Manulife

Request for Name Change

Please send to:

Manulife
500 King Street North
P.O. Box 1669
Waterloo Ontario N2J 4Z6
manulife.ca

If the first or last name of a person has changed:
- Complete the advisor statement below, **or**
- Submit a copy of the passport, driver's license, birth certificate, marriage certificate, or provincial name change 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 documentation.

If there are changes to the controlling persons, beneficial owners or directors, or a change to the activities of the corporation, do not use this form. Use *Request for corporate amalgamation or corporate name change,* NN1730 instead.

This form is not applicable to corporate amalgamation. Use *Request for corporate amalgamation or corporate name change,* NN1730 instead.

Owner's Name

Address

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

You and *your* refer to the owner of the policy or account. *We*, *us* and *our* refer to The Manufacturers Life Insurance Company (Manulife).

If you have any questions about completing this form, contact your advisor or call our Customer Service Centre. Insurance: 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. For more information, please visit **manulife.ca**.

If you fax us the completed form, please keep the original.

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* .

1 Information to change

We need your email address to communicate with you about your policy. By giving us your email address you also consent to receiving communications about your rewards and offers related to your policy, if applicable. You must tell us if your email address changes. You may withdraw your consent at any time at 1-888- MANULIFE (626-8543), or 1-888- MANUVIE (626-8843) in Quebec.

Policy number

Name of insured person/annuitant (first, middle initial, last)

Change the name of the ◯ Insured person ◯ Owner ◯ Company or other organization ◯ Primary beneficiary ◯ Secondary beneficiary (called subrogated in Quebec)

From

First Name/Company Name | Middle Initial | Last Name

To

First Name/Company Name | Middle Initial | Last Name

Email address

Reason for change ◯ Marriage ◯ Divorce ◯ Adoption ◯ Other: _____

Date of change (dd/mmm/yyyy)

2 Signatures

If the owner is a corporation, we require:

- 2 signing officers' signatures and titles
  or
- 1 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.

We collect, use, and disclose the personal information provided for the purposes of processing your request.

We disclose your personal information to our employees, agents, representatives, financial institutions, and other parties with whom we deal in issuing and administering your products 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 investigative agencies).

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 more information, you can review our **Canadian Privacy Policy** at **manulife.ca** or email us at **Canada_Privacy@manulife.ca**.

Questions? Insurance: 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.

Signed at (location) _____ Date (dd/mmm/yyyy) _____

Former signature of insured person/annuitant

✘ _____

Current signature of insured person/annuitant

✘ _____

Former signature of policy owner (if other than insured person/annuitant)

✘ _____

Current signature of policy owner (if other than insured person/annuitant)

✘ _____

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.

3 Advisor statement

All fields must be completed in full.

By signing below, you, the advisor, verify that:
- You have reviewed the original, valid, and unexpired identity documents provided
- You believe the information provided on this form is current, correct and complete

Which original document did you review to verify this person's identity?

◯ Driver's license ◯ Passport ◯ Birth certificate ◯ Marriage certificate ◯ Other: _____

Identifying number of document reviewed _____

Jurisdiction of issue

◯ Federal

◯ Provincial (specify province or territory) _____

Name of advisor _____ Advisor code _____ Branch code _____

Signature of advisor

✘ _____