

Manulife Bermuda Master Insurance Trust—hereinafter referred to as the master trust  
Ocorian Services (Bermuda) Limited—hereinafter referred to as the trustee

## Important information

Use this form to apply to participate in the Manulife Bermuda Master Insurance Trust (master trust). Once this Trust application is accepted, the trustee will declare a sub-trust and complete and submit an Application for life insurance on the proposed life insured. On Manulife Bermuda's approval of the application for life insurance and receipt of the initial premium, Manulife Bermuda will issue a policy as evidence of coverage.

**Please refer to the client due diligence guide for the list of specific requirements needed for the primary trust participant and contingent trust participant, if applicable.**

All requirements and supporting documentation for the trust participants must be provided at the time of application. Updated due diligence documents for the contingent participant will be required upon the death of the trust participant.

**The trustee reserves the right to request additional information as necessary.**

All requirements will be considered in good order when all required information, documentation, and appropriate signatures are provided.

Manulife Bermuda Master Insurance Trust—hereinafter referred to as the master trust  
Ocorian Services (Bermuda) Limited—hereinafter referred to as the trustee

## 1. Policy information

Proposed life insured name (First, MI, Last)

Primary trust participant name (if different from the life insured) (First, MI, Last or entity name, if applicable)

**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

## 2. Primary trust participant information

Refer to the client due diligence guide at [manulifebermuda.com](http://manulifebermuda.com) for any additional supporting documents required in addition to completing the form.

### Participant type:

- Individual  
 Trust  
 Personal investment company (PIC)

Primary trust participant full legal name (First, MI, Last or entity name, if applicable)

Permanent address (Street)

City Country Mailing code

Mailing address (Street) Required if different from permanent address.

City Country Mailing code

### If the primary trust participant is an individual, provide the following:

Date of birth (mm/dd/yyyy) Place of birth (City) Country Gender:  Male  Female

Country of citizenship Passport/government ID Country of issue Date of expiration (mm/dd/yyyy)

### If the primary trust participant is a trust, provide the following:

Trustee name

Trustee address (Street)

City Country Mailing code

Date trust established (mm/dd/yyyy) Situs of trust

### If the primary trust participant is a personal investment company (PIC), provide the following:

Date of incorporation (mm/dd/yyyy) Country of incorporation

### 3. Contingent trust participant information

If the trust participant is an individual, you as trust participant may designate a contingent trust participant to automatically assume the role of trust participant at the time of your death, subject to the consent of Manulife Bermuda not to be unreasonably withheld, though in its absolute discretion after conducting due diligence. The contingent trust participant may be an individual, trust, or PIC. The contingent trust participant may be changed by the trust participant at any time during the trust participant's life. The contingent trust participant has no rights with respect to the policy, master trust, or any sub-trust thereof prior to the death of the trust participant. If the trust participant predeceases the life insured and there is no contingent trust participant that has been named and consented to by Manulife Bermuda, the life insured will automatically assume the role of trust participant upon the trust participant's death.

**Note:** Refer to page 1 of the form for the supporting requirements needed to appoint a contingent participant. If the life insured is also the trust participant and a contingent life insured has been named, a contingent trust participant designation is required.

#### Contingent trust participant type:

- Individual  
 Trust  
 Personal investment company (PIC)

Contingent trust participant full legal name (First, MI, Last or entity name, if applicable)

Permanent address (Street)

City Country Mailing code

Mailing address (Street) Required if different from permanent address.

City Country Mailing code

Relationship to primary trust participant

#### If the contingent trust participant is an individual, provide the following:

Date of birth (mm/dd/yyyy) Place of birth (City) Country Gender:  Male  Female  
Country of citizenship Passport/government ID Country of issue Date of expiration (mm/dd/yyyy)

#### If the contingent trust participant is a trust, provide the following:

Trustee name

Trustee address (Street)

