

Designed for

Client 1

Manulife UL

Level Client Investment Select

Manulife UL combines the advantages of permanent universal life insurance protection with the benefit of a wide range of investment options for tax-advantaged wealth accumulation.

The Manufacturers Life Insurance Company
Presented by: Agent Default Designed for: Client 1 Female, 50, Healthstyle 1

Tel: Fax: E-mail:

Effective date: February 4, 2020



Benefits of this plan

Additional Features

Manulife UL offers a variety of additional benefits included in your contract. The Bereavement counselling assistance, Compassionate assistance, and Disability benefit programs are for the beneficiaries or policy owners when they need them the most.

Service and Benefits

At Manulife, we recognize your commitment to solving an immediate need and meeting your long-term goals. Our commitment is to help you maximize the value in Manulife UL so we included features like the rate enhancement on managed accounts, clear contract language, and simple, informative, and timely statements and notices.

Simple from the start

With Manulife UL, we have eliminated some of the complex features sometimes found in universal life plans like wealth enhancers and bonus/no-bonus structures to create back-to-basics UL products that focus on low cost of insurance rates and cost-effective taxadvantaged investing.

Low Fee investment account options

Manulife UL Client Investment Select versions offer a variety of investment accounts to choose from, depending on your risk tolerance and investment style. One of the biggest advantages of Manulife UL is that the average investment fee, across the portfolio of investment accounts offered, is the lowest UL in the industry. If you prefer to invest in the Indexed accounts, GIA accounts, or the savings account, you will find low account fees on each account that few, if any, competitors currently match. If you choose to invest in managed accounts, there will be no account fee, and you will benefit from the unique rate enhancement.

Unique Rate Enhancement on Managed Accounts

With Manulife UL Client Investment Select you can benefit from higher returns on managed accounts within your policy than you would earn on the linked mutual funds in the retail market – that's the power of Manulife UL's rate enhancement guarantee. The rate enhancement applies to all Managed Accounts available within Manulife UL Client Investment Select. Bond Managed Accounts benefit from a 0.25% annual enhancement* on the linked mutual fund's return and Equity and Balanced Managed Accounts benefit from a 1% annual rate enhancement** on the linked mutual fund return.

- * Daily interest rate calculated using 100% of the percentage daily change in the Canadian dollar value of the linked fund + 0.0010% (the guaranteed daily rate enhancement for Bond accounts).
- **Daily interest rate calculated using 100% of the percentage daily change in the Canadian dollar value of the linked fund + 0.0040% (the guaranteed daily rate enhancement for Equity and Balanced accounts).

Manulife Financial is a leading Canadian-based financial services company operating in more than 20 countries and territories worldwide. For more than 125 years, clients have looked to Manulife Financial for strong, reliable trustworthy and forward-thinking solutions for their significant financial decisions. Our international network of employees, agents and distribution partners, offers financial protection and wealth management products and services to millions of clients. The company operates as Manulife Financial in Canada and Asia and primarily as John Hancock in the United States. Manulife Financial Corporation trades as 'MFC' on the TSX, NYSE and PSE, and under '0945' on the SEHK. Manulife Financial can be found on the Internet at www.manulife.com.

The Manufacturers Life Insurance Company

Designed for: Client 1

Female, 50, Healthstyle 1

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Tel: Fax: E-mail:

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Reference #: 16.06.0.0B - 040220184549LC Page 2 of 12



Description of this plan

Manulife UL combines the advantages of permanent universal life insurance protection with the benefits of a diversified portfolio of investment options.

You can choose from any combination of accounts to suit your risk tolerance:

- Savings Accounts
- **Balanced Index Accounts**
- **Indexed Accounts**
- Managed Accounts
- **Guaranteed Investment Accounts**

For a complete list of the investment options available to you, visit www.manulife.ca/ul

Optional insurance protection

You may choose to customize your insurance by adding optional riders to your Manulife UL plan. These include: Term Insurance and Child Protection riders.

Face Plus

The death benefit is equal to the amount of the insurance coverage plus the account value you have built from earnings on deposits that exceed the minimum.

Level cost of insurance The cost of life insurance is determined at the policy issue and is based on the age of the insured(s) at the time and does not change for the duration of the coverage. Costs become 0.00 at the end of the payment period depending on the option selected. For Level COI for 10 years, after 10 years.

> The Manufacturers Life Insurance Company Presented by: Agent Default

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Female, 50, Healthstyle 1

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Effective date: February 4, 2020



Insurance Manulife UL

Coverage and payment details

Effective date: February 4, 2020

Tax exempt status: Exempt
Policy interest rate: 0.000%
Side Account interest rate: 0.000%
Residence: Ontario

Residence: Ontario
Current Deposit Load rate: 2.00%
Marginal tax rate: 50.00%
Death benefit type: Face plus

Manulife UL product: Level Client Investment Select

First year deposit details: Minimum first year deposit \$3,476.62

Planned annual deposit: \$3,476.62 Additional first year lump sum deposit: \$0.00

Total first year planned deposits: \$3,476.62

Maximum first year deposit \$4,209.78

Planned deposit: Level minimum deposits based on deposits for 10 years

Frequency: Annually

Client 1 Single Life

Female, 50, Healthstyle 1 Level COI for 10 years \$100,000

Life expectancy: Year 40

The Manufacturers Life Insurance Company

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Female, 50, Healthstyle 1



Insurance

Manulife UL

Plan Details

Death benefit type: Face plus

Assumed policy interest rate: 0.000%

- Illustrated values shown are not guaranteed. They are for illustration purposes only. Please refer to the 'It's important for you to understand' page for limitations on values and guarantees.
- This illustration assumes that your policy is issued with a current date. If you choose an alternate policy effective date (for example, when backdating to save age), your actual policy values will differ from those shown here.
- Values shown are 'end of year' values and include withdrawals, deposits and cash surrender charges but do not include any market value adjustments. Guaranteed cash values and cash surrender values are shown before tax. Cash surrender value is equal to the account value less the surrender charges plus the guaranteed cash value.
- The cost of insurance will be established during underwriting and will be guaranteed and shown in your contract when issued.
- Important events which affect the values for this plan are listed in the plan and coverage details

