

# **Change Request**

You can find this form online by signing in, to your account with your Manulife ID at manulifeim.ca/retirement. Look for Forms under 'Quick links' or 'Helpful information' on your homepage.

Don't have a Manulife ID yet?

Sign up now to access your account anytime on our secure website. Go to manulifeim.ca/retirement, click `Sign in' and follow the instructions to set up your Manulife ID.

Please print clearly in the blank boxes. Remember to sign and date the form.

Need help? Contact Customer Service at 1-888-727-7766.

| ii i odi personai iiiioiiiidhe | 1. Your | personal | inform | atior |
|--------------------------------|---------|----------|--------|-------|
|--------------------------------|---------|----------|--------|-------|

| Plan Sponsor/Employer  |  |                  |  |
|--|--|------------------|--|
| Member number*   | Group policy number*   | Customer number* |  |
| Last name  | First name   | Middle initial   |  |
| Last 3 digits of SIN   |  |                  |  |
| ee online account or statement   | for details  |                  |  |
| . What would you lik   |  |                  |  |
| omplete only the sections re Name/date of birth/social Beneficiary change – com Contact information change | levant to the change you are making. Indicate the insurance number (SIN) change – complete sectionplete sections 4 and 6 ge – complete sections 5 and 6  | ons 3, and 6     |  |
| omplete only the sections re Name/date of birth/social Beneficiary change – com Contact information change | levant to the change you are making. Indicate the insurance number (SIN) change – complete sectioned and 6   | ons 3, and 6     |  |
| Name/date of birth/social Beneficiary change – com Contact information change Your change of na            | levant to the change you are making. Indicate the insurance number (SIN) change – complete section plete sections 4 and 6 ge – complete sections 5 and 6 me/date of birth/social insurance r  First name | ons 3, and 6     |  |

Name change - copy of marriage certificate, name change certificate, or clear copy of driver's license and/or have your plan administrator sign the form.

Date of birth correction - a valid ID (e.g. driver's license)

Social insurance number (SIN) change - confirmation of SIN letter along with your signature

## 4. Your beneficiary designation

If you do not name a beneficiary, proceeds will be paid to your estate.

For Registered Pension Plans and Locked in Products, your Spouse or Common Law Partner is automatically entitled to the death benefit and is first in line ahead of any other beneficiary you designate unless they choose to waive their entitlement.

A **revocable** beneficiary can be changed at anytime.

An irrevocable beneficiary can only be changed with written consent from that beneficiary. You may also need your beneficiary's consent to withdraw or transfer money from your account. A parent or guardian cannot provide consent on behalf of a minor who has been named as irrevocable beneficiary.

Beneficiary designations are considered revocable unless you write "irrevocable" in the chart(s) below. If a beneficiary designated below predeceases you, any benefit payable to that beneficiary will be shared equally among the surviving designated beneficiaries.

