

You can find this form online by signing in to your account with your Manulife ID at manulifeim.ca/retirement. Look for "Tools and resources" in the left-hand navigation menu. From there, select "Plan Resources" and then "Forms."



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.

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

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

1. What would you like to do?

Complete only the sections relevant to the change you are making. Indicate the type of change you would like to make.

- ☐ Name change – complete section 1, 2, 3 and 9
- ☐ Contact information change – complete section 1, 2, 4 and 9
- ☐ Beneficiary change – complete section 1, 2, 5 and 9
- ☐ Successor annuitant change – complete section 1, 2, 6 and 9
- ☐ Payment information change – complete section 1, 2, 7 and 9
- ☐ Banking information change – complete section 1, 2, 8 and 9

2. Your personal information

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

Member number	Group policy number	Customer number <i>Manulife use only</i>	
Last name (as listed currently)	First name	Middle initial	

3. Your change of name

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

For the above change, provide the following proof: copy of marriage certificate, name change certificate, or clear copy of driver's license and/or have your plan administrator sign the form.

4. 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	

5. Your change of beneficiary (or beneficiaries)

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.

For Quebec only:

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

In the event of an annulment or dissolution of civil union or divorce or nullity of marriage, the designation is automatically revoked. The designation of any other person is revocable unless otherwise stipulated.

A **primary beneficiary** is the person, people or entity you choose to receive the death benefits. If you choose more than one beneficiary, you will need to indicate what percentage of the benefit you would like each person to receive. When multiple primary beneficiaries are named, the total of the percentages allocated to each primary beneficiary must add up to 100%.

A **contingent beneficiary** is the person, people or entity you designate to receive the death benefits if all of the primary beneficiaries die before you.

List all primary beneficiaries.

Name (last, first, and middle initial)	Relationship	Date of Birth	Percentage of proceeds
			%
			%
			%
Total must equal 100%			

List all contingent beneficiaries.

Name (last, first, and middle initial)	Relationship	Date of Birth	Percentage of proceeds
			%
			%
			%
Total must equal 100%			

If you choose to name more than three Primary and/or Contingent Beneficiary(ies), please indicate that a separate page with your additional designations is attached, signed and dated here: ☐

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

If you die when your beneficiary is still a minor, the Trustee you name on this form will receive and manage the money you leave to the beneficiary in Trust until the minor reaches the age of majority for your specified province. **In Quebec**, the proceeds will be paid in trust to the minor child's tutor. Parents are considered tutors of their child.

Trustee name	Relationship

Generally, a person holding power of attorney cannot designate or change a beneficiary on behalf of member.

6. Change or designation of successor annuitant (must be your spouse)

Any change of Successor Annuitant may negatively impact your joint income option. Attach your spouse's proof of age.

☐ Remove successor annuitant ☐ Add successor annuitant ☐ Change successor annuitant

Name of successor annuitant (first, last and middle initial)
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As current irrevocable beneficiary, I hereby consent to the change or designation of the successor annuitant.

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

7. Change of payment information

Scheduled payment (Select one)

☐ RIF/LIF/LRIF/PRIF/RLIF minimum ☐ LIF/LRIF/RLIF maximum ☐ Specified gross amount \$ _____

For Quebec jurisdiction: LIF maximum payment does not apply to LIF owners who are 55 years of age and over.

You are required to take at least the RIF minimum as income 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*

Payments are taken from the investment funds and the percentage indicated in the table.

Select one of the following withdrawal payment options.

☐ Proportional to Assets. Payments are taken proportionally from each investment fund based on your total assets.

☐ Percentage Weighted

Limit your withdrawal fund instructions to the 9 boxes provided below. Total percentage must add up to 100%.

Investment code	Percentage	Investment code	Percentage	Investment code	Percentage
	%		%		%
	%		%		%
	%		%		%
Total must equal 100%					%

Payments are taken from the investment funds and depleted in the order indicated in the table.

☐ Specified Order

Priority withdrawal order 1 through 9 indicates the order in which the payments will be made and funds will be depleted. Limit your instructions to the 9 boxes provided below.

Withdrawal Order	Investment Code	Withdrawal Order	Investment Code	Withdrawal Order	Investment Code
1		4		7	
2		5		8	
3		6		9	

*If you have not specified withdrawal instructions or if your specified withdrawal instructions cannot be met, Manulife will process the withdrawal Proportional to Assets.

Payment frequency	Payment start date	Tax to be withheld (Select one)
☐ Monthly	Specify date, 1 st to 28 th	☐ Levelized minimum OR
☐ Quarterly		
☐ Semi-annually	Specify month and year of first payment	☐ Client specified* _____ %
☐ Annually		*must be equal to or over legislative minimums and will apply to the gross payment amount.

8. Change of banking information – direct deposit

Direct deposit is available only to Canadian bank accounts. **You MUST attach a personal blank cheque marked “VOID”.**

Bank name		
		
Transit number	Institution number	Account number

9. 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).

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

Manulife
Group Retirement
P.O. Box 396
Waterloo, ON N2J 4A9
Fax: 1-866-945-5110

Quebec:

Manulife
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