

CERTIFICATE/POLICY NUMBER

The Manufacturers Life  
Insurance Company  
PO Box 4213, Stn A  
Toronto, Ontario  
M5W5M3

This form is provided for your convenience but may not be suitable for your purpose. Before completing, make sure that it will carry out your intentions. The Company assumes no responsibility for its validity or sufficiency.

**THIS SECTION MUST ALWAYS BE COMPLETED**

1. Name of Life Insured:

Name of Owner:

**PLEASE READ THE FOLLOWING INSTRUCTIONS BEFORE COMPLETING THIS FORM.**

1. Check appropriate request box below and enter details.
2. Please PRINT ALL NAMES.
3. Date and sign the form as required at the bottom of form.
4. Please complete in duplicate and return both copies to the Company.

A registered copy will be returned to you to be attached to your certificate / policy.

2.  TRANSFER ALL OWNERSHIP RIGHTS TO: (ABSOLUTE ASSIGNMENT) TRANSFER \_\_\_\_\_ UNITS TO: (PARTIAL ASSIGNMENT)**CHECK ONLY ONE BOX**

Name

Mailing Address of New Owner (include Postal Code)

All right, title and interest in this insurance are absolutely assigned to the new owner. This assignment terminates any existing beneficiary designation except a preferred or irrevocable designation, which will only be terminated if such beneficiary consents below. This transfer of ownership applies to all coverage under this certificate / policy unless otherwise specified by indicating above, the number of Units to be transferred.

3.  NOMINATION OF CONTINGENT OWNER

Name	Relationship to Insured
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This nomination is revocable, and effective on the death of the owner.

To protect the confidentiality of personal information we hold concerning the new owner, Manulife Financial will establish a "Financial Services" file for insurance, annuities, loans and related services, in which the information you provide will be used to process your applications, administer services and claims. Only Manulife Financial employees, mandatories, or agents who are responsible for the assessment of risk (underwriting), administration of services and the investigation of claims or any other person you authorize, will have access to this file.

**AUTHORIZATION:** I/We authorize Manulife Financial, its subsidiaries, affiliates and their agents to use the information given by me / us in order to offer me / us products or financial services provided by Manulife Financial, its subsidiaries and affiliates.

**THIS SECTION MUST ALWAYS BE COMPLETED**

It is hereby certified that the undersigned is / are of the age of majority.

Date

Signature of Owner

Date

Signature of Irrevocable or Preferred Beneficiary (Consent)