

## Beneficiary designation

Send this completed form to  
Manulife, Individual Insurance at:

**All provinces except Quebec** 500 King Street North  
PO BOX 1669  
WATERLOO ON N2J 4Z6  
Fax: 1-877-763-8834

**In Quebec** 2000, rue Mansfield  
bureau 1310  
MONTREAL QC H3A 3A1  
Fax: 1-877-271-5494

**Life policies (except Synergy):** Use this form to name a beneficiary as described in your contract and permitted by law.

**Accident and sickness insurance policies, and combination insurance (including Lifecheque, LivingCare and Synergy):** You must use different forms. See **Related forms**, page 2.

- *We, us* and *our* mean the insurer of the policy identified below. *You* and *your* mean the policy owner.
- 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.
- See page 2 of this form for instructions on how to complete it.
- A copy, fax, scan or image of this beneficiary designation is as valid as the original.
- 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.

Advisor name	Advisor code
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### 1 General information

By completing this form, you are asking us to change the information you previously provided. **Any previous beneficiary designation or trustee appointment is revoked.**

Policy number(s)	Name of insured person/annuitant (first, middle initial, last)		
Name of owner (first, middle initial, last or full name of legal entity)			
Address of owner (number, street, apartment)	City or town	Province	Postal code

### 2 Beneficiary designation

Beneficiaries (other than a spouse under a Quebec policy) are revocable unless you write the word "irrevocable" after that beneficiary's name.

If you have an **irrevocable** beneficiary, your rights in the policy will be limited. The beneficiary must give written consent before you can:

- change this designation;
- withdraw funds;
- assign the contract;
- transfer ownership; or
- otherwise change your policy (e.g. decrease coverage).

Note: Minor children cannot give written consent to these changes.

\* **In Quebec**, tell us the beneficiary's relationship to the owner.

**In all provinces except Quebec**, tell us the beneficiary's relationship to the insured person.

Restate the beneficiary designations or trustee appointments you want to make or maintain.

<b>For policies issued in Quebec only:</b> If you named your married or civil union spouse as a beneficiary, the designation is irrevocable unless you select <b>revocable</b> .		<input type="checkbox"/> <b>Revocable</b>
<b>Beneficiary name(s)</b> (first, middle initial, last)	<b>Relationship*</b>	<b>Share</b> (total 100%)
		%
		%
		%
<b>Secondary beneficiary (subrogated in Quebec) name(s)</b> (first, middle initial, last)	<b>Relationship*</b>	<b>Share</b> (total 100%)
		%
		%
		%

### 3 Trustee for minor beneficiaries (not applicable in Quebec)

Complete this section if a beneficiary named on this form is a minor. If so, you agree that any benefit that becomes payable to a minor child will be paid to the trustee to hold in trust for the child until the child comes of age.

<b>Beneficiary name(s)</b> (first, middle initial, last)	<b>Trustee name(s)</b> (first, middle initial, last)	<b>Relationship of trustee to beneficiary</b>

### 4 Signatures

\*\* **If the owner is a corporation, we require:**

- 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.

By signing below, you:

- revoke any beneficiary designation or direction of payment that was previously made with respect to the proceeds payable on the death of the insured person or annuitant under the above policy or policies, and
- direct that those proceeds be paid to the beneficiary or beneficiaries listed on this form.

Signed at (city or town, province)		Date (dd/mmm/yyyy)	
Signature of owner ** X	Signature of witness (other than beneficiary) X		
Title (if applicable):	Signature of witness (other than beneficiary) X		
Signature of owner ** X	Signature of witness (other than beneficiary) X		
Title (if applicable):			
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.		
By signing here, you, the irrevocable beneficiary, consent to the above change in the beneficiary designation listed on this form for the above policy(ies) and relinquish your rights as a beneficiary.			
Signature of irrevocable or preferred beneficiary, if applicable X		Signature of witness X	Date (dd/mmm/yyyy)

**Check form for errors**

<b>Instructions for completion</b>	<p>This form allows you to name two classes of beneficiary - beneficiary and secondary beneficiary. You don't have to designate a secondary beneficiary.</p> <p>When you complete this form, all previous beneficiary designations and trustee appointments are revoked. To leave a previous designation or appointment intact, write that name again on this form.</p> <p>When completing a beneficiary designation, you don't need to add phrases such as "if living, otherwise," "share and share alike" or "equally" because these concepts are covered by how we pay the death benefit, as described in the <i>Payment to beneficiaries</i> section below.</p> <p>If you want the beneficiaries in a class (beneficiary and secondary beneficiary) to receive different shares of the death benefit, indicate the percentage share of the death benefit to be received beside each beneficiary.</p> <p>If you make any corrections on this form, initial them to confirm that they are valid.</p>
<b>Payment to beneficiaries</b>	<p>Under one of the conditions specified below, we will pay the death benefit (in one lump sum or in installments) unless otherwise stated in the beneficiary designation or the applicable policy:</p> <ol style="list-style-type: none"> <li>1) To any beneficiaries who are alive at the time the insured person dies; or</li> <li>2) If no beneficiary is then alive, to any secondary beneficiaries (also known as contingent beneficiaries, or subrogated beneficiaries in Quebec) who are then alive; or</li> <li>3) If no beneficiary is then alive: <ol style="list-style-type: none"> <li>a) To the estate of the last surviving beneficiary, provided he or she died after the insured person and the benefit is being paid in installments; otherwise</li> <li>b) To the policy owner, if other than the insured person; otherwise</li> <li>c) To the policy owner's estate.</li> </ol> </li> </ol> <p>If a beneficiary is disqualified from receiving the death benefit for any reason, we will consider that person to have died for the purposes of the benefit payment.</p> <p>Beneficiaries in the same class (beneficiary or secondary beneficiary) share equally in any death benefit payable to them unless you specify otherwise. If a beneficiary dies before the benefit is payable, his or her share is allocated equally among any surviving beneficiaries in the same class unless you specify otherwise.</p>
<b>Signatures</b>	<p>The current beneficiary must sign the form to agree to the beneficiary change and to release his or her interest as a beneficiary if he or she is:</p> <ul style="list-style-type: none"> <li>• an irrevocable beneficiary, or</li> <li>• a preferred beneficiary and the new beneficiary is not preferred.</li> </ul>
<b>Related forms</b>	<p><b>To designate beneficiaries in Alberta, British Columbia, Manitoba, Ontario, and Quebec</b></p> <ul style="list-style-type: none"> <li>• For Lifecheque, <i>Beneficiary designations for Lifecheque policies</i>, NN1467E</li> <li>• For LivingCare, <i>Beneficiary designations for LivingCare policies</i>, NN1561E</li> <li>• For Synergy, <i>Beneficiary designation and direction to pay for Synergy</i>, NN1609E</li> <li>• For disability or critical illness (except Lifecheque and Synergy), <i>Beneficiary designations for disability policies or critical illness policies (except Lifecheque and Synergy)</i>, NN1584E</li> </ul> <p><b>To direct payment of benefits in all other provinces and territories</b></p> <ul style="list-style-type: none"> <li>• For Lifecheque, <i>Direction to pay for Lifecheque policies</i>, NN0999E</li> <li>• For LivingCare, <i>Direction to pay for LivingCare policies</i>, NN1571E</li> <li>• For Synergy, <i>Beneficiary designation and direction to pay for Synergy</i>, NN1609E</li> </ul>