

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

Changes take effect on the date Manulife head office receives this form.

If a member belongs to more than one plan, complete a separate form for each plan.

RRIF • LIF • LRIF • PRIF Change form



This form is also available at www.manulife.ca/GRO in the 'Manage your plan'

Send us stuff online

Send us your completed form by signing in to your online account at Manulife.ca/GRO.

Look for **Send documents** in your homepage under the 'My Account' tab.

Not signed up yet?

Access your savings anytime, using our secure website. Go to Manulife.ca/GRO and click 'Sign in' to get started.

□ Name change
☐ Address change
☐ Telephone number
☐ Beneficiary change
☐ Successor annuitant
☐ Payment information

 $\hfill\square$ Banking information

General information

Please use the member name currently on our records when submitting a name change.

Group policy number	Member number		Customer number Manulife use	only
Last name of member (as listed currently)		First name		Middle initial

Change of name

Last name	First name		Middle initial
Witness signature (cannot be beneficiary if submitting a benefic	iary change)	Date signed (dd/mm	n/yyyy)
Please print full name of witness here			

Change of contact information

New mailing address (number, street and apt. number)				
City	Province	Postal code	Telephone number	Ext
New telephone number	New email address	SS		

Your change of beneficiary (or beneficiaries)

A revocable beneficiary can be changed at anytime.

An irrevocable beneficiary can only be changed with written consent from that beneficiary. A parent or guardian cannot provide consent on behalf of a minor who has been named as irrevocable beneficiary.

If you want to name more than three beneficiaries, attach a separate page with the names and the percentage of proceeds for each beneficiary.

If you have locked-in money in your RIF and you have a spouse on the date of your death, the law may require any death benefit be paid to your spouse, regardless of other beneficiaries you have named.

If you die while your beneficiary is still a minor, the trustee you name on this form will act on the child's behalf.

A copy, fax, scan or image of the beneficiary designation in this form is as valid as the original.

☐ Check here if you have attached a separate page listing additional beneficiaries. Please sign and date the attachment.

Name of beneficiary	Relationship to member	Share of benefits (%)

The above beneficiary designations are considered revocable unless you write "irrevocable" in the chart above.

For Quebec only:

The designation of a spouse as a beneficiary is deemed to be irrevocable unless specified here:

Revocable

Trustee for a minor beneficiary named above (not applicable in Quebec)

Any payment to a beneficiary who is a minor will be paid in trust to the trustee named below.

In Quebec, the proceeds will be paid in trust to the minor child's tutor.

Trustee name	Relationship

As current irrevocable beneficiary, I hereby consent to the change in beneficiary.

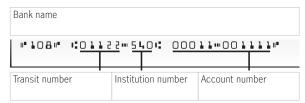
rrevocable Beneficiary name (if applicable)	Irrevocable Beneficiary's signature (if applicable)	Date signed (dd/mm/yyyy)

	Change or des	ignation of su	accessor annu	iitant (must b	e your spouse)	
Note: Any change of Successor	\square Remove successor annuitant \square Add successor annuitant \square Change successor annuitant					
Annuitant may negatively impact your joint income option.	Name of successor ann	nuitant (first, last and	middle initial)		Relationship to c	urrent owner
Please attach your spouse's proof of age.	As current irrevocable l	beneficiary. I hereby o	consent to the change	or designation of the	successor annuitant.	
or age.	Irrevocable Beneficiary r				licable) Date signed (dd/	mm/yyyy)
	Change of pay	ment informa	ation			
Please select one scheduled payment option.	Scheduled payme	nt (Please select o	one)			
Note: You are required to take at least the RIF minimum as income	☐ RIF/LIF/LRIF/PRIF/R	LIF minimum LIF	/LRIF/RLIF maximum	☐ Specified gross an	nount \$	
beginning the second calendar year of your policy. If the RIF minimum is selected, payment start date must begin in the next calendar year. Withdrawal Payment Options* Please select one of the following withdrawal payment option						
Payments are taken proportionally from each investment fund based on your total assets.	☐ Proportional to As	ssets				
Payments are taken from the investment funds and the percentage indicated in the table.	☐ Percentage Weight Please limit your withde Investment code		ns to the 9 boxes prov	·	entage must add up to ' Investment code	100%. Percentage
		%		%		
		%		%		
		%		%		
					Total	
Payments are taken from the	☐ Specified Order					
investment funds and depleted in the order indicated in the table.	Priority withdrawal order limit your instructions to			the payments will be	made and funds will be	depleted. Please
	Withdrawal Order	Investment Code	Withdrawal Order	Investment Code	Withdrawal Order	Investment Coo
	1		4		7	
	2		5		8	
					9	
	3		6		9	
		•	nwal instructions or		thdrawal instructions	cannot be met,
	*Note: If you have no	•	nwal instructions or	s.		
	*Note: If you have no Manulife will process	•	nwal instructions or coportional to Asset	s. e	thdrawal instructions	Please select one.)
	*Note: If you have no Manulife will proces: Payment frequency Monthly	•	nwal instructions or roportional to Asset	e 28th	thdrawal instructions	Please select one.)

Direct deposit is available only to Canadian bank accounts.

You MUST attach a personal blank cheque marked "VOID".

Change of banking information - direct deposit



Signature

Member's signature		Date signed (dd/mm/yyyy)
Irrevocable Beneficiary name (if applicable)	Irrevocable Beneficiary's signature (if applicable)	Date signed (dd/mm/yyyy)



Got something to send to us?

Send us your completed form online by signing in to your online account at Manulife.ca/GRO.

Look for **Send documents** in your homepage under the 'My Account' tab.

Send documents is faster and safer than email.

Not signed up yet?

Access your savings anytime, using our secure website.

Go to Manulife.ca/GRO and click 'Sign in' to get started.

You'll need your unique customer number and social insurance number to join. You can find your unique customer number on your welcome letter or a recent statement.

Mailing instructions

Send your completed form to:

Manulife

Group Retirement Solutions 2000 Mansfield, Suite 1410 MONTRÉAL QC H3A 3A2

Fax: 1-866-945-5109