

Send completed form by mail or fax to:

Outside Quebec:

Manulife Financial
500 King St N
PO Box 1602 STN Waterloo
Waterloo ON N2J 4C6

Fax: 1-866-257-6207

Inside Quebec:

Manulife Financial
2000 Mansfield Street
Suite 1100
Montreal QC H3A 2Z8

Fax: 1-866-257-6207

Request to change address information

- *You* and *your* mean the owner of the policy or account. *We*, *us* and *our* mean The Manufacturers Life Insurance Company, Manulife Canada Ltd., and Manulife Bank of Canada.
- Use this form to change the address for more than one policy or account you hold. Do not use this form to change the address for any employer-sponsored plans (pension or benefit plans).
- If you fax us the completed form, please keep the original.

1 Information about the owner	Name of policy/account owner #1 (first, middle initial, last)		Telephone number ()																															
	Name of policy/account owner #2 (first, middle initial, last)		Telephone number ()																															
	Name of policy/account owner #3 (first, middle initial, last)		Telephone number ()																															
2 Information about the address change Indicate your previous address and your new address for all policies or accounts you want to change. This change will be effective on the date it is received and accepted by us.	<table border="1"> <tr> <td colspan="4">Previous address (number, street and apartment)</td> </tr> <tr> <td>City or town</td> <td>Province</td> <td>Country</td> <td>Postal code</td> </tr> <tr> <td colspan="4">New address (number, street and apartment)</td> </tr> <tr> <td>City or town</td> <td>Province</td> <td>Country</td> <td>Postal code</td> </tr> <tr> <td>Product</td> <td colspan="2">Policy or account numbers</td> <td>Identification number (required for extended health/dental insurance)</td> </tr> <tr> <td>Insurance</td> <td colspan="2"></td> <td></td> </tr> <tr> <td>Investment (segregated fund contracts, immediate annuities or guaranteed interest contracts)</td> <td colspan="2"></td> <td rowspan="2"></td> </tr> <tr> <td>Bank</td> <td colspan="2"></td> </tr> </table>			Previous address (number, street and apartment)				City or town	Province	Country	Postal code	New address (number, street and apartment)				City or town	Province	Country	Postal code	Product	Policy or account numbers		Identification number (required for extended health/dental insurance)	Insurance				Investment (segregated fund contracts, immediate annuities or guaranteed interest contracts)				Bank		
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3 Signature(s) If owner is a corporation or other entity, we require signatures from duly appointed signing authorities, as authorized by a corporate resolution or similar document or the signature and declaration of a sole corporate signing authority. If a Manulife representative authorizes the change by signing in section 4, then the policy/account owner's signature may not be required here. The Manulife representative is not authorized to sign for Manulife Bank mortgage accounts.	<p>By signing below you:</p> <ul style="list-style-type: none"> • authorize us to act on the changes provided on this form • authorize us to share the information provided across our company subsidiaries, as required • consent to us accepting a fax of this form in place of an original <table border="1"> <tr> <td colspan="2">Signature of policy/account owner #1 (first, middle initial, last)</td> <td>Date (dd/mmm/yyyy)</td> </tr> <tr> <td colspan="2">Signature of policy/account owner #2 (first, middle initial, last)</td> <td>Date (dd/mmm/yyyy)</td> </tr> <tr> <td colspan="2">Signature of policy/account owner #3 (first, middle initial, last)</td> <td>Date (dd/mmm/yyyy)</td> </tr> <tr> <td>Initials</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>			Signature of policy/account owner #1 (first, middle initial, last)		Date (dd/mmm/yyyy)	Signature of policy/account owner #2 (first, middle initial, last)		Date (dd/mmm/yyyy)	Signature of policy/account owner #3 (first, middle initial, last)		Date (dd/mmm/yyyy)	Initials	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.																				
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4 Information about the representative/advisor	<table border="1"> <tr> <td>Name of representative (first, middle initial, last)</td> <td>Broker/branch number</td> <td>Representative code</td> </tr> <tr> <td>Date of policy/account owner instructions (dd/mmm/yyyy)</td> <td colspan="2">Time of owner instructions (00:00) <input type="radio"/> AM <input type="radio"/> PM</td> </tr> <tr> <td>Signature of representative</td> <td>Contact phone number ()</td> <td>Date signed (dd/mmm/yyyy)</td> </tr> </table>			Name of representative (first, middle initial, last)	Broker/branch number	Representative code	Date of policy/account owner instructions (dd/mmm/yyyy)	Time of owner instructions (00:00) <input type="radio"/> AM <input type="radio"/> PM		Signature of representative	Contact phone number ()	Date signed (dd/mmm/yyyy)																						
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