

Send this completed form to
Manulife, Individual Insurance at:

All provinces except Quebec
500 King Street North
PO BOX 1669
WATERLOO ON N2J 4Z6
Fax: 1-877-763-8834
manulife.ca

In Quebec
2000, rue Mansfield
bureau 1310
MONTREAL QC H3A 3A1
Fax: 1-877-271-5494

Life policies (except Synergy): Use this form to name a beneficiary as described in your contract and permitted by law.

Accident and sickness insurance policies, and combination insurance (including Lifecheque, LivingCare and Synergy): You must use different forms. Review **Related forms**, page 2.

- *We, us, and our* mean the insurer of the policy identified below.
- *You and your* mean the policy owner.
- An insured person is a person who is insured under the policy or any rider. For annuity/investment contracts, the insured person is the annuitant.
- Review page 2 of this form for instructions on how to complete it.
- A copy, fax, scan, or image of this beneficiary designation is as valid as the original.
- If you make any corrections on this form, initial them to confirm that they are valid
- If you have any questions, contact your advisor or call our customer service centre at 1-888-626-8843 (in Quebec) or 1-888-626-8543 (outside Quebec). From outside North America, call us collect at 516-747-6600.

Advisor name		Advisor code	
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1 General information

By completing this form, you are asking us to change information that was previously provided. People who were previously named as beneficiaries or trustees will be **revoked**.

Policy number(s)		Name of insured person/annuitant (first, middle initial, last)	
Name of owner (first, middle initial, last or full name of legal entity)			
Address of owner (number, street, apartment)		City or town	Province
			Postal code

2 Beneficiary designation

Beneficiaries (other than a spouse under a Quebec policy) are revocable unless you write the word "irrevocable" after that beneficiary's name.

An **irrevocable** beneficiary must give written consent before you can:

- Change this designation;
- Withdraw funds;
- Assign the contract;
- Transfer ownership; or
- Otherwise change your policy (e.g. decrease coverage).

*Share:

- If multiple beneficiaries are named, the shares must total 100%.
- If the shares do not total 100%, any difference will be paid to the owner or their estate
- If the share percentages are left blank, we will distribute the shares equally

To leave a previous designation or appointment intact, write that name again on this form.		
For policies issued in Quebec only: If you named your married or civil union spouse as a beneficiary, the designation is irrevocable unless you select Revocable .		<input type="radio"/> Revocable
Beneficiary legal name(s) (first, middle initial, last)	Relationship In Quebec , tell us the beneficiary's relationship to the owner. In all provinces except Quebec , tell us the beneficiary's relationship to the insured person.	*Share (total 100%)
		%
		%
		%
Total		

3 Secondary designation

Beneficiaries (other than a spouse under a Quebec policy) are revocable unless you write the word "irrevocable" after that beneficiary's name.

An **irrevocable** beneficiary must give written consent before you can:

- Change this designation;
- Withdraw funds;
- Assign the contract;
- Transfer ownership; or
- Otherwise change your policy (e.g. decrease coverage).

*Share:

- If multiple beneficiaries are named, the shares must total 100%.
- If the shares do not total 100%, any difference will be paid to the owner or their estate
- If the share percentages are left blank, we will distribute the shares equally

Secondary beneficiary (subrogated in Quebec) name(s) (first, middle initial, last)	Relationship In Quebec , tell us the beneficiary's relationship to the owner. In all provinces except Quebec , tell us the beneficiary's relationship to the insured person.	*Share (total 100%)
		%
		%
		%
Total		

4 Trustee for minor beneficiaries (not applicable for policies issued in Quebec)

Complete this section if a beneficiary named on this form is a minor. If so, you agree that any benefits payable to a minor child will be paid to the trustee to hold in trust until the child comes of age.

Beneficiary name(s) (first, middle initial, last)	Trustee name(s) (first, middle initial, last)	Relationship of trustee to beneficiary

