

Application for life insurance

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

Important information

Use this form to apply for a life insurance policy with Manulife Bermuda. You must also complete and include with your application the Trust application form (NB3503BD).

1. Proposed life insured information

Life insured name (First) _____ MI _____ Last _____ Gender: Male Female

Alternate name (e.g., maiden name, alias) (if applicable) (First) _____ MI _____ Last _____

Date of birth (mm/dd/yyyy) _____ Place of birth (City) _____ Country _____

Phone number _____ Email address _____

Address (Street) _____

City _____ Country _____ Mailing code _____

2. Coverage information**A. Plan you wish to apply for: (select one)**

- Manulife Global Achiever (MGA)
- Manulife Global Generations (MGG)
- Manulife Global Indexed UL (MGIUL)¹
- Manulife Global Indexed UL PRO (MGIUL PRO)²
- Manulife Global Marquis (MGM)

B. Is it intended that coverage will meet U.S. tax law requirements for life insurance?

- Yes (U.S. compliant is only available with MGIUL)
- No

C. Coverage amount:

Total face amount (MGA/MGIUL/MGIUL PRO/MGM): US\$ _____

Initial premium amount (MGG): US\$ _____

Note: Amounts provided exclude amounts attributed to the Return of Premium Death Benefit Rider, if elected.

D. Death benefit: (MGA/MGIUL/MGIUL PRO only)

- Face amount
- Face amount plus policy value

E. Supplementary benefits: (MGA/MGIUL/MGIUL PRO only)

- Cash value enhancement
- Return of Premium Death Benefit Rider (available with face amount death benefit only)

Premiums returned at death: _____ % and US\$ _____

Note: Dollar amount needs to be the equivalent of the elected percentage of premiums to be returned at death. Percentages must be whole numbers only, maximum 100%.

Supplementary benefits included with MGIUL non-U.S. tax compliant and MGIUL PRO:³

- Accelerated Death Benefit for Critical Illness Rider
- Change of Life Insured Rider

1. If applying for Manulife Global Indexed UL, complete the New policy allocation and transfer form (NB3524BD).

2. If applying for Manulife Global Indexed UL PRO, complete the New policy allocation and transfer form (NB3525BD).

3. Accelerated Death Benefit for Critical Illness and Change of Life Insured Riders are not available with MGIUL that is intended to meet U.S. tax law requirements for life insurance.

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Manulife (Bermuda Branch), O'Hara House, 3rd Floor, 3 Bermudiana Road, Tower 2 (North Tower), Hamilton, Bermuda HM08.

3. Premium information

A. Premium frequency: (if initial planned premium frequency is single pay, select **annual**)

MGA/MGG/MGIUL/MGIUL PRO/MGM

- Annual
 Semiannual (MGA/MGIUL/MGIUL PRO only)

B. Premium duration:

MGA/MGIUL/MGIUL PRO

- Single pay
 Multi-pay

MGG/MGM

- Single pay
 5-pay
 10-pay

C. Split pay:

MGM (Single pay only)⁴

- Yes
 No

4. Owner

Trust application form (NB3503BD) must be completed.

Ocorian Services (Bermuda) Limited as Trustee of Sub Trust

Name Policy number

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

Policy owner address The Trust is subject to the laws of Bermuda

Situs of trust

5. Beneficiary information

Primary beneficiary: (the Trustee of the sub-trust must be the beneficiary)

Ocorian Services (Bermuda) Limited as Trustee of Sub Trust

Name Policy number

Trustee

100%

Relationship to insured Percentage of proceeds

6. Payor information

Premium notices and correspondence will be sent to the trust participant in care of the owner.

Payor full legal name (First, MI, Last) (or entity name, if applicable)

Financial institution name Country of account Account number

If the payor is different from the trust participant, provide the following:

Relationship of payor to proposed life insured Relationship of payor to trust participant

Date of birth (for an individual) (mm/dd/yyyy) Incorporation number (for a corporation) Jurisdiction of registration (for a corporation)

Address (Street)

City Country Mailing code

Principal business or occupation of this individual, company, or organization

4. Under the Split Payment Endorsement, your single premium will be settled by two installment payments according to the Split Payment Option Premium Schedule. The Second Payment and any associated Split Pay Fee must be paid in full and in one lump sum before the first Policy Anniversary or your Manulife Global Marquis policies will terminate immediately and without notice to you.

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7. Existing and pending coverage information

A. Provide information for each policy in force on the proposed life insured with all companies:

Check here if there are no policies in force.

