



K58D599D82DQ1MAM001

www.mortgageprotectionplan.ca

Fax to: 1 (866) 677-4329 Email to: apps@mppbroker.com

1	BORROWER NAME (and Number)	BIRTHDATE	LIFE INSURANCE COST (per month)	LIFE - INITIAL TO Apply Awaive	DISABILITY INSUF		DI - INITIAL TO Y Apply Y Waive		
#1	SAMPLE CLIENT	12 DEC 198	80 \$29.66		\$8.24				
#2	SAMPLE CLIENT All costs include Provincial Sales	12 DEC 198 ^{Tax.}	30 \$18.53 Smokers add 70% to	life insurance cost.	\$8.16 Double DI co	ost if oth	er borr	ower w	vaives.
	ITIAL BALANCE		MONTHLY PAYMENT FUNDIN			M	MORTGAGE #		
M	ORTGAGE \$250.000.0 0			I. property tax) 01 Sep 2013		TEST-1234			
INFORMATION MORTGAGE BROKER: BOBCompany									
2	PAYMENT: Pre-Authorized Debit - ATTA ("X" and complete VISA MasterCard	Card	KED "VOID." By signing bel	ow, I accept the Pre-Author	rized Debit Agreement in		rochure.] , [
	one) Credit Cardholder must sign	No				Exp [] / L_	
as a borrower below. I understand that coverage does not begin until the Insurer receives a valid account from which it is able to collect premiums.									
3	Answer the following questions only if you are applying for insurance.						Sample Sample No Yes No Yes		le
	I understand that if I provide incomplete or inaccurate information, no benefits will be paid for any reason, unless otherwise provided by law							No	Yes
S	Have you ever had or been treated aneurysm, blood disorder, cancer, tum fasting glucose, disorder of the pancr abnormality, a positive HIV test, AIDS	ours, lung or live eas, chronic fatio	er disorder including he que, fibromyalgia or oth	patitis or hepatitis can er form of chronic pai	rrier, diabetes, impai n, any immune syste	em 🗀			
MEDICAL QUESTIONS	2. During the past 3 years have you hat etc.), neurological disorder including stack or knee pain, arthritis, other must congenital defect not listed?	seizures, high blo	ood pressure, kidney or	urinary disorder, gasti	ro-intestinal bleedin	g,			
0	3. Are you currently disabled, or unde have further investigation, treatment,				e you been advised	to			
ĮĄ,	4. During the past 12 months have you smoked any substance or used tobacco in any form?								
	5. During the past 3 years have you be	een absent from	work for medical reaso	ns for a month or long	ger?				
ME	6. This coverage excludes death caus hang gliding, scuba diving, participati physically exposed to a war zone. Are	ng in a crime, op	erating any vehicle or v	essel while legally in					
	I DECLARE THAT I HAVE READ AND ARE MY SOLE RESPONSIBILITY AN								1S
I understand that my Mortgage Broker receives remuneration for performing their administrative duties. I have received the MPP brochure. I authorize and instruct my Mortgage Broker to provide to the Insurer: all my Mortgage Information, using the Approved System, and my Submitted Application which forms a part of any insurance contract issued. My premiums and coverage may differ from the amounts shown, based on the final Mortgage Information provided. Submitted Application means this completed form or a copy (which is as valid as the original). I authorize any person to provide the Insurer with my medical information. I acknowledge the need for this information for the purposes shown in the brochure. I hereby apply for insurance (except coverages waived above) or such alternative coverage as may be available under Mortgage Protection Plan, subject to the terms and conditions of any Certificate of Insurance issued to me. If ineligible, I have initialed to waive above to acknowledge my ineligibility.									
4	Sign to Apply OR Waive:								
SIGN	Х		X						
S	#1 SAMPLE CLIENT	DATE SIGNE	D (DD,MM,YY)	#2 SAMPLE CLIE	NT D	ATE SIGNED	(DD,MM,	YY)	
PREMIUM REFUND IF Mortgage Protection Plan ("MPP") is the life and/or disability insurance offered on this form under Policy Number GC329/GC327-D. "The Insurer" is The Manufacturers Life Insurance Company and/or its appointed agents. The Approved System is MPPQuick.									
	SPECIAL Replace Existing Delay Coverage Delete \$166.67 Property Tax INSTRUCTIONS MPP Certificate until Funding Date Protection (Reduce DI Cost by 14%)								
Questions? Call: 1 (866) 677-4366 Email: help@mortgageprotectionplan.ca Or write to: P.O. Box 987, 50 Charles Street E, Toronto, ON M4Y 2N9									