| | | Annual deposit | Cash Value | Account value | Guaranteed Cash Value | Total death benefit |
|------|-----|-------------------|---------------|------------------|-----------------------------|---------------------------|
| Year | Age | (\$) | (\$) | (\$) | (\$) | (\$) |
| | | | | | | |
| 1 | 51 | 3,477 | 0 | 0 | 0 | 100,000 |
| 2 | 52 | 3,477 | Ö | Ö | Ö | 100,000 |
| 3 | 53 | 3,477 | 0 | 0 | 0 | 100,000 |
| 4 | 54 | 3,477 | 0 | 0 | 0 | 100,000 |
| 5 | 55 | 3,477 | 2,000 | 0 | 2,000 | 100,000 |
| 6 | 56 | 3,477 | 2,700 | 0 | 2,700 | 100,000 |
| 7 | 57 | 3,477 | 3,500 | 0 | 3,500 | 100,000 |
| 8 | 58 | 3,477 | 4,500 | 0 | 4,500 | 100,000 |
| 9 | 59 | 3,477 | 5,700 | 0 | 5,700 | 100,000 |
| 10 | 60 | 3,477 | 7,200 | 0 | 7,200 | 100,000 |
| 11 | 61 | 0 | 8,200 | 0 | 8,200 | 100,000 |
| 12 | 62 | 0 | 9,500 | 0 | 9,500 | 100,000 |
| 13 | 63 | 0 | 10,800 | 0 | 10,800 | 100,000 |
| 14 | 64 | 0 | 12,400 | 0 | 12,400 | 100,000 |
| 15 | 65 | 0 | 14,200 | 0 | 14,200 | 100,000 |
| 16 | 66 | 0 | 16,200 | 0 | 16,200 | 100,000 |
| 17 | 67 | 0 | 18,500 | 0 | 18,500 | 100,000 |
| 18 | 68 | 0 | 21,000 | 0 | 21,000 | 100,000 |
| 19 | 69 | 0 | 23,900 | 0 | 23,900 | 100,000 |
| 20 | 70 | 0 | 27,200 | 0 | 27,200 | 100,000 |
| 21 | 71 | 0 | 28,400 | 0 | 28,400 | 100,000 |
| 22 | 72 | 0 | 29,700 | 0 | 29,700 | 100,000 |
| 23 | 73 | 0 | 31,000 | 0 | 31,000 | 100,000 |
| 24 | 74 | 0 | 32,300 | 0 | 32,300 | 100,000 |
| 25 | 75 | 0 | 33,700 | 0 | 33,700 | 100,000 |
| 26 | 76 | 0 | 35,600 | 0 | 35,600 | 100,000 |

The Manufacturers Life Insurance Company Presented by: Agent Default

Designed for: Client 1

Female, 50, Healthstyle 1

Tel: Fax: E-mail:

Effective date: February 4, 2020



Plan Details (continued)

| <u>Year</u> | Age | Annual deposit (\$) | Cash Value (\$) | Account value (\$) | Guaranteed Cash Value (\$) | Total death benefit (\$) |
|-------------|-----|---------------------------|-----------------------|--------------------|-------------------------------------|-----------------------------------|
| 27 | 77 | 0 | 37,500 | 0 | 37,500 | 100,000 |
| 28 | 78 | 0 | 39,500 | 0 | 39,500 | 100,000 |
| 29 | 79 | 0 | 41,500 | 0 | 41,500 | 100,000 |
| 30 | 80 | 0 | 43,600 | 0 | 43,600 | 100,000 |
| 31 | 81 | 0 | 45,800 | 0 | 45,800 | 100,000 |
| 32 | 82 | 0 | 48,000 | 0 | 48,000 | 100,000 |
| 33 | 83 | 0 | 50,300 | 0 | 50,300 | 100,000 |
| 34 | 84 | 0 | 52,600 | 0 | 52,600 | 100,000 |
| 35 | 85 | 0 | 54,900 | 0 | 54,900 | 100,000 |
| 36 | 86 | 0 | 57,600 | 0 | 57,600 | 100,000 |
| 37 | 87 | 0 | 60,300 | 0 | 60,300 | 100,000 |
| 38 | 88 | 0 | 63,100 | 0 | 63,100 | 100,000 |
| 39 | 89 | 0 | 65,900 | 0 | 65,900 | 100,000 |
| 40 | 90 | 0 | 68,800 | 0 | 68,800 | 100,000 |
| 41 | 91 | 0 | 71,700 | 0 | 71,700 | 100,000 |
| 42 | 92 | 0 | 74,700 | 0 | 74,700 | 100,000 |
| 43 | 93 | 0 | 77,700 | 0 | 77,700 | 100,000 |
| 44 | 94 | 0 | 80,700 | 0 | 80,700 | 100,000 |
| 45 | 95 | 0 | 83,800 | 0 | 83,800 | 100,000 |
| 46 | 96 | 0 | 87,000 | 0 | 87,000 | 100,000 |
| 47 | 97 | 0 | 90,200 | 0 | 90,200 | 100,000 |
| 48 | 98 | 0 | 93,400 | 0 | 93,400 | 100,000 |
| 49 | 99 | 0 | 96,700 | 0 | 96,700 | 100,000 |
| 50 | 100 | 0 | 100,000 | 0 | 100,000 | 100,000 |
| 51 | 101 | 0 | 103,000 | 0 | 103,000 | 103,000 |
| 52 | 102 | 0 | 106,100 | 0 | 106,100 | 106,100 |
| 53 | 103 | 0 | 109,300 | 0 | 109,300 | 109,300 |
| 54 | 104 | 0 | 112,600 | 0 | 112,600 | 112,600 |
| 55 | 105 | 0 | 115,900 | 0 | 115,900 | 115,900 |

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Coverage details for Client 1

