

Acknowledgment for English Language Quebec Residents

In this form, the terms *you*, *your* and *owner* refer to the person who has policyowner's or policyholder's rights under the contract. The terms *we*, *our* and *us* refer to **The Manufacturers Life Insurance Company** (Manulife). Manulife is the issuer of all insurance contracts containing Manulife segregated funds and the guarantor of any guarantee provisions therein.

If you have any questions about completing this form, contact your advisor or call our customer service centre at 1-800-355-6776. For more information, please visit manulife.ca.

1 Contract details	Name of owner/beneficial owner #1 (first, middle initial, last)		Contract or OLT reference number	
	Name of owner/beneficial owner #2 (first, middle initial, last)			
	External contracts only			
	Distributor name and code		Dealer account number	
2 Please sign here If there is more than one owner/beneficial owner, all owners/beneficial owners must sign here. For Manulife RESP, owner refers to Subscriber.	You acknowledge that you were provided with the French application or transfer form including the corresponding supporting documentation, the Information Folder, Contract and Fund Facts (if applicable) and have expressly chosen to apply in English. You further acknowledge and agree that all other communications and documents will be in English exclusively.			
	Signature of owner/beneficial owner #1		Date signed (dd/mmm/yyyy)	
	Signature of owner/beneficial owner #2		Date signed (dd/mmm/yyyy)	
3 Representative information	Name of representative (first, middle initial, last)		Broker/branch number	Representative code
	Signature of representative		Contact phone number	Date signed (dd/mmm/yyyy)