

Non-financial changes For Guaranteed Interest Contracts (GIC) and contracts containing Manulife segregated funds

In this form, the terms *you*, *your* and *owner* refer to the person who has policy owner's or policyholder's rights under the contract. The terms *we*, *our* and *us* refer to **The Manufacturers Life Insurance Company** (Manulife). Manulife is the issuer of all insurance contracts containing Manulife segregated funds and the guarantor of any guarantee provisions therein.

All changes must be initialed by ALL persons signing this form.

1 Contract details

Please complete this section for all contract changes.

| | |
|--|--------------------|
| Name of owner #1 (first, middle initial, last) | Contract number(s) |
| Name of owner #2 (first, middle initial, last) | |

2 Changing beneficiaries

The person(s) you name here will receive a death benefit on the death of the last surviving annuitant.

For RSP/LIRA/RLSP/LRSP contracts with a Joint Life option or where your spouse or common-law partner is named as successor annuitant, as applicable, the active Joint Life or successor annuitant must be named as sole beneficiary.

For Quebec applicants only, if you have named your spouse as beneficiary, the designation is irrevocable unless you check revocable here.

Revocable

If you designate a beneficiary as irrevocable, you may not change this designation, withdraw funds or increase scheduled payments, assign the contract, or transfer the ownership without the written consent of the beneficiary or unless otherwise permitted by law. An irrevocable beneficiary who is a minor cannot provide consent, nor can a parent, guardian or tutor acting on a minor's behalf.

For TFSA, RRIF, LIF, LRIF, PRIF or RLIF, if the person designated as your sole beneficiary is your spouse or common-law partner at the time of death, your contract may provide that it will continue in force and your spouse or common-law partner will become the owner, unless otherwise elected. Please consult your Information Folder and Contract.

By completing this section, you, the owner, cancel and replace all previous beneficiary designations. Your new designation must include ALL intended primary and secondary beneficiaries.

| Primary beneficiary name(s) | Relationship to annuitant (in Quebec - relationship to policyholder) | Share of benefits |
|--------------------------------|---|-------------------|
| | | % |
| | | % |
| | | % |
| | | % |
| TOTAL (must equal 100%) | | 100% |

| Secondary beneficiary name(s) A secondary beneficiary does not have any rights if a named primary beneficiary exists. | Relationship to annuitant (in Quebec - relationship to policyholder) | Share of benefits |
|--|---|-------------------|
| | | % |
| | | % |
| | | % |
| | | % |
| TOTAL (must equal 100%) | | 100% |

| |
|---|
| Trustee(s) for minor beneficiaries (except in Quebec) |
|---|

| | |
|---|---------------------------|
| Signature of irrevocable beneficiary and/or assignee (hypothecary creditor) | Date signed (dd/mmm/yyyy) |
|---|---------------------------|

| |
|----------------------|
| Signature of witness |
|----------------------|

3 Changing or adding a successor annuitant

Non-registered and certain RSP/LIRA/RLSP/RLSP contracts only
You cannot name a successor annuitant for contracts with a Joint Life option or for certain RSP/LIRA/RLSP/RLSP contracts, see your Information Folder and Contract for details.

For RSP/LIRA/RLSP/RLSP contracts
the successor annuitant must be the owner's spouse or common-law partner as defined by the *Income Tax Act* (Canada) and the spouse or common-law partner must be named as the sole beneficiary.

By completing this section, you, the owner, cancel and replace all previous successor annuitant designations.

| |
|--|
| Full name of successor annuitant (first, middle initial, last) |
|--|

| | |
|---------------------|----------------------------------|
| Relationship to you | Signature of successor annuitant |
|---------------------|----------------------------------|

For non-registered contracts the successor annuitant must sign unless that person is a minor.

| | |
|---|---------------------------|
| Signature of irrevocable beneficiary and/or assignee (hypothecary creditor) | Date signed (dd/mmm/yyyy) |
|---|---------------------------|

| |
|----------------------|
| Signature of witness |
|----------------------|

4 Changing or adding a successor owner or subrogated policyholder

Non-registered contracts only

You may name someone to succeed you as owner of the contract in the event of your death.

Do not name a successor owner if ownership type is "Joint Ownership with Right of Survivorship".

By completing this section, you, the owner, cancel and replace any previous successor owner designations. All rights of your contract will pass to the successor owner in the event of your death.

Name of successor owner or subrogated policyholder (first, middle initial, last)

Relationship to you

5 Changing or adding a successor holder

TFSA contracts only

Refer to the Information Folder and Contract to determine if you can name a successor holder.

