



Request to change address information



- *You* and *your* refer to the owner of the policy or account. *We*, *us* and *our* refer to The Manufacturers Life Insurance Company, and Manulife Bank of Canada.
- Use this form to change the address for more than one policy or account you hold. Do not use this form to change the address for any employer-sponsored plans (pension or benefit plans).
- If you fax us the completed form, please keep the original.

Send completed form by mail or fax to:

Outside Quebec:
 Manulife
 500 King St N
 PO Box 1602 STN Waterloo
 Waterloo ON N2J 4C6
 Fax: 1-866-257-6207

Inside Quebec:
 Manulife
 2000 Mansfield Street
 Suite 1100
 Montreal QC H3A 2Z8
 Fax: 1-866-257-6207

1 Information about the owner	Name of policy/account owner #1 (first, middle initial, last)		Telephone number ()	
	Name of policy/account owner #2 (first, middle initial, last)		Telephone number ()	
	Name of policy/account owner #3 (first, middle initial, last)		Telephone number ()	
2 Information about the address change Indicate your previous address and your new address for all policies or accounts you want to change. This change will be effective on the date it is received and accepted by us.	Previous address (number, street and apartment)			
	City or town	Province	Country	Postal code
	New address (number, street and apartment)			
	City or town	Province	Country	Postal code
	Product	Policy or account numbers		Identification number (required for extended health/dental insurance)
	Insurance			
	Investment <small>(segregated fund contracts, immediate annuities or guaranteed interest contracts)</small>			
Bank				
3 Signature(s) If owner is a corporation or other entity, we require signatures from duly appointed signing authorities, as authorized by a corporate resolution or similar document or the signature and declaration of a sole corporate signing authority. If a Manulife representative authorizes the change by signing in section 4, then the policy/account owner's signature may not be required here. The Manulife representative is not authorized to sign for Manulife Bank mortgage accounts.	By signing below you:			
	<ul style="list-style-type: none"> • authorize us to act on the changes provided on this form • authorize us to share the information provided across our company subsidiaries, as required • consent to us accepting a fax of this form in place of an original 			
	Signature of policy/account owner #1 (first, middle initial, last)		Date (dd/mmm/yyyy)	
	Signature of policy/account owner #2 (first, middle initial, last)		Date (dd/mmm/yyyy)	
	Signature of policy/account owner #3 (first, middle initial, last)		Date (dd/mmm/yyyy)	
Initials	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.			
4 Information about the representative/advisor	Name of representative (first, middle initial, last)		Broker/branch number	Representative code
	Date of policy/account owner instructions (dd/mmm/yyyy)		Time of owner instructions (00:00) <input type="radio"/> AM <input type="radio"/> PM	
	Signature of representative		Contact phone number ()	Date signed (dd/mmm/yyyy)