



## Policy checklist

**Policy number:** 3951454

**Policy owner:** NAVJOT S CHAHAL

**Insured person:** NAVJOT S CHAHAL

**Date:** November 27, 2024

Welcome to your policy package! Read this checklist for important information about what's in your policy package, how to review it, how to complete it, and how to sign it.

**Review your policy package with your advisor to be sure you understand your policy, any documents you need to sign, and what happens next.**

---

### What if something has changed since I applied?

Your application includes answers to questions about each insured person's health, medical history, lifestyle, and job. If we asked those questions again today, would any of the answers change?

- If Yes, stop now and talk to your advisor right away.
- If No, read on.

### What do I need to do?

Your policy takes effect when we draw the first payment from your bank account.

Note: The amount may include any of:

- Additional costs caused by changes made during the review process
- The amount you asked to be deducted once the signature(s) have been completed and reviewed
- The amount you gave us with your application if your policy was issued before we could deduct it from your account.

If you have any questions about the amount, contact your advisor.

After we receive and review the following items, we will deduct the first payment from your bank account:

1. \$2,353.99 The first payment
2. EDELRC Policy delivery receipt
3. Form 856 Amendment to the application

Please complete and sign any documents assigned to you. The signature deadline is December 28, 2024.

(continued on next page)

---

The Manufacturers Life Insurance Company (Manulife)

Tel: 1-888-626-8543

Web: [manulife.ca](http://manulife.ca)

## How do I complete and sign the documents assigned to me?

As you scroll through this policy package, you'll find the documents and any others that you should review with your advisor. Documents assigned to you are marked with highlighted fields and SIGN buttons.

- **Highlighted fields:** You'll find highlighted fields wherever we need more information from you. Click on each field and enter the information we need.
- **SIGN buttons:** You'll find buttons marked SIGN wherever we need your signature. Click on each button and follow the instructions to add your electronic signature.

When you've reviewed, completed, and signed all the documents assigned to you, click FINISH in the top right corner of your screen. You'll receive confirmation, and the chance to download or print your policy package.

## What if I don't want to sign the documents right now?

Click OTHER ACTIONS in the top right corner of your screen to explore your options.

- **FINISH LATER:** Click FINISH LATER to save your policy package as it is and complete your review later.
- **DECLINE TO SIGN:** Click DECLINE TO SIGN to request a change or refuse this policy. We'll ask you to explain your concern, so we can work with your advisor to find a solution. Your advisor will contact you about what happens next.



## The owner's right to examine the policy

For Synergy, the word *policy* also refers to *solution*.

---

The first 10 days of your policy are known as the free-look period. If you decide that you do not want your policy, simply tell your advisor or notify us within 10 days of the date the policy was delivered.

If the insured person is still alive, we will cancel your policy and send you a full refund to the bank account you provided. Be sure to safely dispose of the document, it contains personal information.



NAVJOT S CHAHAL  
214-209 WILLIS CRES  
SASKATOON SK CA S7T 0L8

Date prepared: November 27, 2024  
Policy number: 3951454  
Product: Family Term  
Person insured by this policy:  
NAVJOT S CHAHAL

Congratulations on your new Manulife life insurance policy. You've taken an important step towards protecting your future.

As part of your new policy, you have access to Manulife **Vitality Go™** – a free program that rewards healthy living.

As part of this program, you can earn Vitality Points™ for everyday activities like exercise or even visiting the dentist. The more points you earn, the more chances you have for savings and rewards – like discounts on wearable fitness devices and gift cards to popular stores.

We've added this benefit to our life insurance policies because we believe a life insurer should take a proactive interest in helping their clients live longer, healthier lives.

Getting started is simple. Visit [manulife.ca/manulifevitality](http://manulife.ca/manulifevitality) and register to become a Manulife Vitality member today. If you are already a member, you don't need to register again.

The decision to purchase life insurance is a significant one and we thank you for the trust and confidence you have placed in our company.

For more information  
email:  
[manulifevitality@manulife.ca](mailto:manulifevitality@manulife.ca)

Call our Customer Service Centre:  
1-888-626-8543 Monday to Friday  
8:00 AM to 8:00 PM ET

Visit our website:  
[Manulife.ca/Vitality](http://Manulife.ca/Vitality)

If your name or address is incorrect,  
please call our Customer Service  
Centre.

Sincerely,

A handwritten signature in black ink, appearing to read "Naveed Irshad".

Naveed Irshad  
President and Chief Executive Officer, Manulife Canada

Great news! You can access your personal policy information anytime, anywhere!  
Register on the individual insurance customer secure site today! Visit  
[portal.insurance.manulife.ca](http://portal.insurance.manulife.ca).

Eligibility for rewards may change over time and are not guaranteed over the full life of the insurance policy.

Insurance products are issued by The Manufacturers Life Insurance Company. The Vitality Group Inc., in association with The Manufacturers Life Insurance Company, provides Manulife *Vitality Go*. Vitality and Vitality Points are trademarks of The Vitality Group International Inc., and are used by The Manufacturers Life Insurance Company and its affiliates under license.



Dear Policy Owner,

We're pleased to provide you with your life insurance policy. Purchasing the right amount of life insurance protection is an important step in building a solid financial future.

This policy provides you with life insurance protection. If an insured person under this policy dies, we pay a death benefit, subject to the terms of your policy.

Your policy is designed to meet your current needs. However, you can change it as your needs change. You can also choose from several different kinds of coverage.

The details in your policy are explained in the policy sections that follow. We've made every effort to make these descriptions easy to understand, starting with a summary of how your policy works in Section 4. Please read this document carefully to become familiar with the features of your life insurance policy so that you can take full advantage of the benefits it offers.

If you have any questions about your policy, please ask your insurance advisor or contact us at the phone number listed on the first page of Section 3 of your policy. Thank you again for choosing Manulife.

Sincerely,

A handwritten signature in black ink, appearing to read "R. Gori".

Roy Gori  
President and Chief Executive Officer  
The Manufacturers Life Insurance Company

In this policy, *you* and *your* mean the owner of the policy, and *we*, *our*, and *us* mean The Manufacturers Life Insurance Company (Manulife).

Your policy is an important part of the legal contract between you and us. We ask that you read it carefully to ensure that it gives you the coverage you applied for.

In the policy, we occasionally use the phrase *subject to our administrative rules*. We change our administrative rules from time to time to reflect corporate policy and economic and legislative changes, including revisions to income tax legislation. Any changes we make to our administrative rules will not affect the guaranteed benefits provided by this policy.

When we say *we send a notice to you*, we mean that we send it to your address as shown in our files. Please advise us of any change in your address.

# 2 Table of contents

<b>1 A message from our President .....</b>	<b>1.1</b>
<b>2 Table of contents .....</b>	<b>2.1</b>
<b>3 Your policy summary .....</b>	<b>3.1</b>
Information about your policy	
Your insurance protection	
Your rider protection	
<b>4 How this insurance policy works .....</b>	<b>4.1</b>
<b>5 Premiums and fees</b>	
Premiums.....	5.1
Paying your premiums.....	5.2
<b>6 Coverage types and options</b>	
Your insurance coverage type .....	6.1
Your insurance coverage options.....	6.1
Changing your coverage option.....	6.2
Changing your amount of insurance .....	6.2
Rider coverages.....	6.3
<b>7 Paying death benefits</b>	
How to claim a death benefit.....	7.1
When we pay a death benefit.....	7.1
How we determine the death benefit .....	7.1
Who receives the death benefit .....	7.1
Unused premiums.....	7.2
Bereavement counselling assistance .....	7.2
<b>8 Cancelling your insurance contract</b>	
When your insurance contract ends.....	8.1
The grace period.....	8.1
Reinstating your contract.....	8.1
The reinstatement amount.....	8.2
<b>9 Converting your insurance coverage to a new coverage or policy</b>	
How basic conversion works .....	9.1
Healthstyle changes.....	9.2
How policy splitting works.....	9.3
The survivor benefit .....	9.3
<b>10 More information about this policy</b>	
Your contract .....	10.1
Your rights as a policy owner .....	10.1
How we report to you about your contract .....	10.2
Your beneficiaries.....	10.2
Exclusion: If an insured person commits suicide.....	10.2
If two or more insured people die at the same time.....	10.3
If an insured person's age or sex has been stated incorrectly .....	10.3
Contesting the contract .....	10.3
Using this contract as security for a loan .....	10.3
Transferring ownership.....	10.4
Claims of creditors .....	10.4
Currency .....	10.4
Type of policy.....	10.4

**11 Words and phrases used in this policy .....** 11.1

**12 Premium table.....** 12.1

Endorsements and riders providing additional coverages and benefits follow the Premium tables.

# 3 Family Term summary

Your policy summary shows the features and costs of your policy as of the effective date, which is shown at the top of this page.

If you make changes to your policy, we will issue a new version of your policy summary. The policy summary pages with the most recent effective date replace any earlier versions.

See section 11 for definitions of the terms we use in this document.

**Your policy number:** 3951454

**This page is effective:**  
November 27, 2024

## Questions about this policy?

☎ **Call our customer service centre:**  
1-888-626-8543

🌐 **Visit our website:**  
[manulife.ca](http://manulife.ca)

## Here's an overview of your policy

This Family Term policy is owned by

NAVJOT S CHAHAL

Your beneficiaries

The beneficiaries you've named for each insured person are shown on your application unless you've made a later change.

Your policy date

November 27, 2024

Your policy issue date

November 27, 2024

Your policy processing day

the 27th day of each calendar month

Your annual policy fee

\$57.00

This amount is included in the policy premium shown below.

Your annual policy premium as of  
November 27, 2024

\$2,512.92

## Your guaranteed premium

If you change your payment frequency, your premium will be:

semi-annual	\$1,350.96
quarterly	\$675.48
monthly	\$225.16

## Coverage summary

Who is insured	Coverage type	Coverage number	Coverage description	Coverage expiry date	Amount (\$)
NAVJOT S CHAHAL		1002	Term-20	November 27, 2058	800,000.00

## Coverage details for NAVJOT S CHAHAL

### Life insurance coverage 1002

This coverage insures	one person on a single-life basis
Your coverage option	Term-20
Your amount of insurance	\$800,000
Your annual coverage premium	\$2,455.92 Your guaranteed premiums and the renewal dates for this coverage are shown in Section 12.
Your coverage date	November 27, 2024
Your coverage issue date	November 27, 2024
Your conversion expiry date	November 27, 2053 You may convert this coverage to new permanent insurance on or before this day.
Your coverage expiry date	November 27, 2058
<b>Personal information</b>	NAVJOT S CHAHAL sex, Healthstyle      male, Healthstyle 3 birthdate            July 6, 1978 age                    46 insurance rating    175%

## 4 How this insurance policy works

When you bought this life insurance policy, we agreed to provide you with insurance protection according to the terms of this policy if you pay your premiums.