Client 1

Female, 50, Healthstyle 1

Single Life

Level COI for 10 years

\$100,000

Life expectancy: Year 40

Assumed interest rate: 0.000%

| Year | Age | Coverage Account Value (\$) | Coverage Amount (\$) | Coverage Death Benefit (\$) | Guaranteed Cash Value (\$) |
|------|-----|--------------------------------------|----------------------------|-----------------------------------|-------------------------------------|
| 1 | 51 | 0 | 100,000 | 100,000 | 0 |
| | 52 | 0 | 100,000 | 100,000 | 0 |
| 2 3 | 53 | 0 | 100,000 | 100,000 | 0 |
| 4 | 54 | 0 | 100,000 | 100,000 | 0 |
| 5 | 55 | 0 | 100,000 | 100,000 | 2,000 |
| 6 | 56 | 0 | 100,000 | 100,000 | 2,700 |
| 7 | 57 | 0 | 100,000 | 100,000 | 3,500 |
| 8 | 58 | 0 | 100,000 | 100,000 | 4,500 |
| 9 | 59 | 0 | 100,000 | 100,000 | 5,700 |
| 10 | 60 | 0 | 100,000 | 100,000 | 7,200 |
| 11 | 61 | 0 | 100,000 | 100,000 | 8,200 |
| 12 | 62 | 0 | 100,000 | 100,000 | 9,500 |
| 13 | 63 | 0 | 100,000 | 100,000 | 10,800 |
| 14 | 64 | 0 | 100,000 | 100,000 | 12,400 |
| 15 | 65 | 0 | 100,000 | 100,000 | 14,200 |
| 16 | 66 | 0 | 100,000 | 100,000 | 16,200 |
| 17 | 67 | 0 | 100,000 | 100,000 | 18,500 |
| 18 | 68 | 0 | 100,000 | 100,000 | 21,000 |
| 19 | 69 | 0 | 100,000 | 100,000 | 23,900 |
| 20 | 70 | 0 | 100,000 | 100,000 | 27,200 |
| 25 | 75 | 0 | 100,000 | 100,000 | 33,700 |
| 30 | 80 | 0 | 100,000 | 100,000 | 43,600 |
| 35 | 85 | 0 | 100,000 | 100,000 | 54,900 |
| 40 | 90 | 0 | 100,000 | 100,000 | 68,800 |
| 45 | 95 | 0 | 100,000 | 100,000 | 83,800 |
| 50 | 100 | 0 | 100,000 | 100,000 | 100,000 |

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Female, 50, Healthstyle 1

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Coverage details for Client 1

(continued)

| Year Age | Coverage Account Value (\$) | Coverage Amount (\$) | Coverage Death Benefit (\$) | Guaranteed Cash Value (\$) |
|------------------|--------------------------------------|----------------------------|-----------------------------------|-------------------------------------|
| 55 105 | 0 | 100,000 | 115,900 | 115,900 |
| | | | | At year |
| Important events | • Life expectancy | | | 40 |

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Expense Summary

Death benefit type: Face plus

Assumed policy interest rate: 0.000%

| Year | Age | Deposit to policy (\$) | Deposit load * | Permanent insurance costs (\$) | Term insurance costs (\$) | Other rider costs (\$) | Total annual costs (\$) |
|------|-----|------------------------|----------------|--------------------------------|---------------------------|------------------------|----------------------------------|
| 1 | 51 | 3,477 | 70 | 3,407 | 0 | 0 | 3,477 |
| 2 | 52 | 3,477 | 70 | 3,407 | 0 | 0 | 3,477 |
| 3 | 53 | 3,477 | 70 | 3,407 | 0 | 0 | 3,477 |
| 4 | 54 | 3,477 | 70 | 3,407 | 0 | 0 | 3,477 |
| 5 | 55 | 3,477 | 70 | 3,407 | 0 | 0 | 3,477 |
| 6 | 56 | 3,477 | 70 | 3,407 | 0 | 0 | 3,477 |
| 7 | 57 | 3,477 | 70 | 3,407 | 0 | 0 | 3,477 |
| 8 | 58 | 3,477 | 70 | 3,407 | 0 | 0 | 3,477 |
| 9 | 59 | 3,477 | 70 | 3,407 | 0 | 0 | 3,477 |
| 10 | 60 | 3,477 | 70 | 3,407 | 0 | 0 | 3,477 |

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^{*} The deposit load is the amount deducted from all deposits made in the year illustrated, based on the primary owner's residence, shown in the "Coverage and payment details" section.



Important illustration notes

You can find a full description of the benefits in the Manulife UL contract. If there is any contradiction between the contract and this illustration the contract governs. For a sample contract please see www.manulife.ca/b4ubuy

Illustrations

This is an illustration only and not an offer to insure. The benefits illustrated **may** or **may not** be achieved depending on how actual experience compares with the assumptions used in this illustration including the amount and timing of deposits, rates of return, inflation, and taxes. Any guaranteed costs will be established during the underwriting process and shown in your contract when issued. The illustration assumes that deposits occur at the beginning of the year and withdrawals at the end of the year. End of year values are used for both the cash value and the death benefit.

Taxation

References in this illustration to tax treatment are based on the principal Canadian Federal Income Tax laws and regulations relevant to policyholders resident in Canada for policies issued after 2016. Tax laws are subject to change and, therefore, tax treatment of illustrated figures cannot be guaranteed.

Cost of insurance

The cost of insurance rates are limited to a specific period of time: 10 years. The costs for this insurance are deducted from the policy's account value. It's your responsibility to make sure there is enough account value to cover the costs.

Indexed Accounts

Interest on deposits into the Balanced Index and Indexed Accounts is credited based on the performance of an outside index or indices. The value of these accounts may INCREASE or DECREASE on a daily basis. There is no minimum guarantee on the value of these accounts.

Managed Accounts

Deposits into the Managed accounts are credited interest based on the performance of an outside externally managed fund. The value of these accounts may INCREASE or DECREASE on a daily basis. There is no minimum guarantee on the value of these accounts.

Interest rates

The interest rates assumed in this illustration are net of all fees. For more information on the investment options, including details about any applicable management fees, please visit www.manulife.ca/ul and choose "How are my investments doing?".

Guaranteed Cash Value

Level COI for 10 years and Level COI for 20 years include guaranteed cash values that start at the 5th coverage annivesary and increase each year for as long as you have the coverage. The guaranteed cash values are based on the assumption that you maintain a sufficient account value in your policy to cover all of your policy costs. If your policy account value becomes negative, your guaranteed cash values will not change. However, if the sum of the negative account value and positive guaranteed cash value is less than zero, your policy will enter the grace period and may lapse if additional deposts are not made. If you surrender your policy, you will receive the total of the guaranteed cash value plus the account value. If the policy account value is negative, the surrender value of the policy will be less than the guaranteed cash value.

