

Synergy solution product page

• You and your refer to the owner.

• We, us and our refer to The Manufacturers Life Insurance Company.

manulife.ca

Customer service centre: All provinces except Quebec 1-888-626-8543, Quebec 1-888-626-8843, Outside North America 519-747-6600

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1	Synergy solution details	Application number		Premium quoted \$	
		Name of owner #1 (first, middle initial, last or full name of legal entity)		Cost type level cost to 65 10-year renewable to 65	
		Name of owner #2 (first, middle initial, last or full name of legal entity)		Synergy amount of insurance \$	
		Name of person to be insured (first, middle initial, last)			
2	Additional protection	Term insurance rider (TIR)			
		TIR amount of insurance			
		\$			
		Child protection rider-life Coverage is \$10,000 for each child.			
		Name of child(ren) to be insured (first, middle initial, last)			
		A	D		
		В	E		
		С	F		
		Child protection rider-CI Coverage is available in multiples of \$5,000, up to 12.5% of the Synergy amount of insurance or \$50,000, whichever is less. Each child to be insured may have a different amount of insurance.			
		Name of child(ren) to be insured (first, middle initial, last)	Amount of insurance		
		A	\$		
		В	\$		
		С	\$		
		D	\$		
		Е	\$		
		F	\$		
3	Signatures If the owner is a corporation, we require:	By signing below you are confirming that: • you have read this document and confirm that the statements in it are complete, current and accurate to the best of your knowledge and belief. You will immediately notify us of any errors or omissions • you agree that this document forms part of your application to us for your Synergy solution.			
	 two signing officers' signatures and titles or 	Signed at (city or town, province)		Date (dd/mmm/yyyy – for example, 23/JUL/2020)	
	 one signing officer's signature, title and the corporate seal; 	Signature of owner #1			
	if the corporation does not have a seal and you are the only person authorized to sign on behalf of the corporation, in addition to signing, write your initials in the box provided.	X Title (if applicable):			
		Initial here Write your initials here to confirm that you are the only person authorized to sign on behalf of the corporation and that it does not have a seal. You must also sign above.			
		Signature of owner #2			
		Title (if applicable):			
		Signature of advisor			
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