



You can find this form online by signing in to your account with your Manulife ID at manulifeim.ca/retirement Look for Forms under 'Quick links' or 'Helpful information' on your homepage.

	7
()	Z)
Y	ע

Don't have a Manulife ID yet?

Sign up now to access your account anytime on our secure website. Go to manulifeim.ca/retirement, click `Sign in' and follow the instructions to set up your Manulife ID.

Please print clearly in the blank boxes. Remem Need help? Contact Customer Service at 1-888-727-7	•	orm.			
1 - What would you like to do? Complete only the sections relevant to the cha	nge you are making Indic	rate the type of char	nge vou would like to make		
Name/date of birth/social insurance number (S Beneficiary change – complete sections 1, 2, 4 a Contact information change – complete sections	IN) change – complete sectionand 6	• •	igo you would like to make.		
2 - Your personal information If you do not know your member number, your Plan when submitting a name change. This section must	Administrator will provide it. I	Please use the member	r name currently on our records		
Plan Sponsor/Employer		Gro	up policy number		
Member number	Customer num	ıber	Last 3 digits of SIN		
Last name of member (as listed currently)	First name		Middle initial		
3 - Your change of name/date of b	irth/social insuranc	ce number (SIN	1)		
Last name of member	First name		Middle initial		
ate of birth (dd/mmm/yyyy) Social insurance		ance number (SIN)			
Witness/Plan Administrator's signature			Date signed (dd/mmm/yyyy)		
For the above changes, provide the following proof Name change - copy of marriage certificate, name of administrator to sign the form Date of birth correction - a valid ID (e.g. driver's lic Social insurance number (SIN) change – confirm	ense)		nd/or have your plan		
1 Vour honoficiary decignation					

Your beneficiary designation

If you do not name a beneficiary, proceeds will be paid to your estate.

For Registered Pension Plans and Locked in Products, your spouse is automatically entitled to the death benefit and is first in line ahead of any other beneficiary you designate unless they choose to waive their entitlement.

A **revocable** beneficiary can be changed at anytime.

An irrevocable beneficiary can only be changed with written consent from that beneficiary. You may also need your beneficiary's consent to withdraw or transfer money from your account. A parent or guardian cannot provide consent on behalf of a minor who has been named as irrevocable beneficiary.

Beneficiary designations are considered revocable unless you write "irrevocable" in the chart(s) below. If a beneficiary designated below predeceases you, any benefit payable will be shared equally among the surviving designated beneficiaries.

For Quebec only:

The designation of a married or civil union spouse as a beneficiary is deemed to be irrevocable unless specified here: 🖵 Revocable

In the event of an annulment or dissolution of civil union or divorce or nullity of marriage, the designation is automatically revoked. The designation of any other person is revocable unless otherwise stipulated.

A **primary beneficiary** is the person, people or entity you choose to receive the death benefits. If you choose more than one beneficiary, you will need to indicate what percentage of the benefit you would like each person to receive. When multiple primary beneficiaries are named, the total of the percentages allocated to each primary beneficiary must add up to 100%.

A contingent beneficiary is the persidie before you.	on, people or entity you	designate to receive the dea	ath benefits if all of the	primary beneficiaries	
List all primary beneficiaries.					
Name (Last, First, and Middle initial)	Relationship	Date of E	Birth	Percentage of proceeds	
				%	
				%	
				%	
		т	otal must equal 100%		
List all contingent beneficiaries.					
Name (Last, First, and Middle initial)	Relationship	Date of E		Percentage of proceeds	
				%	
				%	
				%	
		Т	otal must equal 100%		
A person holding power of attorney A copy, fax, scan or image of the be	neficiary designation	change a beneficiary on in this-form is as valid as	behalf of a plan men the original.	mber.	
5 - Your change of contact Mailing address (number, street and a					
City	Province	Postal code	Telephone number	Ext.	
Email					
6 - Please sign here You must sign to authorize All I hereby revoke any prior beneficiary(ies). I understand that the effect of my design while the beneficiary is living, I may not exercise rights under or in respect of, so	ficiary designation and gnating a beneficiary irr alter or revoke the des	designate the person(s) and evocably is that, under the p ignation without the consen- leal with the contract withou	provisions of the respect t of the beneficiary and t the consent of the be	tive Insurance Act(s), I may not assign.	
Member's signature		Date signed (dd/mmi	Date signed (dd/mmm/yyyy)		
Irrevocable beneficiary signature (By signing here, as the irrevocable ben so, I relinquish my rights as irrevocable	eficiary, I consent to the	policy.		erstand that by doing	
rrevocable beneficiary signature		Date signed (dd/mmi	Date signed (dd/mmm/yyyy)		

Send us your documents online



It's faster and safer than email or regular mail. From your Manulife Mobile app, sign in with your Manulife ID (choose Group Retirement). From the top left menu, select your name to get to your profile, then select **Send documents.**

From your desktop or tablet, sign in to your account at manulifeim.ca/retirement using your Manulife ID. Look for **Send documents** on your homepage under 'Quick links' **or** 'Helpful information'.

If you need to mail the form, send it to one of the addresses below.

Outside of Quebec:

Manulife Group Retirement P.O. Box 396 Waterloo, ON N2J 4A9 Fax: 1-866-945-5110

Quebec: Manulife Group Retirement 2000 Mansfield, Suite 1410 Montreal, QC H3A 3A2 Fax: 1-866-945-5109