

Request for Name Change

Please send to:

Manulife
 Individual Insurance
 500 King Street North
 PO BOX 1669
 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 driver's licence, passport, 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

ADDRESS



For return mail.
 Please print owner's name and 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	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	
Reason for change		<input type="radio"/> Marriage	<input type="radio"/> Divorce	<input type="radio"/> Adoption	<input type="radio"/> Other: _____
Date of change (dd/mmm/yyyy)					
Full name of spouse (if change is due to marriage)					
2 Signatures If the owner is a corporation, we require: <ul style="list-style-type: none"> • two signing officers' signatures and titles or • one 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/mmm/yyyy)		
	Signature of insured person/annuitant X				
	Signature of policy owner (if other than insured person/annuitant) X		Signature of policy owner (if other than insured person/annuitant) X		
	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	By signing below, you, the advisor: <ul style="list-style-type: none"> • verify that you have reviewed the original, valid and unexpired identity documents provided • verify that you believe the information provided on this form is current, correct and complete. 				
	Which original document was reviewed by the advisor 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 <input type="radio"/> Provincial (specify province or territory) _____		
	Name of advisor		Advisor code	Branch code	
	Signature of advisor X				