Here's a summary of how your policy works:

- You mail or deliver your premiums to us or arrange for pre-authorized debits from a bank account. You must pay your premiums in Canadian funds.
- If you don't pay your premiums, you have a 31-day grace period to pay the overdue amount to keep your policy in effect.
- You may have purchased several different insurance coverages as part of your policy. Each coverage insures either the life of one person or the lives of two people together.
  - If the coverage insures the life of one person as a single-life coverage, we pay the death benefit when that person dies.
  - If two insured people have combined coverages, we pay the death benefit when each insured person dies. After the first death, coverage continues automatically on the life of the remaining person on a single-life basis.
  - If the coverage insures the lives of two people together and is a first-to-die coverage, we pay the death benefit when the first person dies. If it is a last-to-die coverage, we pay the death benefit when the last person dies.
- You have the flexibility within your policy to change existing coverages, to add new coverages or to convert an insurance coverage to another kind of policy.
- You may have purchased additional insurance coverages and benefits through riders offered with this policy. All your insurance coverage, including the additional coverage provided by riders, is summarized in Section 3 of this policy.
- Your premiums may change if you change your insurance or rider coverages or if the coverage you chose has a scheduled renewal increase.

# 5 Premiums and fees

## Premiums

The premium is the amount we charge you for the coverage we provide. It includes the insurance coverage premium, any rider premiums, and the policy fee.

Rider premiums are explained in the rider descriptions that appear at the end of this policy.

On your policy summary pages in Section 3, we show your premium as of the date your policy summary pages are effective. You can choose to pay your premium monthly, quarterly, semi-annually, or annually.

The premium changes if you change your insurance or rider coverages or if the coverage you chose has an increase on a scheduled renewal date. We send you a notice when your premium is scheduled to change. If you change your insurance or rider coverages, we provide you with new Policy summary pages and Premium tables.

### The insurance coverage premium

The insurance coverage premium is the amount we charge you for your insurance coverage. For each coverage, we base it on the following information:

- the coverage option
- the amount of insurance
- the personal information that applies to the insured person
- the premium rates in effect on the coverage date

We show the personal information for each insured person in Section 3. .

For combined coverages, when the first insured person dies, coverage on the other insured person automatically changes to a single-life coverage. The premiums we charge for that coverage are those that would have applied if the coverage had originally been issued on a single-life basis.

### Premium guarantee

We guarantee that the premium for an insurance coverage will never be more than the premiums we show in the tables in Section 12, unless you make a change to the coverage, the coverage ends, or the policy is reinstated.

If you add new insurance coverages, they will have their own guaranteed premiums. If you decrease the amount of an insurance coverage, the guaranteed premiums may increase or decrease.

### The policy fee

We charge a policy fee for administering your policy. The amount that applies to your policy appears in Section 3. The policy fee is guaranteed not to change unless you change your payment frequency.

## Paying your premiums

You need to pay your premiums to keep your insurance coverage in effect. Your first premium is due on the policy date and we apply it to your policy on that date.

You can choose how often you pay your premiums. Premiums can be paid in the following ways:

- monthly, through pre-authorized debits from a bank account
- quarterly, semi-annually, or annually, by mailing or delivering your premiums to us at our Head Office. Cheques must be in Canadian funds, drawn on a Canadian financial institution, and made payable to Manulife.

Your premium changes if you change your payment frequency.

## If you miss paying a premium

If you miss paying a premium, we send you a notice to let you know that your policy is in the 31-day grace period and will be cancelled if we don't receive the overdue amount before the end of the grace period.

For information about the grace period and cancellation, see Section 8 under the heading *Cancelling your insurance coverage or your insurance policy*.

# 6 Coverage types and options

## Your insurance coverage types

Four insurance coverage types are available under this policy. They are:

- single-life
- combined
- first-to-die
- last-to-die

The coverage type that applies to each insurance coverage is shown in Section 3.

## Your insurance coverage options

You can have more than one insurance coverage in your policy and you can choose a different option for each coverage. Each option guarantees that the premiums will remain the same for a certain length of time, provided you don't decrease your coverage amount.

Coverage option	Type of Coverage	Premium stays the same
Term-10	<ul style="list-style-type: none"> <li>• single-life</li> <li>• combined</li> </ul>	for 10 years or until the coverage expiry date, if earlier. After the first 10-year term, we automatically renew your coverage annually, and your premium increases each year until the coverage expiry date.
Term-20	<ul style="list-style-type: none"> <li>• single-life</li> <li>• combined</li> </ul>	for 20 years or until the coverage expiry date, if earlier. When the term of this coverage ends, we will automatically renew the same option until the coverage expiry date.
Term-65	<ul style="list-style-type: none"> <li>• single-life</li> <li>• combined</li> </ul>	until the coverage expiry date
Term-Life	<ul style="list-style-type: none"> <li>• single-life</li> <li>• first-to-die</li> <li>• last-to-die</li> </ul>	until the coverage anniversary nearest: <ul style="list-style-type: none"> <li>• the insured person's 100th birthday for a single-life coverage, or</li> <li>• joint age 100, for a first-to-die or last-to-die coverage.</li> </ul> This insurance coverage continues free of charge after that date.

## Changing your coverage option

You can change your coverage option as shown in the table below, without providing evidence of insurability and subject to our administrative rules in effect at that time.

From	To	When an option change is allowed
Term-10	Term-20	On or before the 5 <sup>th</sup> anniversary of the Term-10 coverage date
Term-10 Term-20	Term-65	On or before the 5 <sup>th</sup> anniversary of the Term-10 or Term-20 coverage date
Term-10 Term-20 Term-65	Term-Life	On or before the conversion expiry date

If you change your coverage option from Term-10 to Term-20, you can change the resulting Term-20 coverage to Term-65, if you request the change on or before the 5<sup>th</sup> anniversary of the Term-10 coverage date.

Other changes may be allowed if you provide evidence of insurability satisfactory to us.

The change takes effect, and the new coverage begins on the policy anniversary coinciding with or next following:

- the day we receive your request, if we do not require evidence of insurability,
- the day we approve your request, if we require evidence of insurability satisfactory to us.

Any coverage option change is subject to our rules regarding minimum and maximum issue ages.

If you change a coverage option, the premiums for the new coverage are based on:

- age at the birthday nearest the new coverage date,
- healthstyle as shown in Section 3, except as shown under the subheading *Healthstyle changes*
- other personal information as shown in Section 3

If you change a coverage option, the healthstyle of the insured person or people on the new coverage will be the same as on the original coverage, except as shown in Section 9 under the subheading *Healthstyle changes*.

## Changing your amount of insurance

Subject to our administrative rules in effect at the time, you can request an increase or decrease in the amount of your insurance coverage.

Before we agree to an increase in the amount of insurance, we will ask you for evidence of insurability satisfactory to us for the insured person or people covered by the increase, and for any insured people covered by a Total Disability Waiver Rider under this policy. The increase will be subject to our rules regarding minimum and maximum increases and maximum ages.

An increase in the amount of insurance will be a separate, additional insurance coverage. We determine the insurance rating and healthstyle for this additional coverage as of the new coverage issue date, based on the evidence of insurability that you provide to us.

If you decrease the coverage amount, the decrease will be subject to our rules regarding minimum decreases and minimum amounts of insurance coverage. If you decrease a combined coverage, the new amount of insurance must be the same for each insured person.

Changes in the amount of insurance take effect on the policy processing day that coincides with or next follows the day we approve the change. Increases in the amount of insurance take effect on the policy anniversary that coincides with or next follows the day we approve the change.

## Rider coverages

Optional benefits and coverages can be added to your contract in the form of riders. You can refer to Section 3 for information about the rider coverages you have purchased and to each rider for details on the benefit it provides.

# 7 Paying death benefits

## How to claim a death benefit

To claim a death benefit, the person entitled to the death benefit should call your insurance advisor or contact us directly at the phone number shown on page 3.1 of this policy or in your most recent policy statement. We then tell that person which documents we require to enable us to pay the correct amount to the appropriate person. We require proof of the following:

- 1 the death of the insured person under the coverage
- 2 the birthdate of that person
- 3 the claimant's right to be paid

## When we pay a death benefit

We will pay the death benefit provided by an insurance coverage that is in effect, as follows:

- If the insurance coverage insures the life of one person on a single-life basis, we pay a death benefit when that person dies.
- If two people have combined coverages, we pay a death benefit on the death of the first insured person to die. Coverage on the other insured person will continue on a single-life basis.
- If the insurance coverage insures the lives of two people on a first-to-die basis, we pay a death benefit on the death of the first insured person to die.
- If the insurance coverage insures the lives of two people on a last-to-die basis, we pay a death benefit on the death of the last insured person to die.

## How we determine the death benefit

We calculate the death benefit as of the day the insured person dies.

The death benefit is the amount of insurance shown in Section 3 for the applicable insurance coverage. However, under certain conditions we adjust the death benefit as explained in the following sections of your policy:

- *Changing your amount of insurance*
- *The grace period*
- *If an insured person commits suicide*
- *If two or more insured people die at the same time*
- *If an insured person's age or sex has been stated incorrectly*

In some circumstances, we may determine that a death benefit is not payable. These are described in the following sections:

- *Cancelling an insurance coverage or your insurance contract*
- *Contesting the contract*

## Who receives the death benefit

The death benefit is generally payable to the beneficiary you named for the insured person who dies. For more information about beneficiaries, see Section 10 under the subheading *Your beneficiaries*.

If you use this policy as security for a loan, the rights of any collateral assignee or, under the Quebec Civil Code, hypothecary creditor, may take precedence over the right of any other person claiming the death benefit. See Section 10 under the subheading *Using this contract as security for a loan*.

## Unused premiums

When we pay the death benefit with respect to a coverage, we return any portion of premiums paid but not used for this coverage.