Name of successor holder (first, middle initial, last)

The successor holder must be the annuitant's spouse or common-law partner as defined by the *Income Tax Act* (Canada).

6 Transferring ownership of your contract

Non-registered contracts only

By completing this section, you, the owner, cancel any previous beneficiary, successor annuitant and successor owner (subrogated policyholder) designations and transfer all rights of the contract to the new owner(s).

We will send future correspondence for this contract to the new owner's address. The new owner should complete section 2, *Changing beneficiaries* to name new beneficiaries. If the new owner and the annuitant are different, the new owner may name a successor owner by completing section 4. A new contract number will be assigned for administration purposes only.

New owner #1

For non-individual owners (i.e. corporations, trusts or other organizations), please complete NN1555E, *Corporate and Non-individual Identity Verification*.

Full name of new owner #1 (first, middle initial, last)

New owner's title (Ms, Mr, etc.)

Sex Male
 Female

Address (number, street and apartment)

City or town

Province

Postal code

Telephone number

Date of birth (dd/mmm/yyyy)

SIN/Business Number (BN)/Trust Account Number

The following information is required and must always be provided for the new owner.

Employment status Employed Self-employed Retired Not employed

In what industry are you employed? (most recent if retired or not employed)

Occupation (most recent if retired or not employed)

Name of company/employer (most recent if retired or not employed)

Passport Driver's licence Other _____

Document number

Jurisdiction

Expiry date (dd/mmm/yyyy)

Date identity was verified (dd/mmm/yyyy)

What is your tax residence(s)? Select all that apply.

You are a tax resident of Canada.

You are a tax resident or a citizen of the U.S. Provide your social security number (SSN) or individual taxpayer identification number (ITIN). _____

You are a tax resident of a jurisdiction(s) other than Canada or the U.S. Provide the information below for each jurisdiction other than Canada or the U.S.

Jurisdiction of tax residence

Taxpayer identification number (TIN)

Reason for not providing a TIN

A B C, specify:

Jurisdiction of tax residence

Taxpayer identification number (TIN)

Reason for not providing a TIN

A B C, specify:

Relationship to current owner

For a list of valid industries and occupations, refer to NN1655E, *Valid industries and occupations*.

Which document are you showing an authorized representative to verify your identity, as required by law? If you do not have a valid document, or cannot meet your representative in person, submit a completed NN1663E, *Dual Method Identification*.

If you do not have a SSN or ITIN you have 90 days to apply for one and 15 days after you receive it to provide it to us.

Reasons for not providing a TIN

A: You will apply or have applied for a TIN but have not yet received it.

B: Your jurisdiction of tax residence does not issue TINs to its residents.

C: Other (specify the reason)

6 Transferring ownership of your contract (continued)

New owner #2

For a list of valid industries and occupations, refer to NN1655E, *Valid industries and occupations*.

Which document are you showing an authorized representative to verify your identity, as required by law? If you do not have a valid document, or cannot meet your representative in person, submit a completed NN1663E, *Dual Method Identification*.

If you do not have a SSN or ITIN you have 90 days to apply for one and 15 days after you receive it to provide it to us.

Reasons for not providing a TIN

- A: You will apply or have applied for a TIN but have not yet received it.
- B: Your jurisdiction of tax residence does not issue TINs to its residents.
- C: Other (specify the reason)

If you have any irrevocable beneficiaries or if your contract is assigned (hypothecated), they must sign their consent here.

| | | | | |
|---|-----------------------------|---|--|--|
| Full name of new owner #2 (first, middle initial, last) | | New owner's title (Ms, Mr, etc.) | | Sex <input type="radio"/> Male <input type="radio"/> Female |
| Address (number, street and apartment) | | City or town | | Province Postal code |
| Telephone number | Date of birth (dd/mmm/yyyy) | SIN/Business Number (BN)/Trust Account Number | | |

The following information is required and must always be provided for the new owner.

| | |
|---|---|
| Employment status <input type="radio"/> Employed <input type="radio"/> Self-employed <input type="radio"/> Retired <input type="radio"/> Not employed | |
| In what industry are you employed? (most recent if retired or not employed) | Occupation (most recent if retired or not employed) |
| Name of company/employer (most recent if retired or not employed) | |
| <input type="radio"/> Passport <input type="radio"/> Driver's licence <input type="radio"/> Other _____ | |
| Document number | Jurisdiction |
| Expiry date (dd/mmm/yyyy) | Date identity was verified (dd/mmm/yyyy) |

What is your tax residence(s)? Select all that apply.

