

# Inforce transfer and allocation changes

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

## Important information

All percentages must be indicated as whole numbers (e.g., 10% instead of 10.5%).

- In order to have your request apply to the upcoming segment, it must be received prior to the lock-in date. The lock-in date is the end of the third business day prior to the segment initiation date.
- Index Account segments are only created on the segment initiation date (the 15<sup>th</sup> of each calendar month).
- Change requests received in good order by Manulife Bermuda before 4:00 P.M., Eastern time will be processed that business day. Requests received after 4:00 P.M., Eastern time will be processed the following business day.
- Your changes will remain in effect until we receive an authorized request instructing otherwise.

**Note:** The S&P Performance Indexed Account and Nasdaq Performance Indexed Account come with a charge. See the policy for details.

## Instructions for completing this form

**Please use this information to complete the form correctly. Your form will be considered in good order when:**

- All the required information has been completed.
- All the appropriate signatures are given.

### Section 1: Policy information

Complete all information requested for the policy owner and life insured.

### Section 2: Individual (single) transfer from the Fixed Account to Index Accounts

Complete this section to request a single transfer. Indicate the dollar amount (\$) or percentage (%) to be transferred one time from the Fixed Account to Index Accounts.

### Section 3: Transfer cancellation

Complete this section to cancel a previous transfer or allocation to an Index Account where amounts have not yet been designated to a segment (e.g., transfer funds out of the Holding Account and back into the Fixed Account).

### Section 4: Full or partial automated transfers/dollar cost averaging (DCA)

Complete this section to request automated transfers. Indicate the dollar amounts (\$) to be transferred on a monthly basis from the Fixed Account to Index Accounts.

**Note:** Automated transfers occur on the monthly processing date.

### Section 5: Premium allocation

Complete this section to change how you would like your future net premiums to be allocated. Indicate the percentage (%) of each future net premium to be allocated to the Fixed Account and/or Index Accounts.

### Section 6: Maturing segment proceeds allocation

Complete this section to make changes to the allocation instructions for maturing segments in the Index Accounts.

### Section 7: Signatures

- Ensure that all appropriate signatures are on the form before submission. **All owners must sign and date the form.**
- If the policy is collaterally assigned, the assignee's signature is required.
- **If the policy has an irrevocable beneficiary, the irrevocable beneficiary's signature is required.**

**Manulife Bermuda reserves the right to request additional information as necessary.**

# Inforce transfer and allocation changes

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

## 1. Policy information

### Policy owner information:

Policy number

Insured name

Policy owner name

Address (Street)

City

Country

Mailing code

Check here if the policy is owned by the **Manulife Bermuda Master Insurance Trust.**

**Ocorian Services (Bermuda) Limited as Trustee of Sub Trust**

Policy owner name

**Victoria Place, 5<sup>th</sup> floor, 31 Victoria Street, Hamilton, Bermuda HM10**

Policy owner address

Trust participant name

Trust participant address (Street)

City

Country

Mailing code

## 2. Individual (single) transfer from the Fixed Account to Index Accounts

**Transfer either a specified dollar amount (\$) or percentage (%) from the Fixed Account to Index Accounts.**

### From:

Fixed Account US\$ \_\_\_\_\_ or \_\_\_\_\_ %

### To:

S&P Performance Index Account US\$ \_\_\_\_\_ or \_\_\_\_\_ %

Nasdaq Performance Index Account US\$ \_\_\_\_\_ or \_\_\_\_\_ %

Blended Index Account US\$ \_\_\_\_\_ or \_\_\_\_\_ %

**Note:** If using percentages, percentages in the **to** accounts must total 100%.

We will transfer the requested amount from your Fixed Account and allocate those amounts towards the creation of a new Index Account segment or segments. Amounts transferred to the Index Accounts after the lock-in date will be included in new segment balances the following month.

## 3. Transfer cancellation

Canceling a transfer will only affect amounts currently transferred or allocated to be transferred toward the Index Accounts but have not yet created an Index Account segment (e.g., this election will transfer funds out of the Holding Account and back into the Fixed Account). 100% of these amounts will be transferred to the Fixed Account as a result of this cancellation.

**Cancel all amounts transferred and/or allocated to be transferred to the Index Accounts.**

Transfer cancellation requests must be submitted prior to the lock-in date. Canceling a transfer will not affect your current premium allocation or maturing segment proceeds allocation instructions.

**Cancel current active dollar cost averaging (DCA).**

**4. Full or partial automated transfers/dollar cost averaging (DCA)**

**Initiate a new automated transfer schedule, which will override any previous automated transfer schedules requested.**

Beginning on the first monthly processing date following the date we receive your request, we will transfer the requested amounts from the Fixed Account to Index Accounts. A transfer of the same amount will be executed on each monthly processing date.