Cash Surrender Value

The cash surrender value is the amount paid to you in the event you terminate the entire policy. The cash surrender value is equal to the policy account value plus the guaranteed cash value less any applicable surrender charges. The cash surrender value will be less than the guaranteed cash value if the policy has a negative account value.

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Important illustration notes (continued)

Policy lapse

The policy will lapse if the cash surrender value becomes negative. The cash surrender value is the policy account value plus the guaranteed cash value.

Healthstyle

Healthstyle refers to a person's tobacco use, personal and family medical history, any recreational risks, plus an evaluation of health and lifestyle information. Healthstyle categories refer to the categories we use to determine the cost of insurance and any rider costs. Typically, a coverage with Healthstyle category 5 has the highest cost of insurance rates and one with Healthstyle category 1 has the lowest, except where the rates do not vary by Healthstyle based on the amount of insurance or the type of protection provided by the coverage.

Tax consequences

There may be tax consequences if changes are made to the policy, including the following:

• withdrawing money from the policy

• reducing the insurance coverage in the policy

• changing the owner of the policy

cancelling the policy

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It's important for you to understand

It's important to us that you understand how **Manulife UL** works. We've learned from our policy owners that the better you understand your policy, the more satisfied you will be with the protection and options it can provide. Therefore, we ask that you carefully review this page and confirm your understanding by signing the bottom.

Illustrations are not contracts and are not guaranteed. Actual values of universal life policies depend on a variety of factors including the investment account(s) chosen, the cost of insurance and expense charges, deposit and withdrawal patterns.

Features that are guaranteed

The costs for insurance and rider coverages are guaranteed from issue. Limited cost of insurance payment periods of 10 and 20 years. Guaranteed Cash Values on the permanent coverage (starting in year 5).

How changes in the rate of return affect your plan

An illustration can demonstrate how the plan works and the features it provides. The information below will help you understand how changes in the rate of return can affect your plan. This example shows you how the plan could perform if different rates of return are used.

| | Cash Va | lue | Total Death Benefit | |
|------|----------------|----------------|---------------------|----------------|
| Year | -2.000% | 0.000% | -2.000% | 0.000% |
| | rate of return | rate of return | rate of return | rate of return |
| 5 | \$1.844 | \$2,000 | \$99,842 | \$100,000 |
| 10 | \$6.882 | \$7,200 | \$99,682 | \$100.000 |
| 20 | \$26,683 | \$27,200 | \$99,483 | \$100,000 |
| 30 | \$42,757 | \$43,600 | \$99,157 | \$100,000 |

I understand that...

- ✓ I can vary my deposits to my plan, but there must be sufficient money in my plan to cover the costs so that my policy will not terminate.
- ✓ Rates of return can change and those changes will affect this plan's total death benefit, cash value and account value.
- ✓ Account values may be reduced by Market Value Adjustments if I make withdrawals from Guaranteed Investment Accounts.
- ✓ Cash surrender charges may apply if I surrender this policy.
- ✓ Investment returns from Balanced Indexed Accounts, Managed Accounts and Indexed Accounts will fluctuate based on the performance of the indices and underlying fund used to determine the return and the value of the Canadian dollar relative to the U.S. dollar. The daily interest on these accounts can be either positive or negative resulting in either an increase or decrease in the account's value.
- ✓ The interest rates assumed in this illustration are net of all fees, for information about any
 applicable management fees, please see a sample contract at www.manulife.ca/b4ubuy
- ✓ This is an illustration and not an offer to insure. Minimum plan deposits will be established during the underwriting process and will be shown in my policy when issued.

| Owner name(s) (please print): | Application r | number: | |
|-------------------------------|---------------|---------|--|
| Owner(s) acknowledgement: | | Date: | |
| Advisor's acknowledgement: | | Date: | |
| | | | |

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Underwriting Requirements

Underwriting requirements are based on the type of application, the product, the amount of total coverage the client is applying for and the insured person's age.

To obtain the underwriting requirements for your case, use the following links to view the appropriate Evidence of Insurability chart:

- ✓ If you're using ez-app, go to Marketing Materials>Miscellaneous>Ez-app Evidence of Insurability Life Insurance
- ✓ If you're using paper, go to Marketing Materials>Miscellaneous>Evidence of Insurability Life Insurance

If you're ordering the underwriting requirements, you can visit Repsource (Insurance>New Business & Underwriting) for information on our preferred suppliers.

If you're ordering the underwriting requirements, you are responsible to order:

Insured: Requirements: Client 1 · Non-medical

Female, 50, Healthstyle 1

• Height, weight and blood pressure taken by a paramed nurse

\$100,000 • Insurance blood profile including HIV antibody test and Microscopic urinalysis

Note: Manulife Financial reserves the right to request any information or documentation that we consider necessary to underwrite the insurance, regardless of the applicant's age or amount of insurance.

Requirements are subject to change if the current illustration is modified.

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Manulife UL product page

Level Client Investment Select

- We, us and our mean The Manufacturers Life Insurance Company.
- You and your mean the policy owner, signing officers and trustees identified on this form, unless otherwise specified.
- Entity means a corporation, trust, partnership, association or any other organization mentioned in section 3.
- This form collects information required by:
- Canada's *Proceeds of Crime (Money Laundering) and Terrorist Financing Act.* For information about the legislation, see www.fintrac.gc.ca.
- The *Income Tax Act* (Canada). We will use the information provided in this form to determine some of our reporting requirements to the Canada Revenue Agency (CRA), who may report to the government of a foreign jurisdiction.

