

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

Important information

Use this form to elect a compensation schedule, if applicable, and certify the information provided in the Information and disclosure authorization (IDA) form if you conducted this business outside of the proposed life insured's country of residence.

1. Proposed life insured information

Proposed life insured name (First) MI Last
Country of residence Date proposed life insured signed IDA (mm/dd/yyyy)

2. Compensation schedule

For Universal Life products only, select your preferred compensation schedule:

- Universal Life Products Commission Schedule A
- Universal Life Products Commission Schedule B—Multi-pay only

Note: Schedule B is designed to enhance up-front compensation for multi-pay designs and does not pay compensation on an excess or renewal basis. Schedule B is not available for policies electing the CVE rider.

3. Signature and authorization

By signing below, I certify to the best of my knowledge and belief that:

- The proposed life insured is not a citizen or resident of the United States, Bermuda, or Canada.
- All activities relating to solicitation and negotiation, including obtaining the owner's signature on the application, were conducted while I was outside of the proposed life insured's country of residence.
- None of the activities relating to solicitation and negotiation, including obtaining the owner's signature on the application, were conducted while the applicant was in a U.S. state, and the policy will not be delivered to the owner in a U.S. state.
- The IDA was completed and signed by the proposed life insured **on the date provided in section 1** and all applicable authorization forms, subsequent insurability forms, and the submission of this business were done in compliance with all local laws concerning permissible activities in the proposed life insured's country of residence.
- The submitted material is complete and true.
- The questions contained in any forms completed by the proposed life insured, policy applicant, payor, or other individual, including, but not limited to, the IDA, any verification of identity, the application, any trust/corporate certification, and any supplementary information were asked and the answers were recorded correctly.
- All questions concerning beneficial ownership, third party determination, and politically-exposed persons were asked of the proposed life insured, policy applicant, and any related individuals and the answers were recorded correctly.
- The policy applied for was not marketed to the proposed life insured, policy applicant, or any related persons for the purpose of avoiding any tax obligations under the laws applicable to such persons.
- All information used to verify the identity of applicants and related individuals was collected in accordance with the requirements set forth by Manulife Bermuda and was recorded correctly and accurately on the application and/or on any supplementary documents, as appropriate.
- I understand and fully accept the chargeback of commission rules contained in the elected commission schedule and agree to repay those amounts in the event the policy lapses or is surrendered in the years outlined in the commission schedule.

Signed at city Country Date (mm/dd/yyyy)

SIGN
HERE 

Signature of distributor

Print name (First) MI Last