

## Credit Security Plan

# Completing your CSP insurance application steps

Before you make a decision to apply or waive, please review the brochure to learn about this valuable insurance product. It may be the perfect fit to protect your mortgage.

### Step 1: Review

Please review all of the information on this form to make sure it is accurate.

Need to make a change?

Simply cross out the pre-printed information, handwrite in the correct information, and have each applicant initial it.

### Step 3: Sign and date

Make sure you sign the application!

Whether you are applying for or waiving CSP coverage – we cannot process your application without your signature!

### Step 2: Complete the application

Please indicate your decision to Apply or Waive coverage.

#### Borrower 1:

For Life coverage, please **select Apply or Waive** the boxes indicated on the **first** row.

For Disability coverage, please **select Apply or Waive** the boxes indicated on the **first** row.

#### Borrower 2:

Please **select Apply or Waive** both Life and Disability coverage in the boxes on the **second** row.



**Manulife Credit Security Plan™**  
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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.

BORROWER NAME	DATE OF BIRTH	Semi-Monthly Life Insurance Premium Rate	LIFE - INITIAL TO Y APPLY / N WAIVE (Default)	Semi-Monthly Total Disability Insurance Premium Rate	DISABILITY - INITIAL TO Y APPLY / N WAIVE (Default)
One Simple App	01 JAN 1990	\$18.98	<input type="checkbox"/>	\$4.23	<input type="checkbox"/>
Two Simple App	01 JAN 1990	\$11.49	<input type="checkbox"/>	\$4.18	<input type="checkbox"/>

**Section 2: Lines of Credit**  
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. If one person waives Total Disability coverage, the benefit and premium amount for the second person doubles. Premiums refunded if cancelled within 60 days.

Debt Balance	Monthly Scheduled Debt Payment	Debt Pay Freq	Amortization (months)	Term (months)	Interest Rate %	Interest Rate Type
\$450,000.00	\$1,200.00	Monthly	50	50	1.2	Variable

Property Type: Owner Occupied  
Debt Type: 1st Mortgage  
Funding Date: 01 Jan 2020  
Debt Number: Form\_Test\_CSP

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: 99 Agnes, Mississauga, ON  
Mailing Address: 99 Agnes, Mississauga, ON

Will your mailing address change to the property address after the funding date?  
Yes ☐ No ☐

Creditors' Group Policyholder: Test CSP Lender

**Section 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: 9 0 2 4 1 2 - 1 2 3 3  
Alternate: 9 0 2 4 1 2 - 1 2 3 4  
Cell: 9 0 2 4 1 2 - 1 2 3 6  
Alternate: 9 0 2 4 1 2 - 1 2 3 7

Email: test@manulife.com  
Email: tester@manulife.com

**Section 4: I have read 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 Creditors' 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. CSP coverage is issued by The Manufacturers Life Insurance Company. This application is not for use in Quebec.

Single App ☐ Two Simple App ☐

**The Insurer is The Manufacturers Life Insurance Company.**  
Credit Security Plan™ (CSP) insurance is the life and/or disability insurance offered on this form under Group Policy Number: CCSP377/CSP377-0.  
Coverage under Credit Security Plan insurance is offered through Credit Security Insurance Agency Inc. (CSIA) and underwritten by The Manufacturers Life Insurance Company ("Insurer", "We", "Us", "Manulife").  
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Manulife, P.O. Box 987, Stn F, Toronto, ON M4Y 2N9.

**IF APPLYING FOR CSP COVERAGE YOU MUST PROVIDE VALID BANKING INFORMATION ON PAGE 2.**

Questions? Call: 1-800-295-6472 Email: servicecentre@creditsecurityplan.com Web: P.O. Box 987, Stn F, Toronto, ON M4Y 2N9 Visit: manulife.ca  
CSP\_Simple\_2020 Page 1 of 2

## What's Next?

- When you apply for coverage, you will be contacted by telephone to gather health information. The telephone interview usually takes about 15 minutes.
- If you need more information or want to cancel your coverage, you can call 1-800-295-6472, on Monday to Friday from 8:00 am to 8:00 pm ET.

## The Manufacturers Life Insurance Company (Manulife)

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[Return To Index](#)