us at accessibility@manulife.ca, or call us at 1-855-891-8671, if you would prefer this document in an alternate format. If you would like more details about accessibility at Manulife, we would encourage you to visit our website at manulife.ca/accessibility.</p>								
<p>8 Mailing instructions</p>	<p>Manulife Attention: Affinity Markets - Policy Services P.O. BOX 670 STN WATERLOO WATERLOO ON N2J 4B8</p>								