

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.



This form is also available at [www.manulife.ca/GRO](http://www.manulife.ca/GRO) in the 'Manage your plan' section.

**Send us stuff online**

Send us your completed form by signing in to your online account at [Manulife.ca/GRO](http://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](http://Manulife.ca/GRO) and click 'Sign in' to get started.

- Name change
- Address change
- Telephone number
- Beneficiary change
- Successor annuitant
- Payment information
- 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	<b>Manulife use only</b>
Last name of member (as listed currently)		First name	

## Change of name

Last name	First name	Middle initial
Witness signature (cannot be beneficiary if submitting a beneficiary change)		Date signed (dd/mm/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		

## 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.

If you do not have a Successor Annuitant or a named Beneficiary, proceeds will be paid to your estate.

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

Irrevocable Beneficiary name (if applicable)	Irrevocable Beneficiary's signature (if applicable)	Date signed (dd/mm/yyyy)
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## Change or designation of successor annuitant (must be your spouse)

**Note:** Any change of Successor Annuitant may negatively impact your joint income option.

Please 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)	Relationship to current owner
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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)	Signature of Irrevocable Beneficiary (if applicable)	Date signed (dd/mm/yyyy)
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## Change of payment information

Please select one scheduled payment option.

**Note:** 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.

Payments are taken proportionally from each investment fund based on your total assets.

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

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

### Scheduled payment (Please select one)

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

### Withdrawal Payment Options\*

Please select one of the following withdrawal payment options.

**Proportional to Assets**

**Percentage Weighted**

Please 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
	%		%		%
	%		%		%
	%		%		%
<b>Total</b>					%

**Specified Order**

Priority withdrawal order 1 through 9 indicates the order in which the payments will be made and funds will be depleted. Please 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	

**\*Note: 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

- Monthly  
 Quarterly  
 Semi-annually  
 Annually

### Payment start date

Specify date, 1st to 28th  
 Specify month and year of first payment

### Tax to be withheld (Please select one.)

- Levelized minimum **OR**  
 Client specified\* \_\_\_\_\_ %

**\*must be equal to or over legislative minimums and will apply to the gross payment amount.**

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## 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		
⑈ 108 ⑈ ⑆ 0 1 1 2 2 ⑆ 5 4 0 ⑆ 0 0 0 1 1 ⑆ 0 0 1 1 1 ⑆ ⑈		
Transit number	Institution number	Account number

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## 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?

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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.

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## Mailing instructions

Send your completed form to:

**Manulife**

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

Fax: 1-866-945-5109