

For your future™

**In Quebec, use form NN1542E, *Hypothecation of rights under an insurance contract*.**

**This document may not adequately reflect the intentions of the parties. We strongly advise that you seek the advice of your own legal advisor before completing this form.**

- We, us and our refer to The Manufacturers Life Insurance Company.
- You and your refer to the policy owner.
- If you have any questions please call our Customer Service Centre at 1-888-626-8543.
- Please return the signed original of this form to Manulife Financial.

**Please send to:**  
Manulife Financial  
Individual Insurance  
500 King Street North  
PO BOX 1669  
WATERLOO ON N2J 4Z6

OWNER'S  
NAME




For return mail.  
Please print owner's name and address.

ADDRESS



### 1 General information

*An insured person is a person whose life is insured under the policy or any rider. For annuity/investment contracts, the insured person is the annuitant.*

Policy number(s)		
Name of insured person/annuitant (first, middle initial, last)		
Branch code	Advisor's name	Advisor's code

### 2 Assignment

By signing below, in exchange for value received, you transfer and assign the above policy(ies) by way of security for all present and future indebtedness to the creditor named below. You agree that the creditor may obtain any information about the policy that may affect the creditor's interest in the policy as security for this debt, and you authorize us to provide such information to the creditor.

Name of creditor (please print)	
Address	Postal Code

### 3 Signatures

**If the owner is a corporation, we require:**

- two signing officers' signatures and titles
- or
- one signing officer's signature, title and the corporate seal; if the corporation does not have a seal and you are the only person authorized to sign on behalf of the corporation, in addition to signing, write your initials in the box provided.

**The current beneficiary must sign the form to agree to the collateral assignment if he or she is an irrevocable beneficiary or a preferred beneficiary.**

You and any irrevocable or preferred beneficiary under the Policy acknowledge that you have both read this form, including section 2, and confirm that you understand and agree to assume the consequences of completing this form by signing below.

Signed at (city or town, province)		Date (dd/mmm/yyyy – for example, 23/JUL/2010)	
Name of policy owner #1 (first, middle initial, last)			
Signature of policy owner #1 <b>X</b>		Signature of witness <b>X</b>	
Title (if applicable):			
Initial here	Write your initials here to confirm that you are the only person authorized to sign on behalf of the corporation and that it does not have a seal. You must also sign above.		
Name of policy owner #2 (first, middle initial, last)			
Signature of policy owner #2 <b>X</b>		Signature of witness <b>X</b>	
Title (if applicable):			
Name of irrevocable or preferred beneficiary, if applicable (first, middle initial, last)			
Signature of irrevocable or preferred beneficiary <b>X</b>		Signature of witness <b>X</b>	