

E-Delivery (electronic contract delivery)

For electronic and paper applications

E-Delivery is the electronic delivery of new business insurance contracts to clients and facilitates the collection of electronic signatures. The contract is delivered by email (not paper) to each owner and each insured for electronic signing when the contract meets E-Delivery criteria, whether they submit the application electronically or via paper.

Please refer to this [chart](#) for additional information.

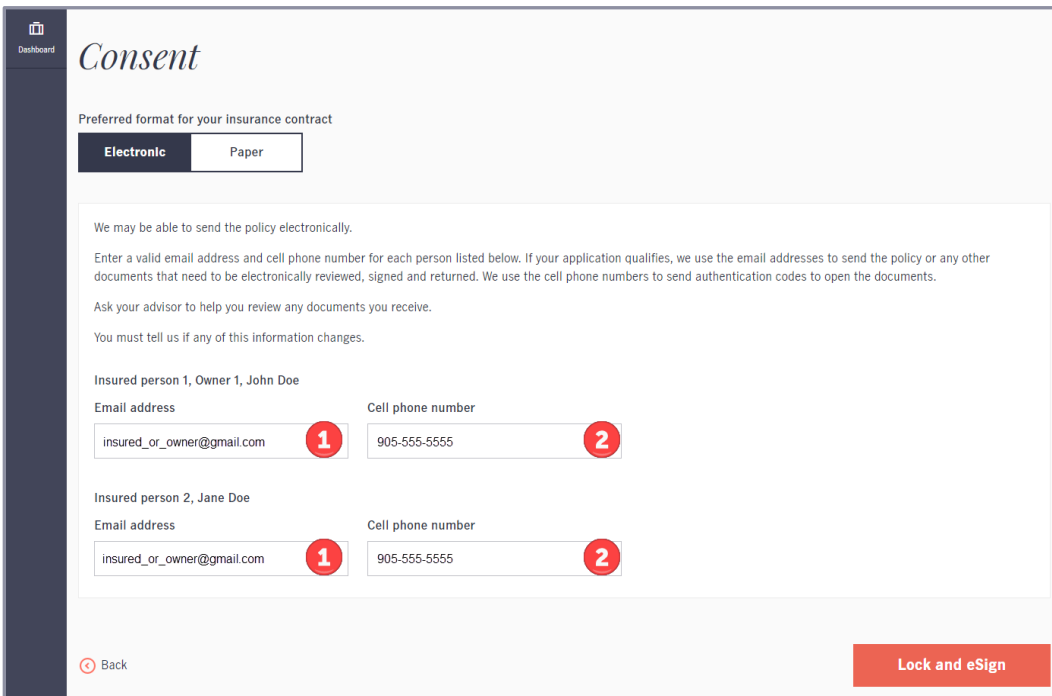
Authentication process for E-Delivery

A link to the policy contract is sent via email and an authentication code is sent to each individual's cell phone number. This authentication code is unique to each individual and is required to access the documentation. Without a mobile number, clients cannot take advantage of E-Delivery.

For example, if there are two insureds and only one insured provides their email address and cell phone number, the policy will not qualify for electronic contract delivery.

Using E-Delivery with Manulife E-Application

Within Manulife E-Application, select **Electronic** and provide the insured(s) and owner(s) email address and cell phone number on the Consent screen as shown below.



The screenshot shows the 'Consent' screen in the Manulife E-Application. At the top left, there is a 'Dashboard' icon. The title 'Consent' is displayed in a large, elegant font. Below the title, there is a section titled 'Preferred format for your insurance contract' with two radio buttons: 'Electronic' (selected) and 'Paper'. Below this, there is a paragraph of text explaining the electronic delivery process and a note to ask the advisor for help. There are two insured persons listed: 'Insured person 1, Owner 1, John Doe' and 'Insured person 2, Jane Doe'. For each person, there are input fields for 'Email address' and 'Cell phone number'. The email addresses are 'insured_or_owner@gmail.com' and the cell phone numbers are '905-555-5555'. Red circles with the numbers '1' and '2' are placed over the email and cell phone number fields respectively. At the bottom left, there is a 'Back' button with a left arrow icon. At the bottom right, there is a red button labeled 'Lock and eSign'.