| acaignation of any other person is re-  | vocable unless otherwise stipula  | ted.  |   |
|---|---|---|---|
| A <b>primary beneficiary</b> is the person, peneficiary, you will need to indicate beneficiaries are named, the total of the state of the st | what percentage of the benefit ye   | ou would like each person to rece   | eive. When multiple primary   |
| A contingent beneficiary is the persidie before you.  | son, people or entity you designa   | te to receive the death benefits if   | all of the primary beneficiaries  |
| List all primary beneficiaries.   |   |   |   |
| Name (last, first, and middle initial)  | Relationship  | Date of Birth   | Percentage of proceeds  |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |
| List all contingent beneficiaries.  |   | Total must equ  | ıal 100%  |
| Name (last, first, and middle initial)  | Relationship  | Date of Birth   | Percentage of proceeds  |
|   | Tressurerup   |   | Proceeding  |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |
|   |   | Total must equ  |   |
| f you choose to name more than three  | ee Primary and/or Contingent Re   |   | ual 100%  |
| ·   | · —   |   | ual 100%  |
| f you choose to name more than threadditional designations is attached, s  Frustee for a minor beneficiary namely now the minor is stippeneficiary in Trust until the minor read the minor child's tutor. Parents are   | igned and dated here:   med above (not applicable in Qu ll a minor, the Trustee you name aches the age of majority for you  | neficiary(ies), please indicate that<br>rebec)<br>on this form will receive and mar                                     | t a separate page with your   |
| additional designations is attached, s  Frustee for a minor beneficiary nar  f you die when your beneficiary is sti  beneficiary in Trust until the minor rea   | igned and dated here:  med above (not applicable in Qu ll a minor, the Trustee you name aches the age of majority for you considered tutors of their child.   | neficiary(ies), please indicate that<br>rebec)<br>on this form will receive and mar                                     | t a separate page with your   |
| additional designations is attached, s  Frustee for a minor beneficiary nar  f you die when your beneficiary is sti  beneficiary in Trust until the minor rea  to the minor child's tutor. Parents are  | igned and dated here:  med above (not applicable in Qu ll a minor, the Trustee you name aches the age of majority for you considered tutors of their child.   | neficiary(ies), please indicate that<br>rebec)<br>on this form will receive and mar<br>r specified province. In Quebec, | t a separate page with your nage the money you leave to the proceeds will be paid in true |
| additional designations is attached, s  Frustee for a minor beneficiary nar  f you die when your beneficiary is sti beneficiary in Trust until the minor rea  to the minor child's tutor. Parents are  Trustee name   | igned and dated here:  med above (not applicable in Qu ll a minor, the Trustee you name aches the age of majority for you considered tutors of their child.   | neficiary(ies), please indicate that<br>rebec)<br>on this form will receive and mar<br>r specified province. In Quebec, | t a separate page with your nage the money you leave to the proceeds will be paid in true |
| Additional designations is attached, so additional designations is attached, so a frustee for a minor beneficiary nate of you die when your beneficiary is stippeneficiary in Trust until the minor react of the minor child's tutor. Parents are Trustee name  Generally, a person holding power   | igned and dated here:  med above (not applicable in Qu ll a minor, the Trustee you name aches the age of majority for you considered tutors of their child.  r of attorney cannot designate  information                | neficiary(ies), please indicate that<br>rebec)<br>on this form will receive and mar<br>r specified province. In Quebec, | t a separate page with your nage the money you leave to the proceeds will be paid in true |
| Additional designations is attached, so additional designations is attached, so a frustee for a minor beneficiary narrow of you die when your beneficiary is stiple peneficiary in Trust until the minor read to the minor child's tutor. Parents are Trustee name  Generally, a person holding power  5. Your change of contact  | igned and dated here:  med above (not applicable in Qu ll a minor, the Trustee you name aches the age of majority for you considered tutors of their child.  r of attorney cannot designate  information l apt. number) | neficiary(ies), please indicate that<br>rebec)<br>on this form will receive and mar<br>r specified province. In Quebec, | t a separate page with your nage the money you leave to the proceeds will be paid in true |

The designation of a married or civil union spouse as a beneficiary is deemed to be irrevocable unless specified here:  $\Box$  Revocable

For Quebec only:

### 6. Sign here

You must sign to authorize any of the above changes.

I hereby revoke any prior beneficiary designation and designate the person(s) and/or organization(s) listed above as my beneficiary(ies).

I understand that the effect of my designating a beneficiary irrevocably is that, under the provisions of the respective Insurance Act(s), while the beneficiary is living, I may not alter or revoke the designation without the consent of the beneficiary and I may not assign, exercise rights under or in respect of, surrender or otherwise deal with the contract without the consent of the beneficiary.

#### Irrevocable beneficiary signature (if required)

By signing here, as the irrevocable beneficiary, I consent to the above change in beneficiary designation and understand that by doing so, I relinquish my rights as irrevocable beneficiary under the policy.

An electronic or digital signature cannot be used if you have designated a beneficiary(s).

|        |                  | <u> </u>                    | , | 0 | 3( )                      |
|--------|------------------|-----------------------------|---|---|---------------------------|
| Yours  | signature        |                             |   |   | Date signed (dd/mmm/yyyy) |
| Irrevo | cable beneficiar | y's signature (if required) |   |   | Date signed (dd/mmm/yyyy) |

#### Personal information

We collect, use, and disclose your personal information for the purpose of processing your request. We disclose your personal information to authorized employees, agents, representatives, financial institutions and other parties with whom we deal with in issuing and administering your product(s) and services, now and in the future. Also, we disclose your personal information to service providers who require this information to perform their services for us (for example data processing, programming, data storage, and printing). Unless there are contractual limitations, your personal information may be accessed or transferred within or outside Canada and may be subject to the laws of those jurisdictions. You may withdraw your consent subject to legal and contractual restrictions. You also have the right to access and correct your personal information maintained in our files. For further information you can review our Privacy Policy or email us at Canada\_Privacy@manulife.ca.

### Send us your documents online

It's faster and safer than email or regular mail.



From your Manulife Mobile app, sign in with your Manulife ID (choose Group Retirement). From the top left menu, select your name to get to your profile, then select **Send documents.** 

or

From your desktop or tablet, sign into your account at manulifeim.ca/retirement using your Manulife ID. Look for **Send documents** on your homepage under 'Quick links' **or** 'Helpful information'.

If you need to mail the form, send it to one of the addresses below.

**Outside Quebec:** 

Manulife Group Retirement P.O. Box 396

Waterloo, ON N2J 4A9 Fax: 1-866-945-5110

Quebec:

Manulife Group Retirement 2000 Mansfield, Suite 1410

Montréal, QC H3A 3A2 Fax: 1-866-945-5109