## Bereavement counselling assistance

When an insured person dies and we pay a death benefit, we reimburse up to a total of \$1,000 of counselling expenses to his or her beneficiaries, subject to our administrative rules at the time, as long as:

- the receipts for the counselling expenses are submitted within 12 months after the death
- the counsellor is professionally accredited or certified

If the death benefit is payable to more than one beneficiary, we divide the \$1,000 reimbursement among them in the same proportions as the amount of the death benefit they receive. If the death benefit is payable to an estate or trust, the receipts should be submitted by the executor, administrator or liquidator of the estate, or trustee.

# 8 When your insurance coverage or your insurance policy ends

## When an insurance coverage ends

An insurance coverage ends on the earliest of the following dates:

- the coverage expiry date as shown in Section 3,
- the policy processing day coinciding with or next following the day we receive your request to cancel the coverage,
- the day an insured person under the coverage dies and a death benefit is payable, or
- the day an insured person under the coverage commits suicide, as described in Section 10 under the subheading *Exclusion: If an insured person commits suicide*.

## When your insurance contract ends

Your contract ends on the earliest of the following dates:

- the business day we receive your request to cancel the contract
- the day we cancel the contract or deny a claim, as described in Section 10 under the subheading *Contesting the contract*
- 31 days after your contract enters the grace period, if you have not paid the overdue amount
- the day there is no longer an insurance coverage in effect.

For more information on the consequences of cancelling your contract, contact your insurance advisor.

## The grace period

For each premium after the first, we allow a grace period of 31 days after the day the premium is due. During that time, the policy stays in effect. If the insured person dies during the grace period, we deduct any overdue amount owing as of the date of death from any death benefit payable.

At the end of the grace period, this contract, and all coverages under it are automatically cancelled if you have not paid the overdue amounts. We refund to you any amounts you paid for your policy between the start of the grace period and the day all coverages are cancelled.

## Reinstating your contract

You can ask us to reinstate your policy up to two years after the day it is automatically cancelled if:

- all of the people insured under the policy are still alive, and
- you pay the reinstatement amount.

If you ask us to reinstate your insurance policy within 30 days of the date the policy is automatically cancelled, we reinstate it without asking for additional information. From the 31<sup>st</sup> day until two years after the policy is automatically cancelled, you must complete an application for reinstatement form and submit it to us. We also ask you to give us any information we need to make a decision on whether, and under what conditions, we will reinstate the policy.

Once we approve your request and receive the reinstatement amount and any other information we need from you, we reinstate your policy and send you a Reinstatement certificate.

## The reinstatement amount

The reinstatement amount is the total of:

- all amounts due on the first day your policy went into the grace period, plus
- all premiums due from the day your policy went into the grace period until the day we reinstate your policy, plus
- interest on these amounts, as we describe in our administrative rules

The effective date of the reinstatement of the contract is the date on which we determine these requirements have been met.

## 9 Converting your insurance coverage to a new coverage or policy

You may find that your insurance needs change in the future and that a different kind of coverage will better meet your needs. This contract allows you to convert an insurance coverage, subject to our administrative rules, to a new insurance coverage or policy without evidence of insurability.

You can convert all or a portion of an insurance coverage to an available permanent insurance policy that has a death benefit that doesn't increase over time, subject to our administrative rules.

If you convert only a portion of an insurance coverage to new permanent insurance, you can carry over the remaining portion to a new term insurance rider or coverage on that permanent insurance policy, if available, without evidence of insurability, subject to our administrative rules, including limits in effect at the time.

If you would like to convert this policy or any of the coverages under it, your insurance advisor can help you complete an application.

### How basic conversion works

Any time before the conversion expiry date shown in Section 3, you may convert all or part of an insurance coverage to new permanent insurance that is available on the conversion date, with a death benefit that doesn't increase over time. You do not need to submit evidence of insurability, except as noted below.

- Complete an application for the new insurance and submit it to us, along with the first premium.
- Any irrevocable beneficiary and collateral assignee, or under the Quebec Civil Code, hypothecary creditor must give their consent in writing to the conversion.
- Once we've accepted the application, the new insurance takes effect on the next policy processing day. This is called the conversion date. The coverage or portion of coverage being converted ends at midnight on the day before the conversion date.
- The amount of the new insurance can't be more than the amount of the insurance you are converting.
- The new insurance must meet our minimum and maximum requirements regarding coverage, premium amounts and age.
- Any restrictions on benefits in your existing coverage apply to your new insurance.
- If the insured person dies before the conversion date, the new insurance does not go into effect and we refund any premiums you have paid.
- If a coverage ends as the result of a conversion, we apply any portion of a premium paid but not used for the coverage to the new policy.
- If we apply the provisions that relate to suicide and contestability to the new insurance, we use the dates which apply to the original insurance coverage. If the new insurance is reinstated, the terms of the new contract apply.

We can require you to provide evidence of insurability satisfactory to us if you apply:

- to convert the coverage to new permanent insurance with an increasing death benefit
- for an improved healthstyle, insurance rating, class of risk or smoking status on the new insurance

If we contest the validity of the new insurance, we can rely on any information provided to us as part of this evidence of insurability and the dates we use will be those which apply to the new policy.

If the insurance coverage being converted is a:

- single-life coverage, the new insurance will cover only the insured person under the original coverage
  - first-to-die coverage or are combined coverages, the new insurance may be issued on a:
  - first-to-die basis, covering the same insured people as under the original coverage, or
  - single-life basis, with separate policies covering each of the insured people under the original coverage
- last-to-die coverage, the new insurance must be issued on the same basis, and must insure both of the people insured by the original coverage. Both insured people must be alive on the conversion date.

The premium for the new insurance is based on the amount of the new insurance and on the insured person's:

- attained age on the conversion date. In the case of first-to-die or last-to-die coverages, we will calculate the joint age based on the requirements of the new insurance.
- healthstyle as shown in Section 3, except as shown in Section 9 under the subheading *Healthstyle changes*
- other personal information as shown in Section 3

Converting your policy may have tax implications.

## **Healthstyle changes**

If you change a coverage option in this policy or convert to new life insurance on a policy that has healthstyle categories, the healthstyle of the insured person or people on the new coverage is the same as on the original coverage, unless we approve your application for an improved healthstyle and except as shown in the following table:

<b>If the insured person's healthstyle on the original coverage is</b>	<b>Then the insured person's healthstyle on the new insurance or coverage is</b>
category 1 or 2	category 3, if the original coverage has been in effect for more than 15 years or if the same category is not available

If you convert to new life insurance on a policy that doesn't have healthstyle categories, the new insurance has either a class of risk or a smoking status determined by the insured person's healthstyle, as shown on the original coverage. The following table shows how we determine the class of risk or smoking status on the new insurance, unless we approve your application for a better class of risk or smoking status.

<b>If the insured person's healthstyle on the original coverage is</b>	<b>Then the insured person's class of risk on the new insurance is</b>	<b>Or the insured person's smoking status on the new insurance is</b>
category 1 or 2	non-smoker	non-smoker
category 3 or 4	non-smoker or special	non-smoker
category 5	standard or special	smoker

The class of risk is also determined by that person's insurance rating. It is labelled "special" if the insured person's insurance rating is greater than 100%.

## **Disability protection on your new insurance**

You may also purchase a disability waiver rider on the person or people insured by the new insurance if, on the conversion date, all the following criteria are met:

- a Total Disability Waiver Rider is in effect under the original coverage for the person to be insured under the new insurance
- none of the people covered by the disability waiver rider under the new insurance is totally disabled
- our administrative rules allow the disability waiver rider to be added to the new insurance

## **How policy splitting works**

You can convert an insurance coverage that insures people in a marriage or business that is coming to an end. This conversion follows the same rules as for basic conversion, except for the coverage date of the new coverage. We establish this coverage date as defined in our administrative rules. If the people are insured under a last-to-die coverage, you must provide evidence of insurability for both people to convert to two separate single-life coverages.

Splitting your policy may have tax consequences.

## **The survivor's benefit**

If you have a first-to-die insurance coverage and one of the two insured people dies, you may buy new insurance on the life of the survivor, without providing evidence of insurability. This insurance may be:

- an additional insurance coverage under this policy, as long as the policy does not end as result of this death, or
- a new policy offered by us at that time, with a death benefit that doesn't increase over time.

We must receive an application for the new insurance, together with the first premium, within 31 days after the death. The survivor must be less than 70 years old on that date. All other rules outlined under basic conversion apply.

If the person who died was the only policy owner and there is no successor policy owner, called a subrogated policyholder in Quebec, only the survivor can apply for a new policy on his or her own life without providing evidence of insurability.

## **Automatic term insurance under the survivor's benefit**

We automatically provide term insurance on the life of the survivor from the date of the first death until the earlier of:

- the 31st day following the first death
- midnight of the day before the effective date of the new insurance.

The death benefit payable is the amount of the insurance coverage in effect on the date of the first death.

We pay the death benefit under the automatic term insurance to the estate of the survivor, unless, before the survivor died, you named someone else as the beneficiary in a notice satisfactory to us.

If both insured people under a first-to-die coverage die at the same time or if it is uncertain which person survived the other, we pay the death benefit under the automatic term insurance in the same way and to the same people as we pay the death benefit under the policy. This is described in Section 10 under the subheading *If two or more insured people die at the same time*.

We will not pay any automatic term insurance benefit if the survivor commits suicide.

# 10 More information about this policy

## Your contract

This life insurance policy is part of the legal contract between you and us. This contract commits us to providing life insurance and the other benefits described in the policy.

The entire contract consists of:

- this document
- the application for insurance coverage provided by the policy and rider coverages
- any medical evidence forms
- any written and verbal statements and answers that are given as evidence of insurability
- all rider pages
- all subsequent applications to change the insurance or rider coverages and any amendments or new versions of your policy summary pages that result
- any other amendments agreed upon in writing
- any endorsements
- any application to reinstate the contract

We are bound only by the statements that are part of the contract. Only our President or one of our vice-presidents can agree to any change you request in the contract and their agreement must be in writing.

## Your rights as a policy owner

Your rights include the right to:

- name the beneficiary or beneficiaries
- transfer ownership of the contract
- use this policy as security for a loan
- vary the frequency of premiums you pay (for example, a change from monthly to annually), within our administrative limits
- cancel the contract or individual rider coverages

Throughout this policy, we refer to "policy owner" as one person. If there is more than one owner, all owners must act unanimously to exercise their rights and options.