Automated transfers election will continue until such time that (a) the number of transfers, if indicated, has been fulfilled, or (b) there is no value in the Fixed Account. If the balance within your Fixed Account is less than the requested monthly transfer dollar amount at the time a transfer is scheduled, a transfer of the remaining balance of the Fixed Account will take place.

**Note:** If unlimited transfers are indicated, the DCA will remain active even after the Fixed Account is depleted. The DCA functionality will become dormant until a new payment is received, at which point it will resume at the same level amount as indicated on the last investment form.

**Initiate monthly automated transfers to the Index Accounts.**

**Number of transfers (optional):** \_\_\_\_\_ (minimum of 2 or leave blank for unlimited)

**Note:** For unlimited transfers at the same level amount, leave the above field blank. DCA transfers will continue until the Fixed Account is depleted.

<b>From:</b>	<b>To:</b>
Fixed Account US\$ _____	S&P Performance Index Account US\$ _____
	Nasdaq Performance Index Account US\$ _____
	Blended Index Account US\$ _____

**Note:** Amounts transferred to the Index Appreciation Account after the lock-in date will be included in a new segment balance the following month. If the Fixed Account has no value, subsequent premiums for multi-pay policies will automatically restart transfers based on the most recent instructions. To modify the transfer amount, new investment allocation forms will be required.

**5. Premium allocation**

Provide the desired percentage of future premium payments to be allocated to the selected accounts. **Percentages must total 100%.** Premium allocation instructions will remain in effect for all future premium payments unless new allocation instructions are received.

**S&P Performance Index Account** \_\_\_\_\_ %

**Nasdaq Performance Index Account** \_\_\_\_\_ %

**Blended Index Account** \_\_\_\_\_ %

**Fixed Account** \_\_\_\_\_ %

**Note:** If requesting DCA, a portion of future premiums must be allocated to the Fixed Account.

**6. Maturing segment proceeds allocation**

Indicate how the proceeds from all your future maturing segments are to be allocated. **In the absence of any segment proceeds allocation instructions, your policy's segment proceeds will automatically be reallocated 100% to a new segment in the Index Accounts.**

**From S&P Performance Index Account to:** (percentages must total 100%)

S&P Performance Index Account _____ %	Blended Index Account _____ %
Nasdaq Performance Index Account _____ %	Fixed Account _____ %

**From Nasdaq Performance Index Account to:** (percentages must total 100%)

S&P Performance Index Account _____ %	Blended Index Account _____ %
Nasdaq Performance Index Account _____ %	Fixed Account _____ %

**From Blended Index Account to:** (percentages must total 100%)

S&P Performance Index Account _____ %	Blended Index Account _____ %
Nasdaq Performance Index Account _____ %	Fixed Account _____ %

**Note:** Segment proceeds allocation instructions received after the lock-in date will be applied to any segment maturities occurring in the following month. If maturity instructions are updated to Fixed Account with an active DCA, the DCA should be canceled to avoid funds being transferred back to the Index Account.

**7. Signatures**

**By signing below,** I certify that I agree to the changes shown above. I also certify that I have reviewed the information provided and it correctly reflects my intended changes. I understand the effective date of this request will be the date that all requirements are received in good order by Manulife Bermuda.

**SIGN HERE** \_\_\_\_\_  
 Signature of policy owner Date (mm/dd/yyyy)

\_\_\_\_\_

Print name Title

**SIGN HERE** \_\_\_\_\_  
 Signature of policy owner Date (mm/dd/yyyy)

\_\_\_\_\_

Print name Title

**SIGN HERE** \_\_\_\_\_  
 Signature of irrevocable beneficiary (if any) Date (mm/dd/yyyy)

\_\_\_\_\_

Print name

**Assignee signatures:** (if applicable) (attach certified true copy of signatory list)

**SIGN HERE** \_\_\_\_\_  
 Signature of assignee Date (mm/dd/yyyy)

\_\_\_\_\_

Print name Title

**SIGN HERE** \_\_\_\_\_  
 Signature of assignee Date (mm/dd/yyyy)

\_\_\_\_\_

Print name Title

**Trustee and trust participant signatures:** (if policy owner is the Manulife Bermuda Master Insurance Trust)

Ocorian Services (Bermuda) Limited as Trustee of Sub-Trust Number \_\_\_\_\_ in Hamilton, Bermuda, \_\_\_\_\_  
Date (mm/dd/yyyy)

**SIGN HERE** \_\_\_\_\_  
 Signature of authorized signer Date (mm/dd/yyyy)

**SIGN HERE** \_\_\_\_\_  
 Signature of authorized signer Date (mm/dd/yyyy)

**SIGN HERE** \_\_\_\_\_  
 Signature of trust participant Date (mm/dd/yyyy)

\_\_\_\_\_

Print name