

MEMBER

| | | | |
|--|---|----------------|--------------------|
| Last | First | Initial | Certificate Number |
| Address | City | Province | Postal Code |
| Telephone Number (Residence) () | Telephone Number (Business) () | E-mail Address | |

ELIGIBILITY REQUIREMENTS (SUBJECT TO FINANCIAL UNDERWRITING)

To be eligible to exercise an FIO increase you must be:

- 55 years old or younger
- A Member of the Chartered Professional Accountants of Ontario, or at least one of the participating bodies in Bermuda, New Brunswick, Prince Edward Island, Nova Scotia or Newfoundland and Labrador
- A resident of Canada or Bermuda

Future Insurability Option increases can **ONLY** be exercised:

- Within 90 days of every second certificate anniversary date
- Until total coverage equals the lesser of 2 X the original coverage amount or \$15,000/month

I hereby apply under the terms of the Future Insurability Option to increase the monthly benefit under the above-mentioned certificate effective

Option amount* requested: \$ /month

***Option amount cannot exceed the lesser of 25% of original monthly benefit or \$2,000/month**

Elimination Period** requested: 0-7 days 30 days 60 days 90 days 120 days 180 days

**** The Elimination Period must be the same as or longer than the original elimination period**

FINANCIAL AND OTHER COVERAGE INFORMATION

Current average monthly net income (after expenses but before taxes) is \$

Do you have pending or existing disability insurance coverage with Manulife (other than your CPA Select coverage), your employer or other companies? Yes No If Yes, please complete the following:

| Name of Company | Monthly Benefit | Taxable? | Are you keeping this coverage? |
|-----------------|-----------------|--|--|
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

PROOF OF INCOME

If total coverage with ALL companies (including this increase) exceeds \$10,000/month, please submit the following proof of income with this application:

- Employees: Page 1, 2 and 3 of your past year's tax return
- Self-Employed, Unincorporated: Page 1, 2, and 3 of the past year's tax return
- Self-Employed, Incorporated: Page 1, 2, and 3 of the past year's tax return plus your latest corporate financial statement

TERMS AND CONDITIONS – PLEASE READ CAREFULLY BEFORE SIGNING

I hereby declare and agree that the above statements are true and complete and shall be the basis on which the increase is granted. I hereby apply to The Manufacturers Life Insurance Company for insurance through the Chartered Chartered Professional Accountants of Ontario). I authorize Manulife to consult its existing files for this purpose. I authorize Manulife, its subsidiaries, affiliates and agents to use the information in this application and its existing files to offer me their products or services. I understand that my consent to the use of such information to offer me products or services is optional, and that if I wish to discontinue such use, I may write to Manulife at the address shown on this document.

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|---------------------|-----------------------------|------------------|
| Member's Signature: | Signed at (City, Province): | Date: DD/MM/YYYY |
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