



Change form

Changes take effect on the later of the date Manulife Financial head office receives this form or the effective date it specified.

Send your completed form to:
Manulife Financial
Attn: GRS Client Services
PO Box 396
Waterloo, ON N2J 4A9
Fax number: (519) 747-6895

Please print clearly in the blank boxes.

Plan information

Policyholder		Policy number
Plan number	Plan group	Customer number

Please specify the effective date of change: (dd/mmm/yyyy) _____

Change of plan contact and authorization

Change plan contact from:

Company name	Contact name
--------------	--------------

Change plan contact to:

Company name	Contact name	
Area of responsibility		
Address (number, street and apt.)		
City	Province	Postal code
Telephone number	Fax number	Email

- Investment changes for this policy/division Member benefit payments for this policy/division
 Other withdrawals for this policy division

Areas of responsibility:

Actuarial Consultant
Administrative Consultant
Benefits Administrator
Executive Decision Maker
Investment Consultant
Plan Administrator
Trustee

Change of address

- Policyholder
 Plan contact

Company name	Contact name	
Area of responsibility		
Address (number, street and apt.)		
City	Province	Postal code
New business address <input type="checkbox"/> Same as above		
City	Province	Postal code

Change of telephone/fax number

- Policyholder
- Plan contact

Company name <input type="checkbox"/> Same as Section 3	
Area of responsibility	
New telephone number	New fax number

Signature(s)

You must sign to authorize ANY of the above changes

Authorized signature	Date signed (dd/mmm/yyyy)
Name and title	Specify company if not Policyholder
Authorized signature	Date signed (dd/mmm/yyyy)
Name and title	Specify company if not Policyholder