| | illustration, including the signature page <i>It's important for you to understand</i> if a deposit of \$100,000 or more will be made to this policy or has been illustrated, complete <i>Politically exposed person disclosure</i>, NN1560E. | | | | | | |
|-------------------------------|--|--|---|---------------------------------|-----------------------------|--|--|
| 1 | General information | Application number(s) | | | | | |
| | | What do you intend to use this policy for? Select all that appears on a personal insurance retirement planning savings estate or legacy planning | busin | ess insurance ess investment | | | |
| 2 | Owners who are individuals or sole | This section must be completed for all policies owned ▶▶ If the owner is an entity, go to section 3, Owners that | - | | rietors. | | |
| | proprietors | Policy owner #1 | | | | | |
| | | Name of policy owner #1 (first, middle initial, last) | | | Date of birth (dd/mmm/yyyy) | | |
| | | Address | | | | | |
| | | City | Province | | Postal code | | |
| | | What is your tax residence(s)? Select all that apply. You are a tax resident of Canada. | | | | | |
| | If you do not have a SSN or ITIN you have 90 days to apply for one and 15 days | You are a tax resident or a citizen of the U.S. ▶ provide your social security number (SSN) or individual taxpayer identification number (ITIN). | rovide your social security number (SSN) or | | | | |
| | after you receive it to provide it to us. | You are a tax resident of a jurisdiction(s) other than Canada or the U.S. ▶ provide the information below for each jurisdiction other than Canada or the U.S. | | | | | |
| | Reasons for not providing a TIN | Jurisdiction of tax residence Taxpayer identification | | | on number (TIN) | | |
| | A: You will apply or have applied for a TIN but have not yet received it. | Reason for not providing a TIN A B C, specify: | | | | | |
| | B: Your jurisdiction of tax residence does not issue | Jurisdiction of tax residence Taxpayer identification | | | on number (TIN) | | |
| | TINs to its residents. C: Other (specify the reason) | Reason for not providing a TIN A B C, specify: | | | | | |
| C. Other (specify the reason) | | | | | | | |

| Owners who are | Policy owner #1, continued | | | | |
|--|--|---------------------------------|-------------------------------|--|--|
| individuals or sole | What is your employment status? | | | | |
| proprietors (continued) | employed retired not employed | | | | |
| | self-employed If self-employed, are you a solo | e proprietor? O No O Ye | es | | |
| For a list of valid industries and occupations, refer | In what industry are you employed? (most recent if retired or not e | employed) | | | |
| to Valid industries and occupations, NN1655E. | Occupation (most recent if retired or not employed) | | | | |
| | Name of your company/employer; if you are a sole proprietor, list | your business name (most recent | t if retired or not employed) | | |
| | Policy owner #2 | | | | |
| | Name of policy owner #2 (first, middle initial, last) | | Date of birth (dd/mmm/yyyy) | | |
| | Address | | | | |
| | City | Province | Postal code | | |
| | City | Flovince | Postal code | | |
| | What is your tax residence(s)? Select all that apply. You are a tax resident of Canada. | | | | |
| If you do not have a SSN or ITIN you have 90 days to apply for one and 15 days | You are a tax resident or a citizen of the U.S. ▶ provide your social security number (SSN) or individual taxpayer identification number (ITIN). | SSN or ITIN | | | |
| after you receive it to provide it to us. | You are a tax resident of a jurisdiction(s) other than Canada or the U.S. ▶ provide the information below for each jurisdiction other than Canada or the U.S. | | | | |
| Reasons for not providing a TIN | Jurisdiction of tax residence | Taxpayer identifica | ation number (TIN) | | |
| A: You will apply or have applied for a TIN but have not yet received it. | Reason for not providing a TIN A B C, specify: | | | | |
| B: Your jurisdiction of tax residence does not issue | Jurisdiction of tax residence | Taxpayer identifica | ation number (TIN) | | |
| TINs to its residents. | Reason for not providing a TIN | | | | |
| C: Other (specify the reason) | Reason for not providing a TIN A B C, specify: | | | | |
| | What is your employment status? | | | | |
| | employed retired not employed | | | | |
| | self-employed If self-employed, are you a sole proprietor? No Yes | | | | |
| For a list of valid industries and occupations, refer to Valid industries and | In what industry are you employed? (most recent if retired or not employed) | | | | |
| occupations, NN1655E. | Occupation (most recent if retired or not employed) | | | | |
| | Name of your company/employer; if you are a sole proprietor, list | your business name (most recent | t if retired or not employed) | | |
| | ▶▶ Go to section 7, <i>Identifying third parties</i> . | | | | |
| | | | | | |

Sections 3, 4, 5, and 6 must be completed for all policies owned by an entity. Full legal name of the entity that will own this policy Owners that are entities For a list of valid industries What is the entity's primary industry? What is the entity's business type? and business types, refer to Valid industries and Name of signing officer or trustee #1 signing the request on behalf of this entity (first, middle initial, last) occupations, NN1655E. Name of signing officer or trustee #2 signing the request on behalf of this entity (first, middle initial, last) What is the entity's legal form? corporation holding company condominium corporation If the entity is a corporation, holding company, or condominium corporation provide the following information: 1. Jurisdiction of registration Federal Incorporation number Provincial or territorial (specify province or territory) 2. Attach documentation that shows the ownership, control and structure of the corporation. (For example, attach an organization chart or corporate structure chart that shows the corporation's entire chain of ownership.) 3. Provide the names of all directors of this corporation. Attach additional pages if necessary. Name of director #1 (first, middle initial, last) Name of director #3 (first, middle initial, last) Name of director #2 (first, middle initial, last) Name of director #4 (first, middle initial, last) association, society, or lodge community account estate partnership trade or labour union trust 2 Is the entity a not-for-profit organization? Nο Yes 3 Does this entity solicit charitable financial donations from the public? No Yes 4 Is this entity a registered charity? Nο () Yes Canada Revenue Agency registration number If yes, provide Canada Revenue Agency registration number. • For all entities, provide document(s) that gives the signing officer(s) the authority to contract or invest on behalf of the entity, for example a resolution signed by the board of directors, or minutes of meeting where signing authority was given. · For entities that are not incorporated, you must also provide a copy of the Charter documents, for example partnership agreement, trust agreement, copy of a will, or articles of association. What is the tax residence(s) of this entity? Answer all questions in this section. Declaration of an entity's tax residence(s) Is the entity a tax resident of Canada? ○ No Yes Is the entity a U.S. person? ○ No Yes ○ No If yes, is the entity a specified U.S. person? () Yes For more information, visit: If yes, provide employer identification EIN www.manulife.ca/tce for number (EIN). the definitions of the terms used in this section and to Is the entity a tax resident of a jurisdiction(s) other than Canada or the U.S.? ○ No ○ Yes help classify the entity. If yes, complete the information below for each jurisdiction. If you need more space, attach another page. Jurisdiction of tax residence Taxpayer identification number (TIN) Reasons for not providing a TIN A: You will apply or have Reason for not providing a TIN applied for a TIN but have

The Manufacturers Life Insurance Company

C: Other (specify the reason)

not yet received it.

