



RRIF • LIF • LRIF • PRIF • RLIF Change form

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.

Send your completed form to:
Manulife
Group Retirement Solutions
2000 Mansfield, Suite 1410
MONTRÉAL QC H3A 3A2

Fax: 1-866-945-5109

- 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	Middle initial

Change of name

Last name	First name	Middle initial
Witness signature (cannot be beneficiary if submitting a beneficiary change)		Date signed (dd/mm/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 (%)	Check here if you have attached a separate page
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
		%	

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/mmyyyy)
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Change of successor annuitant (must be your spouse)

Remove successor annuitant Add successor annuitant Change successor annuitant

Note: Any change of Successor Annuitant may negatively impact your joint income option.

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/mm/yyyy)
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Your payment information

Please select one scheduled payment option.

Note: You are required to take at least the RIF minimum as income beginning the second calendar year of your policy. If the RIF minimum is selected, payment start date must begin in the next calendar year.

Payments will be made using the Manulife specified order.

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.com/GRO and review The Bold Print form GP5456.

Payments are taken proportionally from each investment fund based on your total assets.

Payments are taken from the investment funds and the percentage indicated in the table.

Payments are taken from the investment funds and depleted in the order indicated in the table.

Scheduled payment (Please select one)

RIF/LIF/LRIF/PRIF/RLIF minimum LIF/LRIF/RLIF maximum Specified amount \$ _____

Group IncomePlus (GIP)

If you have Group IncomePlus (GIP) funds, select this option.

I have GIP funds

At what age do you want to start receiving your Guaranteed Annual Income Amount (GAIA)*? _____

Note: Guaranteed Annual Income Amount (GAIA) cannot begin until you have satisfied the five year holding period and you have reached age 60 (both you and your spouse must be age 60 if you have elected the spousal income option).

*Manulife will pay out your Guaranteed Annual Income Amount (GAIA) unless restricted by legislated maximums. Payments will be processed from GIP until your GAIA is reached and then will be processed from your investments based on their asset class.

Withdrawal Payment Options*

For all other members (excluding members with GIP funds), please select one of the following withdrawal payment options.

Proportional to Assets

Percentage Weighted

Please limit your withdrawal fund instructions to the 9 boxes provided below. Total percentage must add up to 100%.

Investment code	Percentage	Investment code	Percentage	Investment code	Percentage
	%		%		%
	%		%		%
	%		%		%
Total					%

Specified Order

Priority withdrawal order 1 through 9 indicates the order in which the payments will be made and funds will be depleted. Please limit your instructions to the 9 boxes provided below.

Withdrawal Order	Investment Code	Withdrawal Order	Investment Code	Withdrawal Order	Investment Code
1		4		7	
2		5		8	
3		6		9	

***Note: If you have not specified withdrawal instructions or if your specified withdrawal instructions cannot be met, Manulife will process the withdrawal Proportional to Assets.**

Payment frequency

Monthly
 Quarterly
 Semi-annually
 Annually

Payment start date

Specify date, 1st to 28th

 Specify month and year of first payment

Tax to be withheld (Please select one.)

Levelized minimum **OR**
 Client specified* _____%

***must be equal to or over legislative minimums and will apply to the gross payment amount.**

You MUST attach a blank cheque marked "VOID".

* Shown on your cheque

Direct deposit information

Manulife will deposit scheduled payments directly to your bank account. (Attach a personalized VOID cheque.)

Name of your bank or financial institution*	Transit number	Bank number	Your account number
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Signature

Member's signature	Date signed (dd/mm/yyyy)
Signature of Irrevocable Beneficiary (if applicable)	Date signed (dd/mm/yyyy)