

## Change of name

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 **OR** marriage certificate

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

### Please send to:

Manulife  
Individual Insurance  
500 King Street North  
PO BOX 1669  
WATERLOO ON N2J 4Z6

OWNER'S  
NAME

ADDRESS

For return mail.  
Please print owner's name and address.

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*.

<b>1 Information to change</b>	Policy number		Name of insured person/annuitant (first, middle initial, last)		
	Change the name of the				
	<input type="radio"/> Insured person		<input type="radio"/> Annuitant		
	<input type="radio"/> Primary beneficiary		<input type="radio"/> Secondary beneficiary		
	<input type="radio"/> Owner				
	From				
	To				
Reason for change <input type="radio"/> Marriage <input type="radio"/> Divorce <input type="radio"/> Adoption <input type="radio"/> Other:					
Date of change (dd/mm/yyyy)					
Full name of spouse (if change is due to marriage)					
<b>2 Signatures</b> 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.	Signed at (location)			Date (dd/mm/yyyy)	
	Signature of insured person/annuitant <b>X</b>				
	Signature of policy owner (if other than insured person/annuitant) <b>X</b>			Signature of policy owner (if other than insured person/annuitant) <b>X</b>	
	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.				
<b>3 Advisor statement</b>	By signing below, you, the advisor:				
	• 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 Canadian document was reviewed by the advisor to verify this person's identity?				
	<input type="radio"/> Driver's licence		<input type="radio"/> Passport		<input type="radio"/> Birth certificate
	<input type="radio"/> Marriage certificate				
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 <b>X</b>					

Reset Section 3

Check form for errors