

New policy allocation and transfer request

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%).
- The Guaranteed Interest Account is referred to as the Fixed Account.
- Your request will remain in effect until we receive an authorized request instructing otherwise.

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: Premium allocation

Complete this section to indicate how you would like your future net premiums to be allocated.

Section 3: Maturing segment proceeds allocation

The proceeds from the maturing segments will be reallocated to a new segment of the same Indexed Account type.

Section 4: 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.

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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, 5th floor, 31 Victoria Street, Hamilton, Bermuda HM10

Policy owner address

Trust participant name

Trust participant address (Street)

City Country Mailing code

2. Premium allocation

Select only one of the following options to indicate how you would like your future net premiums to be allocated.

Option 1: **Full or partial automated transfers/dollar cost averaging (DCA):** 100% of the initial and future premiums will initially be allocated to the Fixed Account. On each monthly processing date, a portion of the policy value will be transferred from the Fixed Account to the Indexed Account(s) indicated below. Automated transfers 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.

Number of transfers (optional) _____ per segment (minimum of 2 or leave blank for unlimited)

S&P PRO Indexed Account US\$ _____

S&P Performance Indexed Account US\$ _____

Nasdaq Performance Indexed Account US\$ _____

Blended Indexed Account US\$ _____

Note: 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.

2. Premium allocation (continued)

Option 2: **No automated transfers/dollar cost averaging (DCA):** Provide the desired percentage of future premium payments to be allocated to the selected account(s). **Percentages must total 100%.** Premium allocation instructions will remain in effect for all future premium payments unless new allocation instructions are received.

- S&P PRO Indexed Account** _____ %
- S&P Performance Indexed Account** _____ %
- Nasdaq Performance Indexed Account** _____ %
- Blended Indexed Account** _____ %
- Fixed Account** _____ %

3. Maturing segment proceeds allocation

The proceeds from the maturing segments will be reallocated to a new segment of the same Indexed Account type. To make changes to the allocation of future maturing segment proceeds, please complete the Inforce transfer and allocation changes form.

Note: Segment proceeds allocation instructions received after the lock in date will be applied to any segment maturities occurring in the following month.

4. Signatures

By signing below, I certify that I agree to the request shown above. I also certify that I have reviewed the information provided and it correctly reflects my intended request. 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 _____

5. Signatures (continued)

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