

Change form

Forward to: Manulife Financial

Attn: GSRS Client Services, KC-6 PO BOX 396 STN WATERLOO WATERLOO ON N2J 4A9

\mathcal{C}	Name change
\mathcal{C}	Beneficiary change
\mathcal{C}	Address change

	This form is also ava	ilable on th	e Manulife Web sit	e at www.m	anulife.ca/GRC)	
1 General information	If you do not know your member number, your Plan Administrator will provide it. Please use the member name currently on our records when submitting a name change.						
Must be fully completed.	Group policy number Plan Sponsor/Employer						
	Member number		Customer number	Customer number			
			Manulife Financial use only				
	Last name of member (as listed currently)		First name			Middle initial	
2 Change of name/ addition of spouse	New last name of member		First name			Middle initial	
If submitting a name change, your Plan Administrator's signature is also required in	Last name of spouse		First name	First name			
section 6 Signature(s) below.	Spouse's date of birth (dd/mmm/yyyy)						
3 Change of beneficiary	Except as specified for Quebec, all designations will be considered revocable unless expreimentable. If you designate a beneficiary as irrevocable, you may not change this designate withdraw or transfer-out funds without the written consent of the irrevocable beneficiary. A guardian cannot provide consent on behalf of a minor who has been named as irrevocable beneficiary. If you have not named a beneficiary, the death benefit will be payable to your Regarding Locked-in RRSPs only: If you have a spouse on the date of your death, legis most jurisdictions may require that any death benefit from a pension plan or locked-in pension.				or The designation of a spouse as beneficiary is deemed to be irrevocable unless specified here:		
	be payable to your spouse, regardless of any other beneficiary designation you have made			nade.	nds Revocable		
If naming more than one beneficiary, attach a separate page. Include the name and	Name of beneficiary				you have parate page.		
relationship of a Trustee for each minor beneficiary. This attachment must be signed	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.						
and dated.	Name of trustee(s) for minor beneficiary		Relationship of trustee to minor				
4 Change of mailing address	New mailing address (number, street and apt. number)						
	City	Province	Postal code	Telephone number Ext		Ext	
	Email (if applicable)						
5 Other changes							
6 Signature(s) Member's signature				Date signed (dd/mmm/yyyy)			
You must sign to authorize ANY of the above changes.	Plan Administrator's signature (if required)				Date signed (dd/mmm/yyyy)		
-							
	As current irrevocable beneficiary, I hereby consent to the change in benef Irrevocable beneficiary's signature (if required)				ficiary indicated in section 3. Date signed (dd/mmm/yyyyy)		