Company	Insurance	Issue date	Remain in force	Face amount
1. _____ Company name	<input type="checkbox"/> Personal <input type="checkbox"/> Business	_____ mm/dd/yyyy	<input type="checkbox"/> Yes <input type="checkbox"/> No	US \$ _____
2. _____ Company name	<input type="checkbox"/> Personal <input type="checkbox"/> Business	_____ mm/dd/yyyy	<input type="checkbox"/> Yes <input type="checkbox"/> No	US \$ _____
3. _____ Company name	<input type="checkbox"/> Personal <input type="checkbox"/> Business	_____ mm/dd/yyyy	<input type="checkbox"/> Yes <input type="checkbox"/> No	US \$ _____

B. Provide information of all formal applications in process with other companies:

Check here if there are no other applications with other companies.

Company	Face amount
1. _____	US \$ _____
2. _____	US \$ _____
3. _____	US \$ _____
4. _____	US \$ _____

C. Total formal coverage pending that you plan to accept (including this application):

US \$ _____

Note: MGA/MGIUL/MGIUL PRO/MGM—Provide the total death benefit.
MGG—Provide the total premium. Include amounts under the Return of Premium Death Benefit Rider, if elected.

8. Third party information

Yes No Does someone else expect to participate in, make decisions about, or benefit from this policy in any way, excluding someone named as trust participant, proposed life insured, payor, beneficiary, or signing officer?
If **yes**, provide the following information: (additional information can be provided in section 10)

Name (First, MI, Last) (or entity name, if applicable) Relationship to trust participant

Date of birth (for an individual) (mm/dd/yyyy) Incorporation number (for a corporation) Jurisdiction of registration (for a corporation)

Address (Street)

City Country Mailing code

Principal business or occupation of this individual, company, or organization

9. Contingent life insured information (optional)

For MGG only:

Contingent life insured name (First) _____ MI _____ Last _____ Gender: Male Female

Alternate name (e.g., maiden name, alias) (if applicable) (First) _____ MI _____ Last _____

Date of birth (mm/dd/yyyy) _____ Citizenship (list all countries) _____ Country of residence _____

10. Additional information/special instructions

Provide additional information or special instructions here or in attached pages, if needed.

Check here if additional pages are attached.

11. Confidentiality statement

Your personal information is important to us.

We know that the privacy of your personal information is important to you and it is equally important to us. Personal information is fundamental to our business as it allows us to evaluate, issue, and administer the insurance policy you have applied for. We have safeguards in place to protect your personal information and we train our associates to respect your personal information and keep it safe.

We may use the personal information that we collect to:

- Confirm your identity and uniquely identify you.
- Confirm the accuracy of the information collected.
- Evaluate your application, assess the insurance risks we are assuming, and review claims submitted to us.
- Comply with legal and regulatory requirements.

We do not give your personal information to any organization for the purpose of that organization marketing its own products or services directly to you. You can find additional information about Manulife's corporate privacy policy at manulife.com.

12. Policy contract preferences

Select all that apply:

- Electronic copy (e-delivery)
- Original hard copy
- Additional certified true copy

Note: The electronic copy, if the only option selected, will be considered the original.

13. Declarations and signatures

By signing below, I declare that the statements and answers in this application and any form that is made part of this application are complete and true to the best of my knowledge and believe they are completely and correctly recorded, and that the undersigned has the authority to sign this application and all related documents on behalf of the applicant/owner.

In addition, I understand and agree that:

- The statements and answers in this application, which include any supplemental form relating to the health, aviation practices, travel, residency, or lifestyle of the proposed life insured, will become part of any life insurance policy issued as a result of this application.
- Any life insurance policy issued as a result of this application will be effective on the date the first premium has been paid in full and the policy has been issued by Manulife Bermuda. The insurance will not be in effect if there has been a deterioration in the insurability of the proposed life insured since the date of this application.
- Any person who knowingly and with intent to defraud any insurer: (a) files an application for insurance or statement of claim containing any 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.
- 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, in the United States or 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), or to citizens and residents of Bermuda, or to residents of Canada.
- For policies that are not compliant with U.S. tax law, I understand and agree that the policy issued will not meet the U.S. tax law definition of life insurance.
- If applying for MGIUL or MGIUL PRO, I acknowledge that I am applying for an indexed universal life insurance product. Even though values of the policy may be determined, in part, by reference to external indices, the policy does not directly participate in any stock or equity investments. Any values shown, other than minimum values, are not guarantees, promises, or warranties.
- I acknowledge and agree that transfers of ownership are subject to Manulife Bermuda's approval.

13. Declarations and signatures (continued)

I also certify that:

- To the best of my knowledge, any funds remitted for any payment of premium are not the proceeds of crime and are not intended to facilitate terrorist activities.
- The proposed life insured has acknowledged and consented to the life insurance policy being placed on their life.
- I will inform Manulife Bermuda or my financial representative if there are changes in the information given to you about the individuals, companies, or entities identified in this form.

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

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