B: Your jurisdiction of tax residence does not issue TINs to its residents.

Jurisdiction of tax residence

Reason for not providing a TIN A B C, specify:

Taxpayer identification number (TIN)

Sections 3, 4, 5, and 6 must be completed for all policies owned by an entity. What is the classification of this entity? Complete this section for all entities. Entity classification 5.1 Is the entity a financial institution? For more information, visit: www.manulife.ca/tce for ○ No Go to section 5.3 the definitions of the terms Yes • Give the entity's global intermediary identification number (GIIN) or if the entity does not have a GIIN used in this section and to provide the reason and go to section 5.2 help classify the entity for GIIN. If the entity does not have a GIIN give the reason why Go to section 5.2 international tax reporting purposes. www.cra.gc.ca for a list of 5.2 Does the financial institution meet all of these criteria? participating jurisdictions. • It is a resident of a non-participating jurisdiction · At least 50% of its gross income is from investing or trading in financial assets · It is managed by another financial institution O No Go to section 6 5.3 Select the option that best describes the entity and > Go to section 6: The entity is a corporation with shares that regularly trade on an established securities market or a related corporation. The entity is engaged in an active trade or business – less than 50% of its gross income is passive income and less than 50% of its assets produce passive income, other than an entity described in the previous option. The entity is a government, a central bank or an international organization (or an agency of one). The entity is a Canadian registered plan identified as a non-reporting financial institution by the *Income Tax* Act (Canada), for example an RPP, RRSP, RRIF, DPSP, or TFSA. The entity is an active non-financial entity other than an entity described in the four previous options. The entity is a passive non-financial entity. For trusts: Provide information below about all individuals who are trustees, settlors, beneficiaries, protectors, or Information about other individuals who exercise effective control over the trust. individuals who control For any other type of entity: Does any individual directly or indirectly own or control 25 per cent or more of the entity the entity that will own this policy? O No If no, go to section 7, Identifying third parties. If yes, provide information below about each individual. If you require more space, attach another page. Individual #1 settlor beneficiary () trustee other individuals who exercise effective control over the trust Name (first, middle initial, last) Home address City Province Postal code

Sections 3, 4, 5, and 6 must be completed for all policies owned by an entity. Individual #1, continued Information about individuals who control Answer the following if the entity: the entity (continued) • answered yes in section 5.2, or · is a passive non-financial entity as indicated in section 5.3. Is Individual #1 a tax resident or a citizen of the U.S.? O No If yes, provide U.S. social security number (SSN) or individual taxpayer identification number (ITIN) and If the individual does not have Canadian social insurance number (SIN), if the individual has one. an SSN or ITIN, they have SSN or ITIN 90 days to apply for one and 15 days after receiving it to provide it to us. Is Individual #1 a tax resident of a jurisdiction(s) other than Canada or the U.S.? If yes, provide date of birth, Canadian social insurance number (SIN), if the individual has one, and complete the information below for each jurisdiction. Date of birth (dd/mmm/yyyy) Jurisdiction of tax residence Taxpayer identification number (TIN) Reason for not providing a TIN Reasons for not providing a TIN Jurisdiction of tax residence Taxpayer identification number (TIN) A: The individual will apply or has applied for a TIN but has not yet received it. Reason for not providing a TIN B: The individual's jurisdiction () A () B () C, specify: of tax residence does not Individual #2 issue TINs to its residents. () owner trustee settlor beneficiary protector C: Other (specify the reason) other individuals who exercise effective control over the trust Name (first, middle initial, last) Home address City Postal code Province Answer the following if the entity: • answered yes in section 5.2, or is a passive non-financial entity as indicated in section 5.3. Is Individual #2 a tax resident or a citizen of the U.S.? O No If yes, provide U.S. social security number (SSN) or individual taxpayer identification number (ITIN) and If the individual does not have Canadian social insurance number (SIN), if the individual has one. an SSN or ITIN, they have SSN or ITIN 90 days to apply for one and 15 days after receiving it to provide it to us. Is Individual #2 a tax resident of a jurisdiction(s) other than Canada or the U.S.? If yes, provide date of birth, Canadian social insurance number (SIN), if the individual has one, and complete the information below for each jurisdiction. SIN Date of birth (dd/mmm/yyyy) Reasons for not providing Jurisdiction of tax residence Taxpayer identification number (TIN)

a TIN

- A: The individual will apply or has applied for a TIN but has not yet received it.
- B: The individual's jurisdiction of tax residence does not issue TINs to its residents.
- C: Other (specify the reason)

Reason for not providing a TIN

A B C, specify:

Reason for not providing a TIN

B C, specify:

Jurisdiction of tax residence

Taxpayer identification number (TIN)