Using E-Delivery with a paper application (NN7000)

E-Delivery is also available when submitting a paper application if all E-Delivery eligibility criteria are met and each insured and owner provides an email and cell phone number. This information is collected in the sections outlined below.

In **Section 2.1**, the email address and cell phone number are collected for each individual insured.

Section 2 – Information about the people to be insured

In this section, *you* and *your* refer to the people to be insured. The questions must be answered by the people to be insured.
If a person to be insured is a minor, the minor's parent or guardian (tutor, in Quebec) must provide the information on their behalf.

We use the information you provide in this application to determine whether or not you are eligible for coverage and to establish the premium rates for the coverage you're applying for. If you misrepresent any facts or the information you provide is not current, correct and complete, we can cancel any policy we have issued on the basis of the information you provided.

If your application qualifies, we use the email addresses you provide in this section to send a copy of your application and any other policy documents we need you to electronically review, sign and return. We use the cell phone numbers you provide in this section to send the authentication codes you need to open the documents. You must tell us if your contact information changes.

2.1 Person "A" to be insured

a. Legal name (first, middle initial, last)

Previous name (if you have used a different name in the last two years)		Date of birth (dd/mmm/yyyy)	Sex <input type="checkbox"/> male <input type="checkbox"/> female	
Address (number and street)		Unit	City or town	Province
Postal code		Place of birth (province and country)		
Number of years at this address	Preferred contact number ()	Place of birth (province and country)		
Email address insured_A@gmail.com		Cell phone number 905-555-5555		

In **Section 2.3**, the email address and cell phone number are collected for each insured child 16 or older (18 and older in Quebec).

Children to be insured under a child rider

▶ Complete this section only if you are applying for a child rider. Otherwise go to section 3.

a. Tell us the following information for each child to be insured under this rider.

If the child is under age 16 (under age 18 in Quebec), you don't need to provide an email address or cell phone number.

Child	Name (first, middle initial, last)	Relationship to person to be insured	Sex	Date of birth (dd/mmm/yyyy)
1	childage16@gmail.com	<input type="checkbox"/> child <input type="checkbox"/> stepchild <input type="checkbox"/> legally adopted child	<input type="checkbox"/> male <input type="checkbox"/> female	
	Email address	Cell phone number		
	childage16@gmail.com	905-555-5555		

In **Section 3.1**, the email address and cell phone number are collected for any owner(s) who is not an insured on the policy.

If your application qualifies, we use the email addresses you provide in this section to deliver your policy contract and any other documents we need you to electronically review, sign and return. We use the cell phone numbers you provide in this section to send the authentication codes you need to open the documents. You must tell us if your contact information changes.

3.1 Policy owners

Who will own the policies you are applying for?

Person "A" to be insured will own the following policies: Select all that apply.

life policy disability policy for Person "A" Synergy solution for Person "A"
 critical illness policy disability policy for Person "B" Synergy solution for Person "B"

If Person "A" will be the owner of a universal life or whole life policy, tell us their social insurance number in the box provided.

Social insurance number

life policy disability policy for Person "A" Synergy solution for Person "A"
 critical illness policy disability policy for Person "B" Synergy solution for Person "B"

If Person "B" will be the owner of a universal life or whole life policy, tell us their social insurance number in the box provided.

Social insurance number

Owner #1 will own the following policies: Select all that apply.

life policy disability policy for Person "A" Synergy solution for Person "A"
 critical illness policy disability policy for Person "B" Synergy solution for Person "B"

Legal name (first, middle initial, last)		Sex <input type="checkbox"/> male <input type="checkbox"/> female	
Date of birth (dd/mmm/yyyy)	Social insurance number (if owner of a universal life or whole life policy)	Relationship to person to be insured	
Home address (number, street and unit)		City or town	Province
Postal code		Place of birth (province and country)	
Email address policy_owner@gmail.com		Cell phone number 905-555-5555	