

Declaration of insurability

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

Important information

This form **must** be completed to update insurability when medical evidence is older than 90 days.

1. Proposed life insured information

Proposed life insured name (First) _____ MI _____ Last _____

2. Health information

Since the date of the last health questionnaire or medical evidence:

- 1. Have you consulted, or been examined by, any doctor? Yes No
- 2. Have you had any injury, illness, operation, or treatment? Yes No
- 3. Has there been any change in your health? Yes No
- 4. Do you have any symptoms or medical concerns for which you have not consulted a doctor or received any consultation, testing, or investigation recommendation by a doctor that has not yet been completed? Yes No

Since the date of the application for life insurance:

- 5. Has there been any change in your tobacco or nicotine use? Yes No
- 6. Have you made application to any other life insurance company or have you been declined or offered at other than standard rates by any other company? Yes No
- 7. Has there been any change in your aviation, motor vehicle or power boat, skydiving or parachuting, skin or scuba diving, or any other hazardous activities? Yes No
If **yes**, complete the aviation and/or avocation questionnaires.

3. Additional information

Provide full details of any **yes** answers in section 2.

Question number	Details

4. Signatures

By signing below, I confirm I have read the above statements and answers and they are complete and true to the best of my knowledge and belief. I understand they will form a part of the application to Manulife Bermuda for insurance on my life.

SIGN HERE _____
Signature of proposed life insured Date (mm/dd/yyyy)

SIGN HERE _____
Signature of agent/registered representative (as witness) Date (mm/dd/yyyy)

Print name (First) _____ MI _____ Last _____ Title _____