

Beneficiary Designation

Manulife Financial P O Box 670 Stn Waterloo, Waterloo Ontario N2J 9Z9

Please read the instructions and definitions on both pages before completing this form. Manulife Financial (the Company) assumes no responsibility for its validity or sufficiency.

Please PRINT ALL NAMES (Full Name, Relationship to Life Insured, Percentage).

Date and sign as required at bottom of form.

Please complete and return to the Company; a registered copy will be returned to you to be attached to your certificate/policy.

For contracts signed in Quebec, the designation of the Spouse is irrevocable unless otherwise specified.

Name of Owner:				
Certificate/Policy Number:				
Name of Life Insured:				
The undersigned hereby revokes any beneficial upon the death of the Life Insured under the above the control of the Life Insured under the above the control of the Life Insured under the above the control of the Life Insured under the Control of the Cont	, ,	ion or direction of payment previously made in re es) and directs that such proceeds be paid to:	spect to the proceeds payabl	e
Name of New Primary Beneficiar	ry(ies)	Relationship to Life Insured	Percentage	
				Revocable Irrevocable
	<u></u>			Revocable Irrevocable
				Revocable Irrevocable
				Revocable Irrevocable
Name of New Contingent Beneficiary(ies		s) Relationship to Life Insured	Percentage	
				Revocable Irrevocable
Minor Clause – check (√) if neces	sary			
Trustee For Children Full Name (please print)		Relationship to Life Insu	ured	
		ayment due on or after the life insured's	death to any BENEFIC	CIARY
DESIGNATED in this form who is a min t is hereby certified that the unders				
·	-			
Signature of Owner	Date	Signature of Irrevocable or I	Preferred Beneficiary if applic	able Date

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