

## Request for Name Change

### Please send to:

Manulife  
Individual Insuree  
500 King Street North  
PO BOX 1669a  
WATERLOO ON N2J 4Z6  
manulife.ca

If the first or last name of a person has changed:

- Complete the advisor statement below

**OR**

- Submit a copy of the passport, driver's licence, birth certificate, marriage certificate, **OR** Provincial Certificate of Name Change.

If a company or other organization has changed its name, submit a copy of:

- Amendment to the Articles of Incorporation
- Supplementary Letters Patent

**OR**

- Equivalent document.

This form is not applicable to corporate **amalgamation**. Use the *Transfer of Ownership*, NN0687 instead.

OWNER'S  
NAME




For return mail.  
Please print owner's name and address.

ADDRESS



If you have any questions about completing this form, contact your advisor or call our customer service centre at 1-888-626-8543 in all provinces except Quebec or 1-888-626-8843 in Quebec. If you are calling from outside of North America, call us collect at 519-747-6600.

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*.

### 1 Information to change

We need your email address to communicate with you about your policy. By giving us your email address you also consent to receiving communications about your rewards and offers related to your policy, if applicable. You must tell us if your email address changes. You may withdraw your consent at any time at 1-888- MANULIFE (626-8543), or 1-888- MANUVIE (626-8843) in Quebec.

|  |  |   |   |
|--|--|---|---|
| Policy number  | Name of insured person/annuitant (first, middle initial, last) |   |   |
| Change the name of the   | <input type="radio"/> Insured person                           | <input type="radio"/> Owner   | <input type="radio"/> Company or other organization |
|  | <input type="radio"/> Primary beneficiary                      | <input type="radio"/> Secondary beneficiary (called subrogated in Quebec) |   |
| From   |  |   |   |
| First Name/Company Name  | Middle Initial   | Last Name   |   |
| To   |  |   |   |
| First Name/Company Name  | Middle Initial   | Last Name   |   |
| Email address  |  |   |   |
| Reason for change <input type="radio"/> Marriage <input type="radio"/> Divorce <input type="radio"/> Adoption <input type="radio"/> Other: _____ |  |   |   |
| Date of change (dd/mm/yyyy)  |  |   |   |

### 2 Signatures

If the owner is a corporation, we require:

- 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, write your initials in the box provided.

|   |  |                   |
|---|--|-------------------|
| Signed at (location)  |  | Date (dd/mm/yyyy) |
| Former signature of insured person/annuitant                              | Current signature of insured person/annuitant  |                   |
| <b>X</b>  | <b>X</b>   |                   |
| Former signature of policy owner (if other than insured person/annuitant) | Current Signature of policy owner (if other than insured person/ annuitant)  |                   |
| <b>X</b>  | <b>X</b>   |                   |
| 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. |                   |

### 3 Advisor statement

All fields must be completed in full.

|   |   |             |
|---|---|-------------|
| By signing below, you, the advisor, verify that:  |   |             |
| <ul style="list-style-type: none"> <li>• You have reviewed the original, valid, and unexpired identity documents provided</li> <li>• You believe the information provided on this form is current, correct and complete.</li> </ul> |   |             |
| Which original document did you review to verify this person's identity?  |   |             |
| <input type="radio"/> Driver's license <input type="radio"/> Passport <input type="radio"/> Birth certificate <input type="radio"/> Marriage certificate <input type="radio"/> Other: _____   |   |             |
| Identifying number of document reviewed   | Jurisdiction of issue   |             |
|   | <input type="radio"/> Federal<br><input type="radio"/> Provincial (specify province or territory) _____ |             |
| Name of advisor   | Advisor code  | Branch code |
| Signature of advisor  |   |             |
| <b>X</b>  |   |             |