

Please print clearly in the blank boxes. Remember to sign and date the form.

Changes take effect on the date Manulife head office receives this form.

If a member belongs to more than one plan, complete a separate form for each plan.



This form is also available at www.manulife.ca/GRO in the 'Manage your plan' section.

Send us stuff online

Send us your completed form by signing in to your online account at Manulife.ca/GRO.

Look for **Send documents** in your homepage under the 'My Account' tab.

Not signed up yet?

Access your savings anytime, using our secure website. Go to Manulife.ca/GRO and click 'Sign in' to get started.

- Name change
- Address change
- Telephone number
- Beneficiary change
- Successor annuitant
- Payment information
- Banking information

General information

Please use the member name currently on our records when submitting a name change.

Group policy number	Member number	Customer number	Manulife use only
Last name of member (as listed currently)		First name	

Change of name

Last name	First name	Middle initial
Witness signature (cannot be beneficiary if submitting a beneficiary change)		Date signed (dd/mmm/yyyy)
Please print full name of witness here:		

Change of contact information

New mailing address (number, street and apt. number)				
City	Province	Postal code	Telephone number	Ext
New telephone number		New email address		

Your change of beneficiary (or beneficiaries)

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

An **irrevocable** beneficiary can only be changed with written consent from that beneficiary. A parent or guardian cannot provide consent on behalf of a minor who has been named as irrevocable beneficiary.

If you want to name more than three beneficiaries, attach a separate page with the names and the percentage of proceeds for each beneficiary.

If you have locked-in money in your RIF and you have a spouse on the date of your death, the law may require any death benefit be paid to your spouse, regardless of other beneficiaries you have named.

If you die while your beneficiary is still a minor, the trustee you name on this form will act on the child's behalf.

A copy, fax, scan or image of the beneficiary designation in this form is as valid as the original.

If you do not have a Successor Annuitant or a named Beneficiary, proceeds will be paid to your estate.

Check here if you have attached a separate page listing additional beneficiaries. Please sign and date the attachment.

Name of beneficiary	Relationship to member	Share of benefits (%)

The above beneficiary designations are considered revocable unless you write "irrevocable" in the chart above.

For Quebec only:

The designation of a spouse as a beneficiary is deemed to be irrevocable unless specified here: Revocable

Trustee for a minor beneficiary named above (not applicable in Quebec)

Any payment to a beneficiary who is a minor will be paid in trust to the trustee named below.

In Quebec, the proceeds will be paid in trust to the minor child's tutor.

Trustee name	Relationship
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As current irrevocable beneficiary, I hereby consent to the change in beneficiary indicated in Section 3.

Irrevocable Beneficiary's signature (if applicable)	Date signed (dd/mmm/yyyy)
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Note: Any change of Successor Annuitant may negatively impact your joint income option.


Change of successor annuitant (must be your spouse)


Remove successor annuitant Add successor annuitant Change successor annuitant

Name of successor annuitant (first, last and middle initial)	Relationship to current owner
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As current irrevocable beneficiary, I hereby consent to the change of successor annuitant.

Signature of Irrevocable Beneficiary (if applicable)	Date signed (dd/mmm/yyyy)
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Please select one Scheduled payment option. 

Please select one Payment withdrawal option. 

Note: You are required to take at least the RRIF minimum as income, beginning the second calendar year of your policy.

If the RRIF minimum is selected, payment start date must be in the next calendar year.

Any changes to payment may result in a reduction in your Guaranteed Benefit Base and your guaranteed retirement income. For more information, please login to the Plan Member secure site at www.manulife.ca/GRO and review The Bold Print form **GP5456E**.

Change of payment information

1. Scheduled payment (Please select one.)

RRIF/LIF/LRIF/PRIF minimum LIF/LRIF maximum Level (please specify amount) \$ _____

2. Payment withdrawal from: (Please select one.)

Use Manulife Default Withdrawal Order for Group RRIF **OR**

Indicate the percentage of scheduled payment to be taken from:

Market-based funds _____ % Guaranteed Interest Accounts _____ % **Total must equal 100%.**

Payment frequency

- Monthly
 Quarterly
 Semi-annually
 Annually

Payment start date

Specify date (1st to 28th)

 Month and year of first payment

Tax withholding (Please select one.)

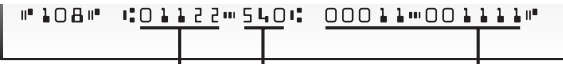
- Legislative minimum **OR**
 Client specified percentage _____ %

Note: Must equal or exceed legislative minimums.

Direct deposit is available only to Canadian bank accounts.

You MUST attach a blank cheque marked "VOID".

Change of banking information – direct deposit

Bank name		
		
Transit number	Institution number	Account number

Signature

Member's signature	Date signed (dd/mmm/yyyy)
Irrevocable Beneficiary's signature (if applicable)	Date signed (dd/mmm/yyyy)



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You'll need your unique customer number and social insurance number to join. You can find your unique customer number on your welcome letter or a recent statement.

Mailing instructions

Send your completed form to:

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