

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

Important information

Use this form to attest to the amounts of inforce and applied-for life insurance coverage across all insurance companies.

- This endorsement will form a part of the policy issued by Manulife Bermuda.
- Manulife Bermuda reserves the right to void the policy or to decline a claim at any time if the applicant fails to make a full disclosure in section 2, and/or if an amount exceeding the amount disclosed in section 2 is ultimately placed with all insurance companies at the time the contract receipt is signed.

1. Policy information

Policy number _____

Proposed life insured name (First) _____ MI _____ Last _____ Date of birth (mm/dd/yyyy) _____

2. Life insurance coverage information

The proposed life insured hereby represents that the following statements are complete, correct, and true:

- A.** The total amount of life insurance coverage on the life of the proposed insured under existing inforce life insurance policies with all life insurance companies is US\$ _____.
- B.** The total amount of life insurance coverage currently applied for on the life of the proposed insured with all life insurance companies is US\$ _____.
- C.** The total line of coverage, in force and to be placed through all sources as at the date of signing the contract receipt, will not exceed US\$ _____.

3. Signatures and authorizations

By signing this form, I hereby confirm the information provided is complete and accurate.

I understand any misrepresentation or failure to provide all relevant information may render the policy void. Full disclosure on all existing life insurance exposure and concurrent applications is a material fact and would influence Manulife Bermuda's decision to accept or decline a risk. Further, this amendment will form part of the policy contract.

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

SIGN HERE _____
 Signature of trust participant (if master trust-owned and different from the proposed life insured) _____ Date (mm/dd/yyyy) _____

SIGN HERE _____
 Signature of owner _____ Date (mm/dd/yyyy) _____