

Please send this form with the application to:

**NEW BUSINESS MAILING ADDRESS: MANULIFE NEW YORK, P.O. BOX 4608, NIAGARA SQUARE STATION, BUFFALO, NY 14240-4608**

**COURIER ADDRESS: MANULIFE NEW YORK, U.S. NEW BUSINESS SERVICE CENTER, 200 BLOOR STREET EAST, TORONTO, ONTARIO M4W 1E5**

**Check applicable boxes:**  New Request  Change Name of Payor  Change of Payor

**Send to:**  New Business (if New Policy)  Inforce Customer Service (if Inforce)

Sales Office _____	Control # (for Internal Use only) _____
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Policy Number(s)	Name(s) of Person(s) Insured	First Bank Withdrawal Effective			Type of Payment and Amount	
		Month	Day	Year	Premium	Loan
					\$	\$
					\$	\$
					\$	\$

**Complete this Section if the information is not clear on sample check**

Account Number \_\_\_\_\_ Type of Account \_\_\_\_\_

First Payor's Name (as shown on Bank records) - PLEASE PRINT _____	Second Payor's Name (as shown on Bank records) - PLEASE PRINT _____
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I hereby authorize and request The Company to draw checks\* monthly on my account to pay premiums and/or repay loans on the policies listed above or any policies subsequently designated. I understand and agree that:

1. Such checks\* shall be drawn in the month to pay premiums falling due in such month on the designated policies.
2. While the Manumatic Plan is in effect, The Company will not give notices of premiums falling due on such policies.
3. The Manumatic Plan may be terminated on written notice by the bank depositor to The Company or by The Company to the undersigned. If the Manumatic Plan is terminated, premiums falling due thereafter shall be payable directly to The Company as provided in the policy.

**\* May include withdrawals made electronically.**

Signed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ Month \_\_\_\_\_ Year

(X) \_\_\_\_\_ (X) \_\_\_\_\_  
 Signature of First Payor as shown on Bank Records                      Signature of Second Payor as shown on Bank Records

**NOTE:** If a company is Payor, this agreement must be signed by an authorized officer stating title and affixing seal or stamp.

**A VOIDED SAMPLE CHECK SHOWING BANKING PARTICULARS MUST ACCOMPANY THIS FORM.**

**The Manufacturers Life Insurance Company of New York**  
(hereinafter referred to as *The Company*)

First Payor's Name (as shown on Bank records) - PLEASE PRINT		Second Payor's Name (as shown on Bank records) - PLEASE PRINT	
Name of Bank			
Address of Branch where Account is maintained		Routing Number	Account Number
<p>You are requested and authorized, as a convenience to me, to pay and charge to my account checks* drawn on my account by The Company to its own order. This authorization will remain in effect until revoked by me in writing and until you actually receive such notice I agree that you shall be fully protected in honoring any such check.</p> <p>I agree that your treatment of each such check, and your rights with respect to it, shall be the same as if it were signed personally by me. I further agree that if any such check is dishonored, whether with or without cause and whether intentionally or inadvertently, you shall be under no liability whatsoever even though such dishonor results in the forfeiture of insurance.</p> <p><b>* May include withdrawals made electronically.</b></p> <p><b>Signature(s) of Depositor(s) as shown on bank records for the account to which this Authorization is applicable.</b></p> <p>Signed at _____ this _____ day of _____ City/State Month Year</p> <p>(X) _____ (X) _____ Signature of First Payor as shown on Bank Records Signature of Second Payor as shown on Bank Records</p>			

**Indemnification Agreement****To: The Bank named on the Payor Authorization**

In consideration of your compliance with the request and authorization of the depositor named on the Payor Authorization:

THE COMPANY AGREES:

1. To indemnify you and hold you harmless from any loss you may suffer as a consequence of your actions resulting from or in connection with the execution and issuance of any check, whether or not genuine or any other withdrawal of funds, purporting to be drawn by The Company to its own order and received by you in the regular course of business for purpose of payment, including any costs or expenses reasonably incurred in connection therewith.
2. In the event that any such check shall be dishonored whether with or without cause, and whether intentionally or inadvertently, to indemnify you for any loss even though such dishonor results in the forfeiture of insurance.
3. To defend at its own cost and expense, any action which might be brought by any depositor or any other persons because of your actions taken in compliance with the said request and authorization or in any manner arising as a result of such compliance.

The Manufacturers Life Insurance Company of New York  
By James D. Gallagher  
President

**FORWARD THIS PAGE DIRECTLY TO DEPOSITOR'S BANK**