| | |
|---|--------------------------------------|
| <input type="radio"/> You are a tax resident of Canada. | |
| <input type="radio"/> You are a tax resident or a citizen of the U.S. Provide your social security number (SSN) or individual taxpayer identification number (ITIN). _____ | |
| <input type="radio"/> You are a tax resident of a jurisdiction(s) other than Canada or the U.S. Provide the information below for each jurisdiction other than Canada or the U.S. | |
| Jurisdiction of tax residence | Taxpayer identification number (TIN) |
| Reason for not providing a TIN <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C, specify: _____ | |
| Jurisdiction of tax residence | Taxpayer identification number (TIN) |
| Reason for not providing a TIN <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C, specify: _____ | |
| Relationship to current owner | |

Where there is more than one owner, upon the death of an owner who is not the annuitant:

- In all provinces except Quebec, Joint Ownership with Right of Survivorship will be deemed to be elected.
- In Quebec, if you wish the additional owner(s) to be subrogated policyholder(s), all the owners have to initial in the box.

In all provinces and in Quebec (if all the owners have initialed the box) this means that the deceased owner's share will automatically pass to the surviving owner(s). However, in Quebec, if an owner fails to initial the subrogated policyholder designation box, this means his or her share will pass to his or her estate.

What is the purpose and intended use(s) of this contract?

- Emergency fund Short term savings Education Operating funds
- Real estate purchase Retirement savings Estate planning Long term investments

Is the new owner(s) acting on behalf of a third party?

- No Yes (Please complete NN0975E, *Client and Third Party Identity Verification*.)

| | | |
|---|--|---------------------------|
| Signature of irrevocable beneficiary and/or assignee (hypothecary creditor) | | Date signed (dd/mmm/yyyy) |
| Signature of witness | | |

7 Changing a name

Use this section to update a person's name that has changed. Do **not** use this section to replace a person designated in the contract.

Please indicate whose name you are changing:

- Owner Successor owner Annuitant Successor annuitant
 Beneficiary Payee for scheduled payments Joint Life (not applicable to IncomePlus Series Version 1)

Reason for the change of name:

- Marriage Adoption Divorce
 Other (please specify and attach a copy of the legal documents relating to the change of name)

The following information is required and must always be provided for a name change.

If the owner's name has changed, which document under the new name is the owner showing an authorized representative to verify his or her identity, as required by law? If they do not have a valid document, or cannot meet a representative in person, submit a completed NN1663E, *Dual Method Identification*.

- Passport Driver's licence Other _____

| | |
|---|--|
| Document number | Jurisdiction |
| Expiry date (dd/mmm/yyyy) | Date identity was verified (dd/mmm/yyyy) |
| Previous name (first, middle initial, last) | |
| New name (first, middle initial, last) | Title (Ms, Mr, etc.) |

For non-individual owners (i.e. corporations, trusts or other organizations), please complete NN1555E, *Corporate and Non-individual Identity Verification*.

8 Please sign here

If there is more than one owner, all owners must sign here.

For corporations, sign in accordance with corporate resolution.

For trusts and estates, all trustees or executors must sign unless the trust agreement or will specifies otherwise.

For all other entities, sign in accordance with document(s) that gives the signing officer(s) the authority to contract/invest on behalf of the entity (e.g. Resolution signed by the board of directors, minutes of meeting where signing authority was given).

By signing below, you confirm:

- you authorize us to act on the transactions you requested;
- the information provided is complete and accurate, and you will tell us if your information changes;
- that an irrevocable beneficiary designation will limit certain rights you have under this contract unless you receive written consent from the beneficiary or unless otherwise permitted by law;
- if LIF, LRIF, PRIF or RLIF, the rights of a beneficiary may be restricted as set out in the contract or locking-in agreement;
- if ownership of the contract is being transferred to you, you have read, understand and agree with the terms of the Personal Information Statement on page 5 of this form.

