



CH2425896C1L1MAC019

Credit Security Plan™

Why wait to apply when you can take advantage of Manulife's money-back guarantee?

Please fully complete and return this form by fax to 1-844-297-1271.

APPLY

1	BORROWER NAME	DATE OF BIRTH	Bi-weekly Life Insurance Premium Quote	LIFE - INITIAL TO		Bi-weekly Total Disability Insurance Premium Quote	DISABILITY - INITIAL TO	
				APPLY (Default)	WAIVE		APPLY (Default)	WAIVE
	Natashia Michinski	21 MAR 1992	\$ 27.90	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$ 17.40	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

About your quote:	Quoted amount for Life Insurance is based on non-smoker rates. Smokers' rates are 70% higher. The premium and benefit amount for which you are approved may be different based on information you provide about your health. Current sales tax is included in the amount quoted if applicable.	Premiums refunded if cancelled within 60 days.

2	Section 2 is used to calculate insurance benefits. If you have a line of credit, this information may differ from the terms of the actual debt. Please refer to "Lines of Credit" in the CSP brochure.						
	Debt Balance	Monthly Scheduled Debt Payment	Debt Payt Freq	Amortization (months)	Term (months)	Interest Rate %	Interest Rate Type
	\$ 450,000.00	\$ 1,868.85	Monthly	360	33	2.9	Fixed
CURRENT DEBT INFORMATION	Property Type		Debt Type		Funding Date		Debt Number
	Owner Occupied		1 ST Mortgage		21 Aug 2023		1381147
Please review your Property Address and Mailing Address and provide any corrections where appropriate. If joint borrowers, the property address and mailing address will be the same for both applicants.							
Property Address:		15490 Ashburn Road, Berwick, ON					
Mailing Address:		15490 Ashburn Road, Berwick, ON					
Will your mailing address change to the property address after the funding date?				Creditors' Group Policyholder			
Yes <input type="checkbox"/> No <input type="checkbox"/>				First National Financial LP			

3	We will contact you: To complete your application, we require information about your health and existing insurance on this debt. Please verify your contact information and provide any corrections where appropriate. Alternatively, please provide a telephone number and email address where you can be reached. All information you provide is confidential. Your answers will form part of your application. If we are unable to contact you within 30 days of the day we receive your application, only accident insurance coverage will be issued.							
	Cell Natashia <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				Cell <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
CONTACT	Alternate <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				Alternate <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
	Email <input type="text"/>				Email <input type="text"/>			

4	I have received and reviewed the CSP brochure. I agree to the collection, use and disclosure of my Personal Information as described in the Personal Information Statement contained within it.	
	To be eligible for insurance, I must be a Canadian resident between 18 and 64 years old and be a borrower, co-borrower, or guarantor on the debt owing to the Policyholder.	
If I am ineligible, I have waived. I hereby apply for or waive CSP insurance described in the brochure and on this application.		
Authorization: I understand the insurance offered is creditors' group insurance and that this insurance is optional. I understand that my application will form part of any insurance contract that is issued to me. A photocopy of this application is as valid as the original. I acknowledge and agree that I will never be insured for more than the existing debt at the time when a claim happens and that the premium and coverage for which I am approved may be different than the premium or coverage for which I have applied depending on information I provide about my health and whether I have existing insurance on this debt. I understand that I may accept such an offer of coverage by continuing to pay premiums for 60 days. I understand that I can decline any offer of coverage by contacting the Insurer and if I do so in the first 60 days, any premium paid during that time will be refunded to me. I declare that any statements made by me on this application form and any future statements made by me in connection with this application are true and complete and I understand and agree that if I provide incomplete or inaccurate information on this application or in future statements I make in connection with this application, the insurance may be void and/or no benefit may be paid under this insurance. I understand the Creditor's Group Policyholder receives remuneration for performing administrative duties. I understand that if the first premium is paid when due, insurance coverage will begin on the later of the mortgage funding date or the date this application is received by the Insurer, provided the application is clear, signed and properly completed. I authorize the Insurer and its service providers to collect the CSP insurance premiums, for the coverage applied for, from the same bank account from which my mortgage payments are to be deducted by my lender. I agree that in connection with this service, my lender may share my banking information with the Insurer for this purpose. I understand that the Insurer can deduct premiums from this account only if I am an account holder on the Lender Pre-Authorized Debit Agreement and a borrower on this application. I accept the Pre-Authorized Debit Agreement in the CSP brochure. I understand my insurance premiums may be deducted at a different time than my mortgage and I may change the bank account from which insurance premiums are deducted by calling 1-800-295-6472. CSP coverage is issued by The Manufacturers Life Insurance Company. This application is not for use in Québec.		
SIGN HERE TO APPLY OR WAIVE	X	X <input type="text"/>
	Natashia Michinski DATE SIGNED (DD/MM/YY) 08/17/2023	DATE SIGNED (DD/MM/YY) <input type="text"/>

The Manufacturers Life Insurance Company (Manulife)

Application Print Date: 10 Aug 2023

Credit Security Plan™ ("CSP") insurance is the life and/or disability insurance offered on this form under Group Policy Number GCSP377/GCSP377-D.

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Accessible formats and communication supports are available upon request. Visit Manulife.ca/accessibility for more information.

Questions? Call: 1 800 295 6472 Email: serviceclients@creditsecurityplan.com Write: P.O. Box 987, Stn F, Toronto, ON M4Y 2N9 Visit: Manulife.ca

CSP_SimpleNonBank2021