

## Authorization to disclose personal information

*You* and *your* mean the person to be insured. *We*, *us* and *our* mean The Manufacturers Life Insurance Company. *Application* means the document you signed to apply for insurance or an amendment to your insurance policy.

If you sign this form, you are giving us permission to disclose your personal information to your advisor.

**We do not need this authorization to make a decision about your application.**

### Instructions

Attach this form to the application for insurance (NN7000E, NN7009E) or the signature booklet (NN7006E). The wording of this authorization may not be altered in any way. Any attempt to do so will be of no effect.

<b>1 General information</b>	Application number	Name of advisor (first, last)	Advisor code
<b>2 Authorization</b>	<p>If you sign this form, you are authorizing us to:</p> <ul style="list-style-type: none"> <li>• release information about your application and our evaluation of it to your advisor</li> <li>• send your advisor copies of all correspondence that we send to you about your application.</li> </ul> <p>Information about your application that we may share with your advisor could include:</p> <ul style="list-style-type: none"> <li>• medical testing and laboratory results</li> <li>• other confidential personal information related to illness, including mental illness, infectious diseases, other medical conditions, use of medications, drug or alcohol use and/or rehabilitation</li> <li>• other information about your health that is discovered as we evaluate your application but that you may not know about when you apply</li> <li>• employment history and personal finances</li> <li>• any record of criminal activity</li> <li>• other facts about your life and how they affect our decision to insure you.</li> </ul>		
<b>3 Signatures</b>	<p>By signing this form, you agree that:</p> <ul style="list-style-type: none"> <li>• you have read and understood the information on this form</li> <li>• you are authorizing us to release information to your advisor, as described above in section 2</li> <li>• even though you have signed this form, we have the right to withhold highly sensitive personal medical information from your advisor</li> <li>• you understand that this authorization remains valid until 15 days after the later of these dates: <ul style="list-style-type: none"> <li>(a) the day we issue a new insurance policy or amend an existing insurance policy or</li> <li>(b) the day we mail you a notice telling you that we have declined your application</li> </ul> </li> <li>• you can withdraw or cancel this authorization at any time by calling us at 1-888-626-8543 (outside Quebec) and 1-888-626-8843 (in Quebec).</li> </ul>		
	Name of Person "A" to be insured	Signature of Person "A" to be insured <b>X</b>	
	Date signed (dd/mmm/yyyy – for example, 23/JUL/2013)	Signature of witness <b>X</b>	
	Name of Person "B" to be insured	Signature of Person "B" to be insured <b>X</b>	
	Date signed (dd/mmm/yyyy – for example, 23/JUL/2013)	Signature of witness <b>X</b>	
	Name of owner #1 (if not insured person)	Signature of owner #1 <b>X</b>	
	Date signed (dd/mmm/yyyy – for example, 23/JUL/2013)	Signature of witness <b>X</b>	
	Name of owner #2 (if not insured person)	Signature of owner #2 <b>X</b>	
	Date signed (dd/mmm/yyyy – for example, 23/JUL/2013)	Signature of witness <b>X</b>	