Reset form

Manulife

Continuation

Information and disclosure authorization

The Manufacturers Life Insurance Company (Bermuda Branch)—hereinafter referred to as Manulife Bermuda

Important information

Use this form to elaborate on any of the information provided on the Information and disclosure authorization form.

1. Proposed life insured information

Life insured's name (First) | MI | Last

2. Additional space for your response(s)

Please indicate the question number(s) on the IDA and provide additional details below.

3. Signature

By signing below, I hereby certify that to the best of my knowledge the information stated above is complete and true.

SIGN HERE

Signature of proposed life insured | Today's date (MM/DD/YYYY)

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