You may name a successor owner, called a subrogated policyholder in Quebec, to assume the rights of this policy when you die. If there is no successor owner and if the policy does not terminate on your death, your rights and benefits pass to your estate.

You must follow the terms and conditions of this policy when you exercise the rights we've listed above. Your rights may also be limited by any laws that apply to your contract.

Every action or proceeding against an insurer for the recovery of insurance money payable under the contract is absolutely barred unless commenced within the time set out in the *Insurance Act* or other applicable legislation.

## How we report to you about your contract

We send you a policy statement at least once a year. The statement outlines the status of your insurance and rider coverages, and provides other policy information.

We also send you:

- a confirmation for each premium, except for those made by pre-authorized debit
- a notice during the premium adjustment period if your premium is expected to change, and
- a premium change notice before your premium is scheduled to change

## Your beneficiaries

You may have named one or more beneficiaries to receive the death benefit when an insured person dies. We pay the proceeds of a death benefit to the primary beneficiaries. If no primary beneficiary is alive when the insured person dies, we pay the proceeds to any secondary beneficiaries.

If there is no surviving beneficiary or if no beneficiary has been named, we pay the proceeds to you or your estate.

If you have named more than one primary or secondary beneficiary, you may designate how the proceeds are to be divided. If you have not indicated this, we assume the proceeds should be divided equally among the surviving primary or secondary beneficiaries.

You may change the beneficiary or beneficiaries for an insurance coverage or any rider coverage at any time before the insured person dies, unless prohibited by any laws that apply to your policy.

If the beneficiary designation is irrevocable, you cannot change it without the beneficiary's consent. Certain other rights and options, such as converting a coverage, can be exercised only with the consent of the irrevocable beneficiary.

If the beneficiary has not reached the age of majority, we must pay the death benefit according to the applicable law.

If you have used this policy as security for a loan, the rights of a collateral assignee or, under the Quebec Civil Code, a hypothecary creditor, may take precedence over the rights of a beneficiary.

## Exclusion: If an insured person commits suicide

If an insured person commits suicide within two years after the day we issued or last reinstated the policy or coverage, we will not pay the death benefit as described in Section 7 under the heading *Paying death benefits*. Instead, we will:

- pay a reduced death benefit to the beneficiary, if the insured person under a single-life, combined or first-to-die coverage commits suicide or if the last insured person under a last-to-die coverage commits suicide. The reduced death benefit will equal the premiums you paid for:
    - coverage on the insured person who died for the period since the coverage date or the last reinstatement date, for combined coverages
    - the coverage since the coverage date or the last reinstatement date for all other coverage types
- or
- refund to you or your estate the premiums you paid for the coverage since the coverage date or the last reinstatement date, if the first insured person to die on a last-to-die coverage commits suicide.

We then cancel the insurance policy as of the day the insured person died.

## If two or more insured people die at the same time

If two or more insured people under the policy die at the same time, or if it is impossible to determine who died first, we calculate the amount of any death benefit payable and determine who we should pay it to in the following order, unless the beneficiary designation specifies otherwise or unless prohibited by law:

- 1 we pay the death benefit for single-life coverages insuring any of the people who died
- 2 if two of the people who died are insured under the same coverage, we divide the death benefit payable into two equal portions, one for each insured person, and consider that person to have survived the other when determining who is paid each portion of the death benefit

## If an insured person's age or sex has been stated incorrectly

If the age or sex of any insured person has been stated incorrectly, we will adjust the death benefit payable using the correct age or sex.

However, if we would not have issued the coverage because the correct age does not meet our rules regarding the minimum and maximum age, we can declare the coverage invalid, within the period permitted by law.

## Contesting the contract

You and all insured people under the contract have an obligation to disclose every fact material to our decision to issue the coverage or coverages for which you have applied and, if we do issue it, on what terms. We have the right to contest the validity of the contract or any coverages under the contract and deny any claim, if you misrepresent or fail to disclose a material fact.

We contest if, in any application, or on any medical examination, or in any written or verbal statements or answers provided as evidence of insurability, you or one of the insured people under the contract have:

- failed to disclose a material fact
- stated a material fact incorrectly
- misrepresented an insured person's age
- misrepresented an insured person's healthstyle information
- fraudulently misrepresented a material fact

## When we can contest

We can, at any time, contest the validity of the contract or any insurance or rider coverage when there was a misstatement of age, sex, or fraud in relation to the application for the contract or coverage, including an intentional misrepresentation of healthstyle information.

Except as stated above, we cannot contest the validity of:

- the contract after it has been in effect for two years from the policy issue date or the date the contract was last reinstated
- an insurance coverage or any rider coverage after it has been in effect for two years from the coverage issue date or the date the contract was last reinstated

If an insured person under the contract dies during those two years, we can contest at any time.

## Using this contract as security for a loan

You can use this contract as security for a loan by assigning it to the lender, based on the following rules. This is called a collateral assignment or, under the Quebec Civil Code, a hypothec.

You can only assign or hypothecate the entire contract, not the individual coverages.

We are bound by the assignment or hypothec when we receive written notice of it at our Canadian head office. The lender should send the assignment or hypothec to us in duplicate and we will return a copy to the lender.

After you have collaterally assigned or hypothecated the contract, you may need the consent of the lender to convert a coverage, reduce or cancel a coverage, or cancel the contract.

We are not responsible for the validity of any assignment or hypothec.

The rights of the lender may take precedence over the rights of any person claiming a death benefit.

## **Transferring ownership**

You can transfer ownership of your policy to another person. This type of transfer is called an absolute assignment. The entire policy must be assigned. We are not bound by the assignment until we receive a copy of it at our Canadian head office. We are not responsible for making sure that an assignment is valid.

Transferring ownership of your contract has tax consequences, which may include increasing your taxable income.

## **Claims of creditors**

This contract and the benefits payable under it are exempt from seizure and the claims of your creditors, so far as the law allows.

## **Currency**

All premiums paid to us or payments made by us are in Canadian dollars.

## **Type of policy**

This policy is non-participating. The owner of a non-participating policy does not have some of the rights of the owner of a participating policy, including eligibility for annual dividends and the right to vote at our annual meetings.

# 11 Words and phrases used in this policy

*This section defines some of the terms used in your policy.*

---

**adjusted age or adjusted joint age** is the age we use to recalculate premiums and expiry dates when you make changes to your policy. Changes that require an adjusted age or adjusted joint age include changing the healthstyle that applies to one or both of the people insured by a coverage insuring two people. If an adjusted age applies, it appears in Section 3 of your policy.

**combined coverages** provide insurance coverage for two people where a death benefit is payable in the same amount for each insured person. After the first death, coverage continues automatically on the life of the remaining person on a single-life basis.

**coverage** refers to both insurance and rider coverages provided under this contract.

**coverage expiry date** is the day an insurance coverage or a rider coverage ends.

**coverage issue date** is the day we issue an insurance coverage or a rider coverage. If your contract was reinstated, the Coverage issue date in Section 3 reflects the day the contract was last reinstated.

**Coverage type** indicates if the coverage insures the lives of one or two people and the basis on which the death benefit is payable.

**death benefit** is the total amount paid by us on the death of a person whose life is insured.

**evidence of insurability** is any information that we require to decide if the person who is to be insured is insurable, and if so, on what terms. This can include financial information.

**first-to-die coverage** is one insurance coverage for two people, where we pay the death benefit when the first of the two people dies.

**Healthstyle** refers to a person's tobacco use, personal and family medical history, any recreational risks, any health findings, and other personal and lifestyle information. It also means the healthstyle category of an insured person.

**Healthstyle categories** are the broad categories we use to determine the premiums for insurance and rider coverages. The insurance rating also affects the premiums we charge. We determine the insured person's healthstyle category for each insurance and rider coverage based on his or her healthstyle. A coverage on an insured person with Healthstyle category 5 is usually more expensive than a coverage on an insured person with Healthstyle category 1.

Subject to our administrative rules at the time, you may apply for an improved healthstyle category after the coverage issue date, if you provide proof satisfactory to us that the insured person meets our criteria for the healthstyle category you are applying for.

**insurance coverage** is life insurance protection provided by the insurance policy. The amount of insurance for your coverage is shown in Section 3. When we refer to insurance coverage, we are not referring to any rider coverages which you may have added to your policy.

**insurance rating** is used in the calculation of the premiums shown on the Premium tables in Section 12. We rate each insured person based largely on their health, family medical history and recreational or employment activities. Our standard rating is 100 per cent, but an insured person may have an insurance rating that is higher than our standard rating of 100 per cent if we consider him or her to be a greater risk to insure. The higher the percentage, the higher the premium. The insurance rating may also be a flat dollar amount. We show the insurance rating on your policy summary pages in Section 3. Subject to our administrative rules in effect at the time, you may apply for an improved insurance rating after the policy issue date if you provide evidence of insurability satisfactory to us for the improved rating.

**insured person** is any person whose life or health we have agreed to insure in this contract. We've shown the insured people in Section 3.

**joint age** at coverage date is an age we determine based on the coverage type, and the sex, healthstyle and ages of the two people insured by one insurance coverage. It is not the average age of the two people.

**last-to-die coverage** is one insurance coverage for two people, where we pay the death benefit when the last of the two people dies.

**material fact** is a fact that, if disclosed, would:

- influence our decision to issue the coverage
- affect the conditions under which we would be willing to provide coverage. These conditions could include limiting coverage or charging higher premiums.

**permanent insurance** is protection for the lifetime of the insured person. There is no coverage expiry date for permanent insurance.

**policy** is this policy document and includes the insurance coverage provided under it. It does not include any riders.

**policy date** is the first policy processing day for your policy and is shown in Section 3. Policy years, months and anniversaries are measured from the policy date.

**policy fee** is the amount we charge to administer your contract. The amount of your policy fee is shown in Section 3.

**policy issue date** is the day we issue the contract as shown in Section 3. If your contract was reinstated, the policy issue date reflects the day the contract was last reinstated.

**policy owner** is the owner of the policy who holds all rights under the policy, unless these rights are limited by law or by collateral assignment or, under Quebec Civil Code, hypothecation of the policy. The policy owner may be an insured person under the policy.

**policy processing day** is the day that most policy changes take effect. The first policy processing day is on the policy date and the next ones are on the same day of each month that follows.