City Country Mailing code

Date trust established (mm/dd/yyyy) Situs of trust

#### If the contingent trust participant is a personal investment company (PIC), provide the following:

Date of incorporation (mm/dd/yyyy) Country of incorporation

#### 4. Trust beneficiary information

**List the primary and secondary beneficiaries below. Please note the following:**

- Percentages for all beneficiaries named in each category (primary and secondary) must total one-hundred percent (100%). Designations given in dollar amounts, fractions, or with more than two decimal places (e.g., 33.333%) will not be accepted. If percentages are not provided, beneficiaries in the same category will share equally in any death benefit payable to them. If the beneficiaries are unable to be shared equally (e.g., 1/3), we will designate the extra rounded percentile to the first listed beneficiary in each class (e.g., 33.34%, 33.33%, 33.33%).
- At the time of death, the proceeds will be paid to the most recent beneficiaries designated under the policy, upon confirmation from the Claims department that documents received are acceptable. Failure by the beneficiary to survive the life insured by 7 days will result in the beneficiary being deemed to have predeceased the life insured.
- If a beneficiary dies before the benefit is payable, their share will be allocated equally among any surviving beneficiaries in the same category.
- Bermuda law establishes the age of majority as 18 years of age, which will be the required age necessary for submission, receipt, and release of claim by beneficiary. If death proceeds are payable to a beneficiary under the age of 18 at the time of claim, Manulife will require a court appointed legal surrogate with appropriate powers and authority to undertake the process of submission, receipt, and effectuate a release of claim of the death benefit on behalf of the minor beneficiary. In the absence of a court appointed surrogate, payment may be delayed, and legal proceedings may be required to determine a party who can properly release claim and accept payment on behalf of the minor beneficiary. Manulife will not be responsible for the undertaking or costs associated with such a legal proceeding.
- The above is not intended to be nor should it be relied upon as legal, tax, or other advice. If you have any questions, please consult your financial professional or legal professional to obtain advice specific to your circumstances as they apply to the terms and conditions of the policy.

**Primary beneficiaries:**

1. _____		_____
Primary beneficiary full legal name		Date of birth/incorporation (mm/dd/yyyy)
_____		_____
Trustee name (if applicable)		Trust date (mm/dd/yyyy)
_____	_____	_____ %
Relationship to life insured	Relationship to trust participant	Percentage of proceeds
2. _____		_____
Primary beneficiary full legal name		Date of birth/incorporation (mm/dd/yyyy)
_____		_____
Trustee name (if applicable)		Trust date (mm/dd/yyyy)
_____	_____	_____ %
Relationship to life insured	Relationship to trust participant	Percentage of proceeds
3. _____		_____
Primary beneficiary full legal name		Date of birth/incorporation (mm/dd/yyyy)
_____		_____
Trustee name (if applicable)		Trust date (mm/dd/yyyy)
_____	_____	_____ %
Relationship to life insured	Relationship to trust participant	Percentage of proceeds
4. _____		_____
Primary beneficiary full legal name		Date of birth/incorporation (mm/dd/yyyy)
_____		_____
Trustee name (if applicable)		Trust date (mm/dd/yyyy)
_____	_____	_____ %
Relationship to life insured	Relationship to trust participant	Percentage of proceeds

**4. New trust beneficiary information** (continued)

**Secondary beneficiaries:**

1. \_\_\_\_\_ Date of birth/incorporation (mm/dd/yyyy) \_\_\_\_\_  
 Secondary beneficiary full legal name  
 \_\_\_\_\_  
 Trustee name (if applicable) \_\_\_\_\_ Trust date (mm/dd/yyyy) \_\_\_\_\_  
 \_\_\_\_\_  
 Relationship to life insured \_\_\_\_\_ Relationship to trust participant \_\_\_\_\_ Percentage of proceeds \_\_\_\_\_ %

2. \_\_\_\_\_ Date of birth/incorporation (mm/dd/yyyy) \_\_\_\_\_  
 Secondary beneficiary full legal name  
 \_\_\_\_\_  
 Trustee name (if applicable) \_\_\_\_\_ Trust date (mm/dd/yyyy) \_\_\_\_\_  
 \_\_\_\_\_  
 Relationship to life insured \_\_\_\_\_ Relationship to trust participant \_\_\_\_\_ Percentage of proceeds \_\_\_\_\_ %

3. \_\_\_\_\_ Date of birth/incorporation (mm/dd/yyyy) \_\_\_\_\_  
 Secondary beneficiary full legal name  
 \_\_\_\_\_  
 Trustee name (if applicable) \_\_\_\_\_ Trust date (mm/dd/yyyy) \_\_\_\_\_  
 \_\_\_\_\_  
 Relationship to life insured \_\_\_\_\_ Relationship to trust participant \_\_\_\_\_ Percentage of proceeds \_\_\_\_\_ %

