

**MEMBER**

Last		First	Initial	Certificate Number
Name of Spouse, if applying: Last		First	Initial	
Address		City	Province	Postal Code
Telephone Number (Residence) ( )	Member's Telephone Number (Business) ( )	Member's E-mail Address		
Spouse's Telephone Number (Business) ( )		Spouse's E-mail Address		

**ELIGIBILITY REQUIREMENTS**

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

- 55 years old or younger
- A Member, or the spouse of 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:

- A total of five times
- Within 60 days of every **second** certificate anniversary
- Within 31 days of a life event, i.e., marriage or 2 years in a common-law relationship (Member only), birth or adoption of a child

**MEMBER**

I hereby apply under the terms of the Future Insurability Option to increase my term life insurance coverage under the above-mentioned certificate effective

Option amount requested:  \$25,000 or  \$50,000

Reason for increase:  Valid anniversary date  Life event

If life event, please provide details:

Date of marriage DD/MM/YYYY	Date common-law relationship reached 2 years DD/MM/YYYY	Date of birth or adoption of a child DD/MM/YYYY
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**SPOUSE**

I hereby apply under the terms of the Future Insurability Option to increase my term life insurance coverage under the above-mentioned certificate effective

Option amount requested:  \$25,000 or  \$50,000

Reason for increase:  Valid anniversary date  Life event

If life event, please provide details:

Date of marriage DD/MM/YYYY	Date common-law relationship reached 2 years DD/MM/YYYY	Date of birth or adoption of a child DD/MM/YYYY
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**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 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.

Member's Signature:	Signed at: (City, Province)	Date: DD/MM/YYYY
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Spouse's Signature (if applying):	Signed at: (City, Province)	Date: DD/MM/YYYY
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