**premium** is the amount we charge you for the insurance coverage and for the rider coverages we provide.

**riders** are optional benefits you can purchase in addition to your insurance coverages.

**rider coverage** is additional protection provided by a rider. You can have several rider coverages, under each rider. The benefit provided by each of your rider coverages is shown in Section 3.

**rider premium** is the amount we charge for the benefits provided by any rider under your contract. The amount of your rider premium depends on how often you pay.

**single-life coverage** is insurance or rider coverage that insures the life of one person.

**term insurance** is insurance protection we provide for a limited number of years.

Insurance products are issued by The Manufacturers Life Insurance Company.

## 12 Premium tables

as of November 27, 2024

Insured person	NAVJOT S CHAHAL
Coverage number	<b>Coverage 1002</b>
Coverage option chosen	Term-20
Coverage type	Insures one person on a single-life basis

This table shows the guaranteed premiums that apply to the insurance coverage shown above. These premiums apply until the coverage is cancelled, until you change the coverage option, or until you decrease the amount of insurance.

### Your guaranteed annual premiums are

\$2,455.92 from November 27, 2024 to November 26, 2044

\$36,146.64 from November 27, 2044 until your coverage ends

Your guaranteed premiums include a discount because you pay your premiums annually. If you change your payment frequency, the discount may not apply to the new payment frequency.



# Application for insurance

**Application number** 17267-10802266

**Application type** Life

**Policy language** English

**Province/territory signed at** Saskatchewan

The application for insurance was completed electronically. This print-out shows the questions asked in the application and the responses provided.

Some of the terms we use in this application are explained below

- *You, your* and *applicant* refer to the owner of the policy being applied for, except the sections of the application related to underwriting (Personal, Lifestyle, Physical build and Medical history), where *you* and *your* refer to the insured person.
- An *insured person* is a person whose life or health is to be insured under the policy and any rider.
- *We, us* and *our* refer to the company that issues the policy.

**Application number:** 17267-10802266

---

## Policy information

**Application number:** 17267-10802266

**Province of signing:** Saskatchewan

**What language would you like your policy in?** English

**Why are you buying this policy?** Income and family protection  
Estate preservation

## Insured persons

We use the information you provide in this application to determine your eligibility for coverage and the premium rates for the coverage you apply for. If you misrepresent any facts or if the information you provide is not current, correct, or complete, we may cancel any policy we issue.

**NSC**

## Profile for Navjot S Chahal

<b>Sex</b>	Male
<b>Date of birth</b>	July 6, 1978
<b>Address</b>	214-209 Willis Cres Saskatoon Saskatchewan S7T 0L8
<b>Number of years at this address</b>	1
<b>Preferred contact number</b>	306-880-4271
<b>Email address</b>	<a href="mailto:chahalns@gmail.com">chahalns@gmail.com</a>

## Citizenship or residency for Navjot S Chahal

Place of birth India

Are you fluent in English or French? Yes

Are you a Canadian citizen or permanent resident? Yes

# Financial information for Navjot S Chahal

## Employment information

What is your occupation? Software engineer

How long have you worked for your current employer? 16

Employer's name Altera Digital Health

Employer's address (city, province) Vancouver, BC

## Financial details

If you have income or assets earned outside of Canada, complete and submit the Financial questionnaire, NN0781 (PDF).

What is your annual earned income (within \$10,000), including salary, commissions, dividends, bonuses and pension, within Canada? \$135,000.00

What is your annual household income (within \$10,000) from other Canadian sources, including interest and income from real estate, within Canada? \$165,000.00

What is your personal net worth (assets minus liabilities)? \$50,000.00

In the past five years, have the people to be insured or the business had any major financial difficulties, such as having pay garnished, petitioning for bankruptcy or declaring bankruptcy? No

Is a licence or permit required to operate your business? No

Will the money to pay the premiums for this policy be borrowed from an individual, a bank or other institution? No

**Application number:** 17267-10802266

---

**Is there an existing or planned agreement  
that provides for anyone other than an owner  
identified in this application to obtain any  
legal interest in any policy resulting from this  
application?**

No

## Personal information for Navjot S Chahal

### Residency and travel

Do you expect to change your country of residence?

No

Do you expect to travel outside Canada and the United States within the next 12 months?

No

## Personal information for Navjot S Chahal (continued)

### Smoking and tobacco use

In the last 15 years, have you used or smoked any of the following?

Cigarettes No

Any form of cannabis (such as hashish) No

Cigars No

Pipe No

Cigarillos No

Chewing tobacco No

Nicotine substitutes (such as gum or patches) No

E-cigarettes No

Other (Example: betel nuts, water pipe) No

## Personal information for Navjot S Chahal (continued)

### Alcohol and drug use

In the last 15 years, have you consumed alcohol?

No

In the past 15 years, have you used unprescribed drugs or experimented with drugs or narcotics such as ecstasy, cocaine, LSD, heroin, amphetamines, barbiturates, anabolic steroids or similar agents?

No

Have you ever been treated or counselled for alcohol or drug abuse, or has someone ever recommended that you seek treatment or counselling or reduce your alcohol or drug consumption?

No

## Personal information for Navjot S Chahal (continued)

### Driving history

Do you have a driver's licence?	Yes
Driver's license number	41615543
Issue location	Saskatchewan
In the past two years, have you been charged with any motor vehicle or traffic violation (such as speeding, illegal lane change or seatbelt violation)?	Yes
Provide details, including the number of charges and convictions and the date of the last conviction.	1 Speeding ticket during May 2024. The fine has been paid.
In the past five years, have you been charged with careless or dangerous driving or had your licence suspended or revoked?	No
In the past 10 years, have you been charged with refusing a breathalyzer test, or operating a motor vehicle either while impaired by alcohol or drugs or with a blood alcohol level over the legal limit?	No

## Personal information for Navjot S Chahal (continued)

### Other information

**Have you ever had an application for life, disability, critical illness or long term care insurance declined, rated, postponed, cancelled or modified in any way?**

No

**Have you ever been charged with any criminal offence?**

No

**In the past five years, have you flown in an aircraft as a pilot or do you expect to fly in an aircraft as a pilot?**

No

**In the past five years, have you participated in a hazardous sport or activity or do you expect to participate in a hazardous sport or activity, such as: back country skiing, snowboarding or snowmobiling, ballooning, hang gliding, heli-skiing, mountain climbing, racing of any kind, scuba or skin diving, skydiving, ultralight flying?**

No

# Medical information for Navjot S Chahal

## Height and weight

Height	Centimeters	173
Weight	Kilograms	62
Has your weight changed by more than 10 pounds (4.5 kg) in the past 12 months?	No	

## Medical consultations

### Your regular doctor or clinic

**Do you have a family doctor or clinic that you use regularly?**

Yes

**Name of doctor**

Akeem Salawu

**Address**

Triple Tee Medical Clinic

502 Wellman Cres

Saskatoon, Saskatchewan

**Phone number**

306-986-2283

### Your last consultation

**Date last consulted in person, by phone, or by internet**

1 to 3 months ago

#### **Details of reasons last consulted**

If your last consultation was for multiple reasons, add up to three reasons.

##### Consultation reason 1

**Reason last consulted**

Routine examination

**Details of reason last consulted**

Routine check up

**Treatments**

No treatment

**Tests and results**

Blood tests , Result: Normal  
Urinalysis , Result: Normal  
Ultrasound , Result: Normal

**Your recent doctor or clinic consultations**

**Have you consulted a different doctor or clinic in person, by phone, or by internet, since the consultation listed above?**

Yes

**Name of doctor**

Sharyle Fowler

**Address**

Royal University Hospital  
103 Hospital Dr  
Saskatoon, Saskatchewan

**Phone number**

306-844-1523

**Your last consultation**

**Date last consulted in person, by phone, or by internet**

3 to 6 months ago

**Details of reasons last consulted**

If your last consultation was for multiple reasons, add up to three reasons.

**Consultation reason 1**

**Reason last consulted**

Routine examination

**Details of reason last consulted**

Routine check up

**Treatments**

Other

**Provide details**

Prescribed medication for Ulcerative Colitis.

**Tests and results**

Blood tests , Result: Normal

## Medical information for Navjot S Chahal (continued)

### Family history

Have either of your parents or a sibling been diagnosed before age 65 with any of the following conditions: heart disease, stroke or cancer?

No

Have either of your parents or a sibling ever been diagnosed with Huntington's chorea, polycystic kidney disease, Parkinson's disease, multiple sclerosis, Alzheimer's disease, amyotrophic lateral sclerosis (also called ALS or Lou Gehrig's disease) or other motor neuron disease, diabetes, hepatitis, kidney disorders or retinitis pigmentosa?

No

# Medical information for Navjot S Chahal (continued)

## Your medical history

**IMPORTANT:** Any reference to testing, tests, test results, or investigations excludes genetic tests. Genetic test means a test that analyzes DNA, RNA or chromosomes for purposes such as the prediction of disease or vertical transmission risks, or monitoring, diagnosis or prognosis.

Do you have, have you been treated for, or have you been told you have any of the following conditions?

High blood pressure No

High cholesterol No

Cancer, tumors, leukemia, polyps or skin lesions No

Diabetes (including gestational diabetes and impaired glucose tolerance) No

Have you ever had or been told you had or been investigated or treated for conditions involving any of the following:

Your heart and blood vessels, such as: No

- angina
- blood clots
- bypass or angioplasty
- cerebrovascular disease (CVA)
- chest pain or shortness of breath
- claudication
- heart attack (myocardial infarction)
- heart disease
- heart murmur
- pacemaker
- palpitations or irregular pulse
- peripheral vascular disease or peripheral artery disease
- poor circulation
- stroke or transient ischemic attack (TIA)
- swollen ankles (other than due to pregnancy)
- other

Your nose, throat or lungs, such as: No

- asthma
- chronic bronchitis
- cystic fibrosis
- emphysema

- sarcoidosis
- sleep apnea
- tuberculosis
- chronic obstructive pulmonary disease (COPD)
- other

**Your abdominal organs, such as:** Yes

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li>• celiac disease</li> <li>• cirrhosis</li> <li>• colitis</li> <li>• Crohn's disease</li> <li>• diverticulitis</li> <li>• gastrointestinal bleeding</li> <li>• gastrointestinal reflux</li> <li>• other</li> </ul> | <ul style="list-style-type: none"> <li>• hepatitis (including active or carrier state)</li> <li>• hiatus hernia</li> <li>• jaundice</li> <li>• irritable bowel syndrome</li> <li>• liver disease</li> <li>• pancreatitis</li> <li>• ulcer</li> </ul> |
|--|--|

**Provide details of each consultation including: diagnosis if known, treatment history, testing dates, reason for tests, results of tests, recurrence and names and addresses of all attending doctors.**

Colitis has been diagnosed for approximately 25 years. Medication has been consistently administered for about 25 years, leading to a stable condition. Navjot has been undergoing treatment for this condition since his time in his home country. Upon arriving in Canada in 2023, the treatment has continued as previously mentioned. (The details of Doctor Sharyle are already mentioned).