| 5 | Information about | Individual #3 | | | | | |
|----|--|---|--|--------------------------------------|--|--|--|
| • | individuals who control the entity (continued) | owner trustee settlor other individuals who exercise effer | 0 , 0 , | | | | |
| | | Name (first, middle initial, last) | | | | | |
| | | Home address | | | | | |
| | | City | Province | Postal code | | | |
| | | Annual the fellowing if the entitle | | | | | |
| | | Answer the following if the entity: • answered yes in section 5.2, or • is a passive non-financial entity | | | | | |
| | If the individual does not have | Is Individual #3 a tax resident or a citizen of the U.S.? ○ No ○ Yes If yes, provide U.S. social security number (SSN) or individual taxpayer identification number (ITIN) and Canadian social insurance number (SIN), if the individual has one. | | | | | |
| | an SSN or ITIN, they have 90 days to apply for one and 15 days after receiving it to | SSN or ITIN | SIN | | | | |
| ţ | provide it to us. | Is Individual #3 a tax resident of a jurisdiction(s) other than Canada or the U.S.? ○ No ○ Yes If yes, provide date of birth, Canadian social insurance number (SIN), if the individual has one, and complete the information below for each jurisdiction. | | | | | |
| | | Date of birth (dd/mmm/yyyy) | SIN | | | | |
| | Reasons for not providing a TIN A: The individual will apply or | Jurisdiction of tax residence | | Taxpayer identification number (TIN) | | | |
| | has applied for a TIN but has not yet received it. | Reason for not providing a TIN A B C, specify: | | | | | |
| | B: The individual's jurisdiction of tax residence does not issue TINs to its residents. | Jurisdiction of tax residence | | Taxpayer identification number (TIN) | | | |
| | C: Other (specify the reason) | Reason for not providing a TIN A B C, specify: | | | | | |
| 'n | e rest of this form must | be completed for all poli | cies. | | | | |
| | Identifying third parties | a. Will anyone other than the ov | | ○ No ○ Yes | | | |
| | | b. Does the owner intend to tra entity within the next year? | nsfer ownership of this policy to ano | ther individual or | | | |
| | | c. Is there someone else who has indirect control or an interest in this policy; for example a power of attorney, guardianship, or assignment? If third party has power of attorney, complete section 8 <i>Identity verification</i> for that person and include a copy of the power of attorney documents. | | | | | |
| | | | | | | | |
| | | power of attorney documents. If you answered yes to any q | uestion in section 7 a - c, identify all policy. Attach additional pages if necess | | | | |
| | | power of attorney documents If you answered yes to any q who will be involved in this p This third party was identified | oolicy. Attach additional pages if necessed in question: 7a 7b | | | | |
| | | power of attorney documents If you answered yes to any q who will be involved in this p | oolicy. Attach additional pages if necessed in question: 7a 7b | sary. | | | |
| | | power of attorney documents If you answered yes to any q who will be involved in this p This third party was identified | oolicy. Attach additional pages if necessed in question: 7a 7b | sary. | | | |
| | | power of attorney documents. If you answered yes to any q who will be involved in this p This third party was identified Name of the third party (individual or er | oolicy. Attach additional pages if necessed in question: 7a 7b | sary. | | | |

| 7 Identifying third parties If the third party is an entity: | | | | | | |
|---|--|--|--------------------|--|---------------------------------|--|
| | (continued) | What is the entity's primary industry? | What is the | entity's business type? | | |
| | For a list of valid industries, business types, and occupations, refer to <i>Valid</i> | Jurisdiction of registration | If yes, | tell us: | | |
| | industries and occupations, NN1655E. | Federal Provincial or territorial (specify province or territory) | Inco | orporation number | | |
| | | If the third party is an individual: | | | | |
| | | Date of birth (dd/mmm/yyyy) In what industry | is the individu | al employed? (most recent if retire | d or not employed) | |
| | | Occupation (most recent if retired or not employed) | | | | |
| | | Name of the individual's company/employer (most red | cent if retired of | or not employed) | | |
| 8 | Identify verification | One valid Canadian personal identification all owners who are individuals or sole part and trustees identified in section 3, and all third parties with power of attorney in | oroprietors I | identified in section 2, or ea | | |
| If an advisor is helping with this application, they may verify your identity. This completed by the advisor verifying your identity. You must be physically present wiverifying your identify. | | | | | | |
| | | A valid document: | | | | |
| | | is an original, not a copy must be government-issued photo ID issued by a provincial, territorial or federal government has a unique identifying number has not expired is in good condition, without apparent a and in the same name as the person to | | | | |
| | | If you do not have a valid document, your completed <i>Dual Method Identification</i> , NN | | ay be able to verify your id | entity and submit a | |
| | | Person #1: O policy owner/signing office | er/trustee | opower of attorned | еу | |
| | | Which original Canadian document was review Driver's licence Canadian passport Other | | | lentity? | |
| | | Jurisdiction of issue | | | | |
| | | Federal Provincial or territorial (speci | ify province | or territory) | | |
| | | Name on document reviewed (first, middle initial, last |) | | | |
| | | Identifying number of document reviewed | | Expiry date (dd/mmm/yyyy) | Verification date (dd/mmm/yyyy) | |
| | | Person #2: O policy owner/signing office | er/trustee | opower of attorned | ey | |
| | | Which original Canadian document was review Driver's licence Canadian passport Other | ved by the a | dvisor to verify this person's id card (issued prior to 2012) | lentity? | |
| | | Jurisdiction of issue Federal Provincial or territorial (special) | ify province | or territory) | | |
| | | Name on document reviewed (first, middle initial, last |) | | | |
| | | Identifying number of document reviewed | | Expiry date (dd/mmm/yyyy) | Verification date (dd/mmm/yyyy) | |
| | | | | | | |

| 9 Policy information | Death benefit type face plus account value on each death:% payable on first death frequency of policy statements | | | | | |
|--------------------------|---|---|-----------------------------|--|--|--|
| | | | | | | |
| | | | | | | |
| | annually semi-annually (defa | ault) Quarterly | | | | |
| 10 Insurance coverage | Insurance coverage | Borrow (Boorlo to be incorred under this coverse. | | | | |
| | Amount of insurance | Person/People to be insured under this coverage | Healthstyle® category | | | |
| | \$ | | | | | |
| | Coverage type | | | | | |
| | single life | A | | | | |
| | igoint, last-to-die, costs to last death | | | | | |
| | Cost of insurance | | | | | |
| | level for 10 years | В | | | | |
| | level for 20 years | | | | | |
| | level to age 100 | | | | | |
| 11 Rider coverages | Term insurance rider (TIR) coverage 1 | Person/People to be incured under this coverage | Illustrated Healthstyle® | | | |
| Term insurance rider | Amount of insurance | Person/People to be insured under this coverage | category | | | |
| Term mourance nuer | \$ | | | | | |
| | Coverage type | A | | | | |
| | single life combined | | | | | |
| | Cost type | | | | | |
| | 10-year renewable | В | | | | |
| | 20-year renewable | | | | | |
| | Term insurance rider (TIR) coverage 2 | | Illustrated | | | |
| | Amount of insurance | Person/People to be insured under this coverage | Healthstyle® category | | | |
| | \$ | | | | | |
| | Coverage type | A | | | | |
| | single life combined | | | | | |
| | Cost type | | | | | |
| | 10-year renewable | В | | | | |
| | 20-year renewable | | | | | |
| | Term insurance rider (TIR) coverage 3 | | Illustrated | | | |
| | Amount of insurance | Person/People to be insured under this coverage | Healthstyle® category | | | |
| | \$ | | | | | |
| | Coverage type | A | | | | |
| | single life combined | | | | | |
| | Cost type | | | | | |
| | 10-year renewable | В | | | | |
| | 20-year renewable | | | | | |
| Child protection rider | Child or children to be insured | | | | | |
| | A | | | | | |
| | | | | | | |
| | В | | | | | |
| | | | | | | |
| | С | | | | | |
| | D | | | | | |
| | E | | | | | |
| 12 Frequency of deposits | automatic monthly withdrawal | quarterly semi-annually annually | | | | |
| Tagazara, at supposite | Catemate monthly maintain | | | | | |