5 Signatures ** If the owner is a corporation, we require: <ul style="list-style-type: none"> • 2 signing officers' signatures and titles or • 1 signing officer's signature, title and the corporate seal; if the corporation does not have a seal and you are the only person authorized to sign on behalf of the corporation, in addition to signing, insert your initials in the box provided.	<p>By signing below, you, the policy owner, confirm:</p> <ul style="list-style-type: none"> • You revoke any beneficiary designation that was previously made with respect to the death payment for the insured person or annuitant on any policies listed on this form. • You direct those proceeds be paid to the beneficiary or beneficiaries listed on this form. <table border="1" data-bbox="480 159 1565 390"> <tr> <td colspan="2">Signed at (city or town, province)</td> <td>Date (dd/mmm/yyyy)</td> </tr> <tr> <td>Signature of owner** X</td> <td colspan="2">Signature of witness (other than beneficiary) X</td> </tr> <tr> <td>Title (if applicable):</td> <td colspan="2"></td> </tr> <tr> <td>Signature of owner** X</td> <td colspan="2">Signature of witness (other than beneficiary) X</td> </tr> <tr> <td>Title (if applicable):</td> <td colspan="2"></td> </tr> </table> <table border="1" data-bbox="480 394 1565 457"> <tr> <td>Initial here</td> <td colspan="2">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.</td> </tr> </table> <p>By signing here, you, the irrevocable beneficiary, confirm:</p> <ul style="list-style-type: none"> • Your consent to the beneficiary designation change(s) for policy numbers listed on this form. • You relinquish your rights as a beneficiary. <table border="1" data-bbox="480 546 1565 611"> <tr> <td>Signature of irrevocable or preferred beneficiary, if applicable</td> <td>Signature of witness</td> <td>Date (dd/mmm/yyyy)</td> </tr> </table>			Signed at (city or town, province)		Date (dd/mmm/yyyy)	Signature of owner** X	Signature of witness (other than beneficiary) X		Title (if applicable):			Signature of owner** X	Signature of witness (other than beneficiary) X		Title (if applicable):			Initial here	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.		Signature of irrevocable or preferred beneficiary, if applicable	Signature of witness	Date (dd/mmm/yyyy)
Signed at (city or town, province)		Date (dd/mmm/yyyy)																						
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Signature of irrevocable or preferred beneficiary, if applicable	Signature of witness	Date (dd/mmm/yyyy)																						
Instructions for completion	<p>This form allows you to name 2 classes of beneficiary - beneficiary and secondary/subrogated beneficiary. You don't have to designate a secondary/subrogated beneficiary.</p> <p>When you complete this form, all previous beneficiary designations and trustee appointments are revoked. To leave a previous designation or appointment intact, write that name again on this form.</p> <p>When completing a beneficiary designation, you don't need to add phrases such as "if living, otherwise," "share and share alike" or "equally" because these concepts are covered by how we pay the death benefit, as described in the Payment to beneficiaries section.</p> <p>If you want your beneficiary(ies) and secondary/subrogated beneficiary(ies) to receive different shares of the death benefit, write the percentage share beside each beneficiary.</p>																							
Payment to beneficiaries	<p>We will pay the death benefit (in 1 lump sum or in installments) under one of the conditions specified below, unless otherwise stated in the beneficiary designation or the applicable policy:</p> <ol style="list-style-type: none"> 1. To any beneficiaries who are alive at the time the insured person dies; or 2. If no beneficiary is then alive, to any secondary beneficiaries (also known as contingent beneficiaries, or subrogated beneficiaries in Quebec) who are then alive; or 3. If no beneficiary is then alive: <ol style="list-style-type: none"> a) To the estate of the last surviving beneficiary, provided they died after the insured person and the benefit is being paid in installments; otherwise b) To the policy owner, if other than the insured person; otherwise c) To the policy owner's estate. <p>If a beneficiary is disqualified from receiving the death benefit for any reason, we will consider that person to have died for the purposes of the benefit payment.</p> <p>Beneficiaries in the same class (beneficiary or secondary beneficiary) share equally in any death benefit payable to them unless you specify otherwise. If a beneficiary dies before the benefit is payable, his or her share is allocated equally among any surviving beneficiaries in the same class unless you specify otherwise.</p>																							
Signatures	<p>The current beneficiary must sign the form to agree to the beneficiary change and to release their interest as a beneficiary if they are:</p> <ul style="list-style-type: none"> • An irrevocable beneficiary, or • A preferred beneficiary and the new beneficiary is not preferred. 																							
Related forms	<p>To designate beneficiaries in Alberta, British Columbia, Manitoba, Ontario, Quebec, and Saskatchewan</p> <ul style="list-style-type: none"> • For Lifecheque, <i>Beneficiary designations for Lifecheque policies</i>, NN1467E • For LivingCare, <i>Beneficiary designations for LivingCare policies</i>, NN1561E • For Synergy, <i>Beneficiary designation and direction to pay for Synergy</i>, NN1609E • For disability or critical illness (except Lifecheque and Synergy), <i>Beneficiary designations for disability policies or critical illness policies (except Lifecheque and Synergy)</i>, NN1584E <p>To direct payment of benefits in all other provinces and territories</p> <ul style="list-style-type: none"> • For Lifecheque, <i>Direction to pay for Lifecheque policies</i>, NN0999E • For LivingCare, <i>Direction to pay for LivingCare policies</i>, NN1571E • For Synergy, <i>Beneficiary designation and direction to pay for Synergy</i>, NN1609E 																							