Manulife

CDSPI ADVICE. INSURANCE. INVESTMENTS.

APPLICATION

Changeover of Premium Type under DisabilityGuard™ Insurance for New Graduates*

For assistance in filling out this application call: **CDSPI Advisory Services Inc.**
1.800.561.9401 or 416.296.9401, E-mail: insurance@cdspi.com

Please complete all pertinent questions to avoid processing delays and return to:
CDSPI, 2005 Sheppard Ave East, Suite 500, Toronto, ON M2J 5B4 Fax: 1.866.337.3389 or 416.296.8920

Section 1 Applicant Information

1. Name (please print):

Dr. _____
Last First Middle or Middle Initial

Section 2 DisabilityGuard™ Insurance

Change all coverage to Level Premiums.*

1. Are you currently on claim or satisfying an elimination period for a disability claim or do you have a disability claim pending with The Manufacturers Life Insurance Company or any other insurer?^ ☐ Yes ☑ No

Once in effect, level rates are guaranteed until the January 1st following your 65th birthday. At that time, your rates will change to Step premiums. Effective the January 1st following your 65th birthday, the rates for the next 5 years will be guaranteed, and at age 70, your rates for the next 5 years will be guaranteed.

* You can change to Level Premiums without medical questions or tests until December 31st of the year after you graduate.
^ Clients who are on claim or satisfying an elimination period are not eligible to switch to Level Premiums.

NOTICE ON PRIVACY AND CONFIDENTIALITY – MUST BE DETACHED, READ AND RETAINED BY THE PERSON TO BE INSURED

The specific and detailed information requested on the application form is required to process the application. To protect the confidentiality of this information:

Manulife will establish a "financial services file" from which this information will be used to process the application, offer and administer services, and process claims. Access to this file will be restricted to those Manulife employees, mandataries, administrators or agents who are responsible for the assessment of risk (underwriting), marketing and administration of services, and the investigation of claims, and to any other person you authorize or as authorized by law. These people, organizations and service providers may be in jurisdictions outside of Canada, and subject to the laws of those foreign jurisdictions. Your file is secured in our offices or those of our administrator or agent. You may request to review the personal information it contains and make corrections by writing to: Privacy Officer, Manulife, P.O. Box 1602, Del. Stn 500-4-A, Waterloo, Ontario N2J 4C6.

CDSPI and CDSPI Advisory Services Inc. collect, use and disclose your personal information on this application for purposes that include: determining your eligibility for our plans; administering and providing insurance and financial services to you; underwriting; claims adjudication; protecting against fraud, errors or misrepresentations; meeting legal, regulatory or contractual requirements; marketing and to advise you of other related products and services. We limit access to your personal information in our files to our employees, authorized agents and third-party service providers, and to any other person you authorize or as authorized by law. These people, organizations and service providers may be in countries outside Canada, so your personal information may be subject to the laws of those countries. You may request to review the personal information your file contains and make corrections by sending a written request to: CDSPI, Attn: The Chief Privacy Officer, 2005 Sheppard Ave East, Suite 500, Toronto, ON M2J 5B4. To find out more about our privacy practices, visit www.cdspi.com/privacy.

Declaration and Authorization

Section 3 To Be Read, Signed and Dated by the Applicant

By signing below, you:
- authorize us to act on the changes requested on this form; and
- agree that a copy of this signed authorization shall be as valid as the original.

Signature of Applicant	Date DD - MM - YYYY	Signed at City/Town	Province/Territory

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