| 3 | Initial deposit allocation | select the investment account code and name from the list of investment options on <i>Universal life investment ccounts</i> , NN0983E. For example: MA502 = CI Harbour Growth and Income. | | | | |
|---|--|--|---|------------------------|--|--|
| | Withdrawals from the compound | Investment account code | Investment account name | % of deposit allocated | | |
| | interest GIAs may be subject to market value adjustments. | | | | | |
| | If your deposit does not meet the minimum deposit requirements for the GIAs, the portion of the deposit meant for the GIAs will be placed in the savings account. See <i>Universal life investment accounts</i> , NN0983E, for the minimum requirements. | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | allocate future deposits s | ame as initial deposit allocation above TOTAL | 100% | | |
| | | (Select this option OR fill out section 14) | | | | |
| 4 | Future deposits If your deposit does not meet the minimum deposit requirements for the GIAs, the portion of the deposit meant for the GIAs will be placed in the savings account. See Universal life investment | Planned periodic deposit amour \$ | This is the amount that we will remind you to deposit to yo | our policy. | | |
| | | OR the minimum monthly deposit | | | | |
| | | Select the investment account code and name from the list of investment options on the <i>Universal Life Investment Accounts</i> form, NN0983E, e.g. MA502 = CI Harbour Growth and Income. | | | | |
| | accounts, NN0983E, for the minimum requirements. | Investment account code | Investment account name | % of deposit allocated | | |
| | minimum requirements. | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | TOTAL | 100% | | |
| 5 | Side account deposits | Deposits placed into the side account will be allocated to the accounts in the side account in the same proportion as you specified above for initial and future deposits to your policy. Each balanced index, indexed and managed account in the side account earns interest at a rate equal to the rate of the savings side account. | | | | |
| 6 | Tax status | Issue the policy as exempt from accrual taxation (the default tax status). | | | | |
| | | Issue the policy as non-exempt . (This means that when the investment component of the policy exceeds the cost of the policy, as defined by tax legislation, the owner of the non-exempt policy may have to pay tax each year on the difference. A non-exempt policy can never be changed to exempt and the side account is not available.) | | | | |
| | | L | | | | |

17 Statement of disclosure

Please read the following carefully and sign below to confirm your understanding.

By signing below you are confirming that:

- the information provided in this form is complete, current, and accurate to the best of your knowledge.
- the policy owner agrees to immediately notify us of any errors, omissions, or changes in the information given to us about the individuals or entities identified in this form.
- you understand that:
 - this document forms part of your application to us for life insurance
 - · minimum deposits will be established during the underwriting process and will be shown in your policy when issued
 - you can vary your deposits to your policy, as long as there is enough money in your policy to cover the costs so
 that your insurance will not lapse
 - a charge called the deposit load will be deducted from each deposit to the policy
 - termination of your policy or withdrawals or transfers between accounts may result in market value adjustments for some guaranteed investment accounts
 - surrender charges may apply if your policy is terminated at your request
 - interest rates can change and those changes will affect your policy's account value and cash value. The daily interest on balanced index, indexed and managed accounts can be either positive or negative resulting in either an increase or a decrease in the account's value
 - investment returns from the balanced index, indexed and managed accounts will fluctuate based on the indices or funds used to determine the return, and may fluctuate based on the Canadian dollar exchange rate
 - you can request illustrations from your advisor to demonstrate the sensitivity of your account value to changes in interest rate and investment return assumptions
 - you have reviewed the Universal life investment accounts, NN0983E, and are responsible for the investment accounts you have chosen.

| Signed at (city or town, province) | Date (dd/mmm/yyyy – for example, 30/JUN/2017) | |
|--|--|--|
| Signature of policy owner, signing officer or trustee #1 | Signature of policy owner, signing officer or trustee #2 | |
| × | × | |

18 Advisor's statement

To be completed by the advisor.

In this section, you and your refer to the advisor.

By signing below, you:

- acknowledge that you are authorized to act on behalf of Manulife to verify the identity of the individual listed above and attest that:
- · you have complied with the instruction set out above, including confirming that the identification document is valid
- the photo on the identification document is substantially similar to the client, and the name matches the client's name on the application form
- you have no reason to believe that the person presenting him or herself was not the individual on the identification document
- · verify that you believe the information provided on this form is current, correct, and complete
- agree to tell us if you suspect that someone who has not been named in the application form or product page will be:
- · paying for or making deposits to the policy
- · making decisions about or participating in any way in the policy
- · expecting to benefit in any way from the policy

(You can email us at ind_insurance_compliance@manulife.com or complete Report to Individual Insurance Compliance, NN1557E, and mail or fax to us.)

| Name of advisor (first, middle initial, last) | | | | | |
|---|-------------|--------------|--|--|--|
| | | | | | |
| | | | | | |
| Cignoture of advisor | Dranch ands | Advisor code | | | |
| Signature of advisor | Branch code | Advisor code | | | |
| | | | | | |
| X | | | | | |
| × | | | | | |