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

| | |
|---------------------------|---------------------------|
| Date signed (dd/mmm/yyyy) | |
| Signature of owner #1 | Signature of owner #2 |
| Signature of new owner #1 | Signature of new owner #2 |

9 Representative information

By signing below, representatives confirm:

- they have examined the original, valid, and unexpired identity verification documentation, and any other information provided by the policy owner(s), and:
 - they have complied with the instruction set out above, including confirming that the government-issued photo identification document is valid, has a unique identifying number, has not expired, and is in good condition without apparent alteration;
 - the photo on the identification document is substantially similar to the client, and the name matches the new owner name(s) in section 6 or new name in section 7;
 - they have no reason to believe that the person presenting him or herself was not the individual on the identification document;
- they have completed and attached form NN0975E, *Client and Third Party Identity Verification*, if they have reasonable grounds to suspect the new owner(s) is acting on behalf of a third party.

| | | |
|--|----------------------|---------------------------|
| Name of representative (first, middle initial, last) | Representative code | Broker/dealer number |
| Signature of representative | Contact phone number | Date signed (dd/mmm/yyyy) |

Personal Information Statement

In this statement, *you* and *your* refer to the policy owner or holder of rights under the policy, the life insured, and the parent or guardian (tutor, in Quebec) of any child named as life insured who is under the age of 16 (or under 18 in Quebec). *We, us, our, and the Company* refer to The Manufacturers Life Insurance Company, and our affiliated companies and subsidiaries.

Updates to this statement and further information about our privacy practices are posted to www.manulife.ca.

We collect, use, verify and disclose your personal information for identified purposes, and only with your consent, or as permitted or required by law. By signing the application, you give your consent for us to collect, use, and disclose your personal information, as set out in this statement. Any alterations to the consent must be agreed to in writing by the Company.

What personal information do we collect?

Depending on the product you have applied for, we collect specific personal information about you such as:

- identifying information such as your name, address, telephone number(s), email address, your date of birth, driver's license, passport number or your Social Insurance Number (SIN)
- information about how you use our products and services, and information about your preferences, demographics, and interests
- other personal information we may require to administer our business relationship with you.

We use fair and lawful means to collect your personal information.

Where do we collect your personal information from?

We collect your personal information from:

- your completed applications and forms
- other interactions between you and the Company,
- other sources, such as:
 - your advisor or authorized representative(s)
 - third parties with whom we deal in issuing and administering your policy now, and in the future
 - public sources, such as government agencies, or internet sites.

What do we use your personal information for?

We will use your personal information to:

- help us properly administer the products and services that we provide and to manage our relationship with you
- confirm your identity and the accuracy of the information you provide
- evaluate your application, and issue and administer the rights under the contract
- comply with legal and regulatory requirements
- understand more about you and how you like to do business with us
- analyze data to help us understand our customers better so we can improve the products and services we provide
- determine your eligibility for, and provide you with details of, other products or services that may be of interest to you.

Who do we disclose your personal information to?

We disclose your information to:

- persons, financial institutions and other parties with whom we deal in issuing and administering your contract now, and in the future
- authorized employees, agents and representatives
- your advisor and any agency which has entered into an agreement with us and has supervisory authority, directly or indirectly, over your advisor, and their employees
- any person or organization to whom you gave consent
- people who are legally authorized to view your personal information
- service providers who require this information to perform their services for us (for example data processing, programming, data storage, market research, printing and distribution services and investigative agencies).

The abovementioned people, organizations and service providers are both within Canada and jurisdictions outside Canada, and would therefore be subject to the laws of those jurisdictions.

Where personal information is provided to our service providers, we require them to protect the information in a manner that is consistent with our privacy policies and practices.

How long do we keep your information?

The longer of:

- the time period required by law and by guidelines set for the financial services industry, or
- the time period required to administer the products and services we provide.

Withdrawing your consent

You may withdraw your consent for us to use your SIN or Business Number, if applicable, for non-tax administration purposes. You may also withdraw your consent for us to use your personal information to provide you with other service or product offerings, excluding those mailed with your statements.

You may not withdraw your consent for us to collect, use, retain, or disclose personal information we need to issue or administer the policy unless federal or provincial laws give you this right. If you do so, a policy may not be issued and benefits will not be payable under the policy, or we may treat your withdrawal of consent as a request to terminate the policy.

If you wish to withdraw your consent, phone our customer care centre at 1-888-MANULIFE (626-8543), or 1-888-MANUVIE (626-8843) in Quebec, or write to the Privacy Officer at the address below.

Accuracy and Access

You will notify us of any change to your contact information. You have the right to access and verify your personal information maintained in our files, and to request any factually inaccurate personal information be corrected, if appropriate. If you have a question, a concern, or wish to receive more information about parties who have access to your information or about our privacy policies and procedures, and/or wish to review your personal information in our files or correct any inaccuracies, you may send a written request to:

Privacy Officer - Manulife, 500 King Street N, WATERLOO ON N2J 4C6

Privacy_office_canadian_division@manulife.com

Please note the security of email communication cannot be guaranteed. Do not send us information of a private or confidential nature by email. By contacting us via email you are authorizing us to communicate with you by email.