**Your kidneys, bladder or reproductive organs, such as:**

No

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li>• abnormal Pap test</li> <li>• bladder infection</li> <li>• kidney stone</li> <li>• nephritis</li> <li>• polycystic kidney disease</li> <li>• prostatitis or other prostate disorder</li> <li>• other</li> </ul> | <ul style="list-style-type: none"> <li>• protein in the urine</li> <li>• sugar or blood in the urine</li> <li>• urinary tract infection (UTI)</li> <li>• uterine fibroids</li> <li>• other kidney or bladder disorders</li> <li>• other reproductive disorder or sexually transmitted disease</li> </ul> |
|---|--|

**Your breasts, such as:**

No

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li>• abnormal mammogram findings or biopsy</li> <li>• cysts</li> <li>• other</li> </ul> | <ul style="list-style-type: none"> <li>• lumps</li> <li>• other physical changes</li> </ul> |
|---|---|

**Your nervous system, such as:** No

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li>• ALS or other motor neuron disease</li> </ul> | <ul style="list-style-type: none"> <li>• fainting or syncope</li> </ul> |
|---|---|

- Alzheimer's disease
- bacterial meningitis
- cerebral palsy
- cognitive impairment
- coma
- dementia
- developmental delay
- dizziness
- Down syndrome
- epilepsy
- other

- loss of speech
- mental impairment
- migraine headaches
- multiple sclerosis
- paralysis
- Parkinson's disease
- post-concussion syndrome
- seizures or convulsions
- tremor
- vertigo

**Your eyes or ears, such as:**

No

---

- blindness
- blurred or double vision
- deafness
- glaucoma
- other

- impaired hearing
- impaired sight
- labyrinthitis
- optic neuritis
- tinnitus

**Your mental health, such as:**

No

---

- anxiety
- attempted suicide
- burnout
- other

- depression
- schizophrenia
- other psychological, behavioral, emotional or eating disorder

**Your glands or blood, such as:**

No

---

- abnormal blood sugar
- anemia
- bleeding tendency
- gout
- other

- hemophilia
- lymph glands
- thyroid disorders
- other endocrine disorders

**Your muscles or bones, such as:**

No

---

- any injury or disorder of the muscles, bones, joints or spine causing any physical limitations or restrictions
- other
- rheumatoid arthritis or osteoarthritis

- chronic pain syndrome
- chronic fatigue
- fibromyalgia
- muscular dystrophy

**Your connective tissue, such as:**

No

---

- lupus
- other

- scleroderma

---

**Your skin, such as:** No

- basal cell carcinoma
- dermatitis
- dysplastic nevus syndrome
- dysplastic nevus
- nevus or nevi
- psoriasis
- lesions, freckles or moles that have changed in size, colour or have bled
- other

**Your immune system, such as:** No

---

- AIDS
- other
- HIV

**Has anyone ever recommended that you be tested for exposure to AIDS or HIV (other than for routine testing for pregnancy, blood donation, immigration or insurance), or do you have any reason to believe you have been exposed to the virus?**

No

---

**IMPORTANT:** Any reference to testing, tests, test results, or investigations excludes genetic tests. Genetic test means a test that analyzes DNA, RNA or chromosomes for purposes such as the prediction of disease or vertical transmission risks, or monitoring, diagnosis or prognosis.

In the past five years, have you:

1. had any medical or diagnostic test, such as ECG's, X-rays, CT scans, Pap test, MRI, or blood tests?

No

---

2. had any illness or injury not already mentioned in this application?

No

---

3. had any surgery, hospital care, treatment, medical examination, diagnostic test or counselling not already mentioned in this application or that has been recommended but is yet to take place?

No

---

**4. used any recommended medication not already mentioned in this application on a daily basis for more than three weeks (including prescription and non-prescription)?**

No

---

**5. consulted a counselor, health care worker, physician or therapist?**

No

---

**During the past 12 months, have you missed more than 15 consecutive days of work or school because of illness or injury?**

No

---

**Are you currently taking any prescribed medication, herbal or holistic treatment, or are you under observation for any condition other than those you have already told us about?**

No

---

**Are you currently disabled and unable to perform your regular occupation or regular activities?**

No

---

**Are you aware of any symptoms or complaints for which you have not consulted a doctor or received treatment?**

No

---

**Do you wear any device or use any application that helps you monitor wellness, health or a specific condition?**

No

---

## Policy owners

We use the information you provide in this application to determine your eligibility for coverage and the premium rates for the coverage you apply for. If you misrepresent any facts or if the information you provide is not current, correct, or complete, we may cancel any policy we issue.

## Policy owner information for Navjot S Chahal

**Owner type** Individual

**Sex:** Male

**Relationship to insured:** Self

## Personal and contact information

**Date of birth:** July 6, 1978

**Address:**  
214-209 Willis Cres  
Saskatoon  
Saskatchewan  
S7T 0L8

**Email address:** [chahalns@gmail.com](mailto:chahalns@gmail.com)

**Preferred contact number:** 306-880-4271

## Beneficiary information

### Beneficiary details for Navjot S Chahal

Beneficiary	Relationship to insured	Designation	% Share	Minor	Trustee for minor child	Relationship to beneficiary
Maninder K Chahal	Wife	Revocable	100%	No		

### Secondary beneficiary details for Navjot S Chahal

Beneficiary	Relationship to insured	% Share	Minor	Trustee for minor child	Relationship to beneficiary
Angadveer S Chahal	Son	100%	Yes	Sukhpreet S Chahal	Brother

We will pay all life insurance benefits for the person or people to be insured as you've told us above.

## Insurance history

Other than group insurance, are any people to be insured covered under other life, critical illness, disability, or long term care insurance policies? Also include policies that: lapsed within the past 90 days, were sold to a third party, or were issued in another country.

No

Have you applied for any other insurance that has not yet been issued? Include life, critical illness, disability, or long term care insurance.

No

## Temporary Life Insurance

Are the person(s) to be insured applying for temporary life insurance?

Yes

### Temporary life insurance details for Navjot S Chahal

In the past 12 months, have you consulted a doctor or other health practitioner for, been treated for or had any indication of heart attack, cancer, stroke or exposure to AIDS or HIV?

No

In the past 60 days, have you consulted a doctor or other health practitioner and been told to have a further examination, diagnostic test or surgery which has not been performed, or for which the results are not known (other than pregnancy or childbirth)?

No

The following life insured(s) qualify for temporary insurance: Insured person 1, Navjot S Chahal. A temporary insurance certificate will be created if the client makes the initial payment electronically on the Payment information screen

## Payment Information

Payment must be in Canadian funds drawn on a Canadian bank or financial institution and cheques made payable to Manulife. We do not accept cash.

### First payment

If you are applying for temporary life insurance, temporary critical illness insurance, or conditional disability insurance, your first payment must total at least 1/12 of the annual premium for the policies you are applying for.

**What is the amount of your first payment?** \$158.93

**How is the first payment being made?**

- With this application, by pre-authorized debit
- When we deliver the policy, by cheque or pre-authorized debit

### Account information

**Transit number** 30718

**Institution number** 002

**Canadian bank or financial institution** THE BANK OF NOVA SCOTIA

**Account number** 1005227

**Is this a corporate account?** No

### Regular payments

**Who will be making your payments?** Insured person 1, Owner 1, Navjot S Chahal

**How will your regular payments be made?**

- Annually by cheque
- Monthly pre-authorized debit plan

## Consent

Preferred format for your insurance contract: Electronic

**Insured person 1, Policy owner 1: Navjot S Chahal**

Email chahalns@gmail.com

Phone 306-880-4271

# Authorizations, agreements and signatures

## Authorizing withdrawals from your bank account

In this section *you* and *your* refer to the account holder(s) of the bank account from which withdrawals will be made.

### Review this section if you are making any payments by pre-authorized debit

If the policy owner or insured person is making the payments, their signature later, under Signatures in Authorizations, agreements and signatures, means that they have read and agree to the authorizations here. They do **not** have to sign below. By asking us to take payments from your bank account, you agree that you have read and agree to the following information:

### Authorizing the first payment withdrawal from your bank account

By asking us to make a pre-authorized debit for the first payment, you agree that:

- you authorize us to make one withdrawal from your bank account for the amount of your first payment as shown in Section 10.1a
- the confirmation period referred to in Canadian Payments Association Rule H1 is 15 days, however the initial payment may be withdrawn from your bank account as soon as three days after you provide your electronic signature on this application.
- if this payment is not honoured by your bank or financial institution:
  - we will not attempt to withdraw it again,
  - any temporary or conditional insurance certificate is not in effect, and
  - you must pay your first premium when we deliver the Policy

The pre-authorized debit for your first payment will be treated as a personal pre-authorized debit (PAD) as defined by the Canadian Payments Association in Rule H1 at [www.payments.ca](http://www.payments.ca).

### One-time pre-authorized payment

This payment is a one-time payment. Once the payment has been fulfilled, this one-time pre-authorized agreement will no longer be valid. Any subsequent pre-authorized payments will require a newly authorized pre-authorized agreement.

### Authorizing variable amount monthly pre-authorized debits to make your subsequent payments

By asking us to establish a monthly pre-authorized debit plan to make your subsequent payments, you agree to the following:

- you authorize us to make monthly withdrawals from your bank account to pay for the policy
- except as otherwise stated in this agreement, the withdrawals will occur on the date that you specified above
- the withdrawals from your bank account are in variable amounts. In certain circumstances, we may increase these withdrawals to administer your policy. (Example: if the premiums for the policy are scheduled to change.)
- if you have a policy with insufficient account value to cover the monthly deduction, we will not increase the payments withdrawn from your bank account to prevent your policy from terminating, and
- **you waive the right to receive 10 days' notice of the amount and date of each monthly pre-authorized debit to be made from your account.**

The pre-authorized debit for monthly payments will be treated as a personal pre-authorized debit (PAD) as defined by the Canadian Payments Association in Rule H1 at [www.payments.ca](http://www.payments.ca).