4. \_\_\_\_\_ Date of birth/incorporation (mm/dd/yyyy) \_\_\_\_\_  
 Secondary beneficiary full legal name  
 \_\_\_\_\_  
 Trustee name (if applicable) \_\_\_\_\_ Trust date (mm/dd/yyyy) \_\_\_\_\_  
 \_\_\_\_\_  
 Relationship to life insured \_\_\_\_\_ Relationship to trust participant \_\_\_\_\_ Percentage of proceeds \_\_\_\_\_ %

**5. Signatures and authorizations**

**By signing below, I understand the following:**

- The trust participant has completed the Trust application to participate in the Manulife Bermuda Master Insurance Trust.
- Once the Trust application is accepted, the trustee will declare a sub-trust and complete and submit an Application for life insurance on the proposed life insured.
- On Manulife Bermuda’s approval of the application for life insurance and receipt of the initial premium, Manulife Bermuda will issue a policy as evidence of coverage.
- The proposed life insured hereby acknowledges and consents to the life insurance policy placed on their life.
- I understand and agree that any policy issued will be underwritten, issued in, and governed by the laws of Bermuda and that the policy has not been filed in any state of the United States and may not be offered, sold, transferred, or delivered, directly or indirectly, to U.S. persons (as defined by U.S. federal income tax purposes as including any person who is a U.S. citizen, U.S. permanent resident, or person who is physically present in the U.S. for 183 days in one calendar year or 120 days in each of 3 calendar years), citizens and residents of Bermuda, or residents of Canada.

We (the proposed trust participant, contingent trust participant, and life insured) acknowledge that neither the trustee nor Manulife provide legal, tax, or other professional advice. We represent to the trustee and Manulife Bermuda that we have had a reasonable opportunity to obtain all relevant independent legal, tax, and other applicable professional advice in the jurisdictions with which we are resident, citizen, or otherwise connected.

**Any person who knowingly and with intent to defraud any insurer (a) files a statement of claim containing materially false information, or (b) conceals for the purpose of misleading any insurer, information concerning any material fact thereto, may be committing a fraudulent insurance act.**

The proposed life insured hereby acknowledges and consents to the life insurance policy placed on their life.

**5. Signatures and authorizations** (continued)

<b>SIGN HERE</b>	_____ Signature of proposed life insured (if different from trust participant)	_____ Signed at city	_____ Country	_____ Date (mm/dd/yyyy)
<b>SIGN HERE</b>	_____ Signature of primary trust participant	_____ Signed at city	_____ Country	_____ Date (mm/dd/yyyy)
<b>SIGN HERE</b>	_____ Signature of contingent trust participant (if applicable)	_____ Signed at city	_____ Country	_____ Date (mm/dd/yyyy)
<b>SIGN HERE</b>	_____ Signature of attorney-in-fact (if applicable)	_____ Signed at city	_____ Country	_____ Date (mm/dd/yyyy)
	_____ Print name	_____ Title		

**Trustee signatures:**

On the effective date specified below, the trustee hereby agrees to:

- Accept the primary trust participant as a trust participant under the master trust.
- Create a sub-trust under the master trust.
- Apply for a life insurance policy on the life of the proposed life insured pursuant to the terms of the Application for life insurance.
- Act as trustee to perform the following duties: a) hold the life insurance policy bearing the policy number to be issued, and all monies assured by or to become payable by virtue of the policy and all benefits, privileges, or advantages attaching to it, b) hold the policy absolutely but will transfer or assign the policy to such person at such time and in such manner or otherwise deal with the same as provided for in the policy and the sub-trust, and c) send (or have the administrator under the master trust do so on its behalf) all correspondence and communications regarding the policy in accordance with the terms and conditions of the policy and the sub-trust.

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

<b>SIGN HERE</b>	_____ Signature of authorized trustee	_____ Date (mm/dd/yyyy)
<b>SIGN HERE</b>	_____ Signature of authorized trustee	_____ Date (mm/dd/yyyy)