

## Important information

Complete this report and include it with your life insurance application.

### 1. Application information

Proposed life insured name (First) \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_

**A. Scheduled premium/planned premium:**

\$ \_\_\_\_\_

**B. Sales concept used for this application:**

\_\_\_\_\_

**C. If the owner answered no to any questions on the application regarding third party involvement in the transaction and the financial representative has reason to doubt its truthfulness, provide details below:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### 2. Financial representative information

Provide the following information for all financial representatives associated with this application:

Distributor name \_\_\_\_\_

1. Name (First) \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_

Phone number \_\_\_\_\_ Email address \_\_\_\_\_

2. Name (First) \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_

Phone number \_\_\_\_\_ Email address \_\_\_\_\_

3. Name (First) \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_

Phone number \_\_\_\_\_ Email address \_\_\_\_\_

### 3. Signature and certification

By signing below, I confirm that I asked the proposed life insured and/or owner each question on the application. The answers have been recorded by me exactly as stated and I know of nothing affecting the insurability of the proposed life insured that is not fully recorded in this application. I also confirm that I used no Manulife branded sales material other than that approved by Manulife Bermuda.

SIGN  
HERE

Signature of lead financial representative \_\_\_\_\_

Date signed (mm/dd/yyyy) \_\_\_\_\_