### What we will do if your bank or financial institution does not honour a monthly pre-authorized debit

If that withdrawal is not honoured, we may attempt to withdraw that amount again together with your next month's monthly pre-authorized debit.

We reserve the right to end the monthly pre-authorized debit plan immediately if a withdrawal is not honoured.

### Making changes to your monthly pre-authorized debit plan

You can request changes to the amount of the monthly pre-authorized debit or the account from which the automatic monthly withdrawal is being taken by telephone or in writing. We must receive the request at least three days before the monthly pre-authorized debit date. The advisor for this policy can also make these changes on your behalf.

### Universal life or Whole life policies

For universal life or whole life policies, we have the right to change your monthly pre-authorized debit date to be at least four days before your policy processing day.

### Personal withdrawals

All monthly pre-authorized debits from your bank account will be treated as personal pre-authorized debits (PADs) as defined by the Canadian Payments Association in Rule H1 at [www.payments.ca](http://www.payments.ca).

### Cancelling this agreement

You or we can end this agreement at any time by giving 10 days' written notice, counted from the date the notice is mailed. For a sample cancellation form or more information about cancelling a monthly pre-authorized debit plan, contact your bank or financial institution or visit [www.payments.ca](http://www.payments.ca).

### Unauthorized withdrawals

You have certain recourse rights if any withdrawal does not comply with this agreement. For example, you have the right to receive reimbursement for any withdrawal that is not authorized or is not consistent with this agreement. To obtain more information on your recourse rights, contact your bank or financial institution or visit [www.payments.ca](http://www.payments.ca).

### Your personal information

You authorize us to collect, use, release and exchange any personal information necessary to fulfill any obligations relating to withdrawals made from your bank account.

### For more information about pre-authorized debits from your bank account

If you have any questions or concerns about pre-authorized debits from your bank account, contact us using the contact information in this application, in the section titled *How we resolve complaints*.

For more information about your rights, contact your bank or financial institution or the Canadian Payments Association at [www.payments.ca](http://www.payments.ca).

If your bank or financial institution does not honour a monthly pre-authorized debit the first time we present it for payment, we may attempt to withdraw that payment again within 30 days.

## Authorizations, agreements and signatures (continued)

### Certification

You certify that all people whose signatures are required on this account have signed below, including any required joint account holders or corporate signing officers.

If the account holder is the policy owner or one of the people to be insured under the policy, their signature appears later, under Signatures on the Authorizations, agreements and signatures page. Their signature on that page is authorization for any payments by pre-authorized debit.

If an account holder is not the policy owner or one of the people to be insured under the policy, that account holder must sign electronically below to authorize the withdrawals.

- If withdrawals are to be made from a joint account and if your bank or financial institution requires both signatures, both account holders must sign.
- If withdrawals are to be made from a corporate account, identify the corporate account and provide the signatures of two corporate signing officers or the signature of **the sole** signing officer.

---

Name of account holder #1 or corporate signing officer #1  
(if not a person to be insured or the policy owner)

---

Date (dd/mm/yyyy)

---

Signature of account holder #1 or corporate signing officer #1

---

Name of account holder #2 or corporate signing officer #2  
(if not a person to be insured or the policy owner)

---

Date (dd/mm/yyyy)

---

Signature of account holder #2 or corporate signing officer #2

## Authorizations, agreements and signatures (continued)

*Read this entire section carefully. It explains how your personal information is used to issue and administer the insurance policy you have applied for.*

*When you complete this application with your electronic signature, your signature means that you authorize and agree to the ways we collect, use, share and retain your personal information and that you agree to the terms described in this application. You may not alter any of the wording in this application. Any attempt to do so will be of no effect. If you wish to withdraw your consent or opt out of direct marketing, please see the relevant section below.*

In this statement, *you* and *your* refer to the policy owner or holder of rights under the policy, the life insured, and the parent or guardian (tutor, in Quebec) of any child named as life insured who is under the age of 16 (or under 18 in Quebec). *We, us, our, and the Company* refer to The Manufacturers Life Insurance Company, and our affiliated companies and subsidiaries.

Updates to this statement and further information about our privacy practices are posted to [www.manulife.ca](http://www.manulife.ca).

We collect, use, verify, and disclose your personal information for identified purposes, and only with your consent, or as permitted or required by law. By signing the application, you give your consent for us to collect, use, and disclose your personal information, as set out in this statement. Any alterations to the consent must be agreed to in writing by the Company.

### What personal information do we collect?

Depending on the product you have applied for, we collect specific personal information about you, such as:

- identifying information, such as your name, address, telephone number(s), email address, your date of birth, driver's license, passport number, or Social Insurance Number (SIN)
- medical information that any organization or person has about you
- any test that may be necessary for us to decide if and on what terms to insure you, such as a medical exam or blood test
- obtain from any doctor, medical practitioner, hospital, medically related facility, insurance company or other organization, person or source that has any information or records of you, your financial situation or your health, any information that we and applicable reinsurers require to issue or administer the insurance policy you have applied for
- your personal information from MIB, LLC, as explained in Information about MIB, LLC
- a copy of all driving related information from provincial or territorial Motor Vehicle Divisions
- a personal investigation, financial information, credit bureau report, and/or a consumer report from other organizations, person, or source that has any information or records about you
- information about how you use our products and services, and information about your preferences, demographics, and interests
- other personal information we may require to administer our business relationship with you.

We use fair and lawful means to collect your personal information.

### Where do we collect your personal information from?

We collect your personal information from:

- your completed applications, recorded teleinterviews, and forms
- other interactions between you and the Company
- other sources, such as:
  - your advisor or authorized representative(s)
  - third parties with whom we deal in issuing and administering your policy now, and in the future
  - public sources, such as government agencies, or internet sites.

### What do we use your personal information for?

We will use your personal information to:

- help us properly administer the products and services that we provide and to manage our relationship with you
- confirm your identity and the accuracy of the information you provide
- evaluate your application and issue and administer the rights under the policy
- comply with legal and regulatory requirements
- understand more about you and how you like to do business with us
- analyze data to help us understand our customers better so we can improve the products and services we provide
- determine your eligibility for, and provide you with details of, other products or services that may be of interest to you.

### Who do we disclose your information to?

We disclose your information to:

- persons, financial institutions, insurance companies, applicable reinsurers, wellness programs and other parties with whom we deal in issuing and administering your policy now, and in the future
- authorized employees, agents, and representatives
- your advisor and any agency that has entered into an agreement with us and has supervisory authority, directly or indirectly over your advisor, and their employees
- any person or organization to whom you gave consent
- people who are legally authorized to view your personal information
- service providers who require this information to perform their services for us (for example data processing, programming, data storage, market research, printing and distribution services, paramedical, and investigative agencies)
- your medical doctor
- public health authorities as required, if laboratory tests performed on our behalf show that you have tested positive for infectious disease.

The abovementioned people, organizations, and service providers are both within Canada and jurisdictions outside Canada, and would therefore be subject to the laws of those jurisdictions. Where personal information is provided to our service providers, we require them to protect the information in a manner that is consistent with our privacy policies and practices.

## Authorizations, agreements and signatures (continued)

The personal information you provided in this application:

- will become a part of all the contracts that result from this application, even if you are not the owner or one of the people to be insured for that printed contract
- will be shared with all the owners and any subsequent owners of those contracts and all people to be insured.

### How long do we keep your information?

We keep your information the longer of:

- the time period required by law and by guidelines set for the financial services industry, or
- the time period required to administer the products and services we provide.

If your application is declined, the authorizations, agreements, and consent that you provide throughout this application continue in effect.

### Withdrawing your consent

You may withdraw your consent for us to use your SIN or Business Number, if applicable, for non-tax administration purposes. You may also withdraw your consent for us to use your personal information to provide you with other service or product offerings, excluding those mailed with your statements. You may not withdraw your consent for us to collect, use, retain, or disclose personal information we need to issue or administer the policy unless federal or provincial laws give you this right. If you do so, a policy may not be issued and benefits will not be payable under the policy or we may treat your withdrawal of consent as a request to terminate the policy.

If you wish to withdraw your consent, phone our customer care centre at 1-888-MANULIFE (626-8543), or 1-888-MANUVIE (626-8843) in Quebec, or write to the Privacy Officer.

### Accuracy and Access

You will notify us of any change to your contact information. You have the right to access and verify your personal information maintained in our files, and to request any factually inaccurate personal information be corrected, if appropriate. If you have a question, a concern, or wish to receive more information about parties who have access to your information or about our privacy policies and procedures, and/or wish to review your personal information in our files or correct any inaccuracies, you may send a written request to:

**Privacy Officer**  
**Manulife**  
**500 King Street N.**  
**Waterloo, ON N2J 4C6**  
**[Privacy\\_office\\_canadian\\_division@manulife.ca](mailto:Privacy_office_canadian_division@manulife.ca)**

Please note the security of email communication cannot be guaranteed. Do not send us information of a private or confidential nature by email. By contacting us via email you are authorizing us to communicate with you by email.

### Opting out of direct marketing

You have the right to opt out of additional product offerings. By withdrawing your consent for us to use your personal information for the purpose of marketing, you understand it will not affect our ability to continue to provide you with the products and services you have requested, but it will exclude you from receiving direct personalized marketing or special offers on other products and services.

#### How we resolve complaints

To discuss any questions or concerns you may have, please contact your advisor or our head office at:  
1-888-626-8543 in all provinces except Quebec or 1-888-626-8843 in Quebec

More information about our complaint resolution process is available on the Internet at [www.manulife.ca](http://www.manulife.ca) under Contact Us > Complaint resolution

### Issuing the policy

Insurance under each policy takes effect when

- the policy contract has been delivered and
- the first premium has been paid, provided there has been no change in the insurability of the people to be insured since this application for insurance was completed.

This electronic application includes any paramedical or telephone interview plus all written and verbal statements submitted in connection with it.

If you are eligible for temporary or conditional insurance and if we have accepted a premium payment in connection with this application and if we issue a policy to you based on the terms of this application, we will apply the payment to that policy. If we decline your application, or if we offer you a policy based on terms other than those outlined in your application and you do not accept the policy, we will refund the payment.

When you take delivery of the policy contract, you:

- agree to its terms, including any changes we have made to the terms. Your contract includes this application, the policy provisions and any attached documents, including medical reports.
- agree that the terms of your policy will be interpreted according to the laws of the Canadian province or territory where you permanently reside.
- must sign for it in the Canadian province or territory where you permanently reside.

You understand that the authorizations you provide will remain in effect after the policy owner and/or the people to be insured die so we can evaluate and review any claim under the policy.

## Authorizations, agreements and signatures (continued)

NSC

### Signatures

Review this application, including all authorizations, agreements and certifications, and sign below. By initialing and signing electronically below, you are confirming that:

- you have read the application and confirm that the answers and statements you have provided in this application are complete, current and accurate to the best of your knowledge and belief, and
- if you misrepresent any material facts, or if any information is not complete and accurate, we can:
  - cancel this policy, and
  - deny any claim under this policy, and
  - cancel any other policy we have issued on the basis of the information you provide in this application, and
  - deny any claim made under any other policy we have issued on the basis of the information you provide in this application.
- you will immediately notify us of any errors, omissions, or changes in the information given to us about the individuals or entities identified in this application or other forms.
- you have read and understood all other forms that have been submitted with this electronic application. You confirm they are complete, current, and accurate to the best of your knowledge and belief. You agree to the terms and authorizations explained on those forms. You agree that these documents form part of your application for insurance
- you have read and understood the final version of the policy illustration, including the fact that some values may not be guaranteed. You will contact us immediately if you have any concerns regarding your illustration
- if you are eligible for temporary insurance or conditional insurance, you have read and understood the *Temporary life insurance certificate*, and/or the *Temporary critical illness insurance certificate* and you understand that the temporary or conditional insurance applies only to those people to be insured who meet all of the conditions for eligibility, regardless of the amount of premium paid with this application
- you acknowledge that personal information will be stored by third-party service providers outside of the jurisdiction of Canada
- you agree to the terms, conditions and certifications described in this application
- a copy of this authorization and agreement is as valid as the original document.

### Policies with Vitality Plus

By initialing and signing electronically below, you are confirming that you understand that:

- guaranteed maximum premiums and guaranteed renewal premiums are established during the underwriting process and show in the contract when issued
- premiums may change based on the insured person's Vitality Status but will never exceed the guaranteed premiums shown in the contract.

### Term policies

By initialing and signing electronically below, you are confirming that you understand that:

- if applying for the Business value protector coverage, the fair market value of the business and the business owner's share of it are determined solely by Manulife based on information required by the company.

### Universal life or Whole life policies

By initialing and signing electronically below, you are confirming that you understand that:

- 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 may result in market value adjustments
- surrender charges may apply if your policy is terminated at your request
- your account value will increase or decrease based on the performance of the fund described in your policy
- you can request illustrations from your advisor to demonstrate the sensitivity of your account value to changes in the performance of the fund.

#### Your advisor's access to your personal information

Do you authorize Manulife to share the following information with your advisor if that information affects your application:

- our findings concerning your blood pressure, cholesterol level or physical build, and
- any information provided in this application, or in any telephone interview or paramedical interview?

Person 1 to be insured: Yes

If you do not answer this question, we will share this information with your advisor. Your advisor may use this information to discuss your insurance options with you.

## Authorizations, agreements and signatures (continued)

### Signatures (continued)

Signed at (city or town, province): Saskatoon

#### Signature of Person(s) to be insured:

Navjot S Chahal

Signature of Person 1 to be insured

18/09/2024

Date (dd/mm/yyyy)

Signature of Person 2 to be insured

Date (dd/mm/yyyy)

Signature of child to be insured if age 16 or over (all provinces except Quebec)

Date (dd/mm/yyyy)

Signature of child to be insured if age 16 or over (all provinces except Quebec)

Date (dd/mm/yyyy)

Signature of child to be insured if age 16 or over (all provinces except Quebec)

Date (dd/mm/yyyy)

Signature of child to be insured if age 16 or over (all provinces except Quebec)

Date (dd/mm/yyyy)

If a person to be insured is under age 16 (under age 18 in Quebec), the mother, father or guardian (if they are not also a policy owner) must sign below to consent to this application for insurance.

Relationship to the person to be insured:  mother  father  guardian(tutor in Quebec)

Signature of parent or guardian (tutor in Quebec)

Date (dd/mm/yyyy)

**Signature of Owner(s):**

---

Signature of Owner 1 (if not Person 1 or 2)

---

Date (dd/mm/yyyy)

---

Initials

---

Title (if policy is owned by a business)

Add your initials above to confirm that you are the sole person authorized to sign on behalf of the corporation and it does not have a seal.

---

Signature of Owner 2 (if not Person 1 or 2)

---

Date (dd/mm/yyyy)

---

Title (if policy is owned by a business)

---

Signature of Owner 3 (if not Person 1 or 2)

---

Date (dd/mm/yyyy)

---

Title (if policy is owned by a business)

For corporations: Full legal name



## Amendment to the application

**Policy number:** 3951454

**Policy owner:** NAVJOT S CHAHAL

**Insured person:** NAVJOT S CHAHAL

**Application date:** September 18, 2024

---

**Instructions to the Manulife advisor:**

Please return one signed copy of this amendment to Manulife at  
500 King St. N, P.O. Box 1669, Waterloo ON N2J 4Z6

---

**About this amendment**

*You* and *your* refer to the policy owner(s) named in this document.

*We*, *us*, and *our* refer to The Manufacturers Life Insurance Company (Manulife).

This amendment identifies one or more of the following:

- Changes to the information you provided in your application for the policy identified in this document
- New information you provided since the application date
- Changes we have made to the way we have issued the policy if we issued it differently than you requested in your application

By signing at the end of this amendment, you agree that:

- The information in this amendment is current, complete, and correct
- The information in this amendment forms part of the policy
- You accept this policy as we have issued it

By signing at the end of this amendment, each insured person agrees that:

- The information in this amendment that relates to them is current, complete and correct.

**List of the changes to the application**

This policy is issued with a substandard rating on NAVJOT S CHAHAL.

This policy is issued with insurance coverage with Term-20 on NAVJOT S CHAHAL for \$800,000.00.

(continued on next page)

---

**The Manufacturers Life Insurance Company (Manulife)**

Tel: 1-888-626-8543

Web: [manulife.ca](http://manulife.ca)

## Signatures

Saskatoon

08-Dec-2024

Signed at (City or town, Province/Territory)

Date (DD/MMM/YYYY - for example, 23/JAN/2024)

*Navjot Chahal*

Signature of NAVJOT S CHAHAL

---

**The Manufacturers Life Insurance Company (Manulife)**  
Tel: 1-888-626-8543  
Web: [manulife.ca](http://manulife.ca)

## Family Term Policy details

This Family Term Policy is offered, underwritten and issued by The Manufacturers Life Insurance Company.

### Your life insurance policy

#### Base coverage

Coverage option	Term-20
Coverage type	Single
Amount of insurance	\$1,000,000.00
Person insured by this policy	Navjot S Chahal



## Policy delivery receipt

**Policy number:** 3951454

**Policy owner:** NAVJOT S CHAHAL

**Insured person:** NAVJOT S CHAHAL

**Application date:** September 18, 2024

All policy owners and insured people must sign this policy delivery receipt to confirm the following statements.

Any reference to testing, tests, test results, or investigations excludes genetic tests. Genetic test means a test that analyzes DNA, RNA or chromosomes for purposes such as the prediction of disease or vertical transmission risks, or monitoring, diagnosis or prognosis.

In this section, *you* and *your* refers to:

- the policy owner
- the insured person

By signing this policy delivery receipt, you confirm that:

- you are signing it in the Canadian province or territory where you permanently reside
- you agree that the terms of your policy will be interpreted according to the laws of the Canadian province or territory where you permanently reside
- you have reviewed a copy of the application, including the beneficiary designation and any amendments to the application, and you agree that the information in it is accurate, current and complete

*NC*

NAVJOT S CHAHAL Initial here if you read and agree with all the statements above.

(continued on next page)

---

The Manufacturers Life Insurance Company (Manulife)

Tel: 1-888-626-8543

Web: [manulife.ca](http://manulife.ca)

EDELRC(11/2024)

REYEGIA

You also confirm that since the application date shown above you have not and/or the insured child has not:

- had any illness, disease, disorder, injury, operation or treatment
- consulted, been examined or treated by any health care professional or been advised to or have a medical appointment or consultation with a health care professional that has not yet taken place
- had any medical tests completed or been advised to have any medical tests that have not yet been completed
- been charged with or convicted of any driving or criminal offense
- had a change in occupation
- changed country of residence
- planned on travelling in the next 12 months to countries outside of Canada and the United States, excluding travel to Caribbean resorts, Mexican resorts, or travelling by cruise ship
- been declined for life, disability or critical illness insurance from any other insurance company or had an application for any such insurance been postponed, or offered with an increased premium or not exactly as applied for.
  - If yes, provide the name of the company, date and details
- used or experimented with unprescribed drugs or narcotics
- engaged in or expect to engage in any hazardous sports or flown in an aircraft as a pilot or expect to fly in an aircraft as a pilot
  - If yes, complete the questionnaire relating to the applicable activity
- smoked any cigarettes or used other tobacco products if, at the time of the application, you stated that you had not used these products

If you do not agree with all the statements above, decline to sign now. Discuss the details of any changes with your advisor. We will re-evaluate the application for insurance based on this new information and we will inform you of the results.

If you have read and agree with all the statements above, sign below.

We use the information you have provided in this application to determine if you are eligible for the coverage you're applying for. If you misrepresent any facts or the information you provide is not current, correct and complete, we can cancel any policy we have issued based on the information you have provided.

(continued on next page)

---

**The Manufacturers Life Insurance Company (Manulife)**

Tel: 1-888-626-8543

Web: [manulife.ca](http://manulife.ca)

EDELRC(11/2024)

REYEGIA

## Signatures

*Navjot Chahal*

---

08-Dec-2024

---

Signature of NAVJOT S CHAHAL

---

Date

## Location of signing

---

Saskatoon

---

Signed at (City or town, Province/Territory)

---

**The Manufacturers Life Insurance Company (Manulife)**

Tel: 1-888-626-8543

Web: [manulife.ca](http://manulife.ca)

EDELRC(11/2024)

REYEGIA