

Beneficiary Designation

Please send to:
 Manulife Financial
 Individual Insurance
 500 King Street North
 PO BOX 1669
 WATERLOO ON N2J 4Z6

Use this form, NN0283E, to name a beneficiary as described in your contract and permitted by law.

Lifecheque policies: You must use different forms. See **Related forms**, page 2.

- *We, us* and *our* refer to the insurer of the policy identified below.
- *You* and *your* refer to the policy owner.
- 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.
- See page 2 of this form for instructions on how to complete it.
- **Please submit the signed original of this form.**

Owner's name (first, middle initial, last)

Address (number, street, apt.)

City Prov. Postal code

If you have any questions on how to complete this form, please contact your Manulife Financial advisor or call our Customer Service Centre at 1-888-626-8543 if you live outside Quebec or 1-888-626-8843 if you live in Quebec.
 If you are calling from outside of North America, please phone us collect at 519-747-6600 (8am - 5pm ET, Mon - Fri).

1 General information By completing this form, you are asking us to update the information you previously provided. Any previous beneficiary designation or trustee appointment is revoked. Please restate the beneficiary designations or trustee appointments you wish to maintain or select no change , as applicable.	Policy number(s)		
	Name of insured person/annuitant (first, middle initial, last)		
	Branch code	Advisor name	Advisor code

2 Primary and secondary beneficiary designation Beneficiaries (other than a spouse under a Quebec policy) are revocable unless you specifically indicate otherwise by writing the word "irrevocable" after that beneficiary's name. If you have an irrevocable beneficiary your rights in the policy will be limited. The beneficiary must give written consent before you can: <ul style="list-style-type: none"> • change this designation; • withdraw funds; • assign the contract; • transfer ownership; or • otherwise change your policy (e.g. decrease coverage). Note: Minor children cannot give written consent to these changes.	For policies in Quebec only: If you named your spouse as a beneficiary, the designation is irrevocable unless you select <input type="radio"/> Revocable .		
	Primary beneficiary name(s) (first, middle initial, last) To leave the primary beneficiary name(s) <i>unchanged</i> , select <input type="radio"/> no change	Relationship to insured person (in Quebec, relationship to owner)	Share (total 100%)
			%
			%
			%
	Secondary beneficiary name(s) (first, middle initial, last) To leave the secondary beneficiary name(s) <i>unchanged</i> , select <input type="radio"/> no change	Relationship to insured person (in Quebec, relationship to owner)	Share (total 100%)
			%
			%
			%
	A secondary beneficiary (also known as a <i>contingent</i> beneficiary) receives a death benefit only if no primary beneficiaries are alive when the insured person dies or if all primary beneficiaries are disqualified.		

3 Trustee for minor beneficiaries (not applicable in Quebec)	Please complete this section if a beneficiary named in section 2 is a minor. If so, you agree that any benefit that becomes payable to a minor child will be paid to the trustee to hold in trust for the child until the child comes of age.		
	Beneficiary name(s) (first, middle initial, last)	Trustee name(s) (first, middle initial, last) To leave the trustee name(s) <i>unchanged</i> , select <input type="radio"/> no change	Relationship of trustee to beneficiary

4 Signatures If the policy owner is a corporation, we require the signatures and titles of two signing officers, or the signature and title of one signing officer and the corporate seal. The current beneficiary must sign the form to agree to the beneficiary change and to release his or her interest as a beneficiary if he or she is: <ul style="list-style-type: none"> • an irrevocable beneficiary, or • a preferred beneficiary and the new beneficiary is not preferred. The provisions on page 2 of this form are also part of this beneficiary designation.	By signing below, I: <ul style="list-style-type: none"> • revoke any beneficiary designation or direction of payment that was previously made with respect to the proceeds payable on the death of the insured person or annuitant under the above policy or policies, and • direct that those proceeds be paid to the beneficiary or beneficiaries shown above. 	
	Signed at (city or town, province)	Date (dd/mmm/yyyy)
	Signature of owner (title, if applicable) X	Signature of witness (other than beneficiary) X
	Signature of owner (title, if applicable) X	Signature of witness (other than beneficiary) X
	By signing here, I consent to the above change in the beneficiary designation for the above policy(ies) and relinquish my rights as a beneficiary.	
Signature of irrevocable or preferred beneficiary, if applicable X		

<p>Instructions for completion</p>	<p>This form provides for two classes of beneficiary - primary and secondary. It is not necessary to designate a secondary beneficiary.</p> <p>When you complete this form, all previous beneficiary designations and trustee appointments are revoked. To leave a previous designation or appointment intact, write that name again on this form or select no change, as applicable.</p> <p>When completing a beneficiary designation, you don't need to add phrases such as "if living, otherwise," "share and share alike" or "equally" because these concepts are covered by how we pay the death benefit, as described in the <i>Payment to beneficiaries</i> section below.</p> <p>If you want the beneficiaries in a class (primary or secondary) to receive different shares of the death benefit, indicate the percentage share of the death benefit to be received beside each beneficiary.</p> <p>If you make any corrections on this form, initial them to confirm that they are valid.</p>
<p>Payment to beneficiaries</p>	<p>Under one of the conditions specified below, we will pay the death benefit (in one lump sum or in installments) unless otherwise stated in the beneficiary designation or the applicable policy:</p> <ol style="list-style-type: none"> 1) To any primary beneficiaries who are alive at the time the insured person dies; or 2) If no primary beneficiary is then alive, to any secondary beneficiaries who are then alive; or 3) If no beneficiary is then alive: <ol style="list-style-type: none"> a) To the estate of the last surviving beneficiary, provided he or she died after the insured person and the benefit is being paid in installments; otherwise b) To the policy owner, if other than the insured person; otherwise c) To the policy owner's estate. <p>If a beneficiary is disqualified from receiving the death benefit for any reason, we will consider that person to have died for the purposes of the benefit payment.</p> <p>Beneficiaries in the same class (primary or secondary) share equally in any death benefit payable to them unless you specify otherwise. If a beneficiary dies before the benefit is payable, his or her share is allocated equally among any surviving beneficiaries in the same class unless you specify otherwise.</p>
<p>Related forms</p>	<p>For Lifecheque insurance coverages in Quebec, use <i>Lifecheque beneficiary designations</i> for policies governed by Quebec law, NN1467E. For Lifecheque insurance coverages outside Quebec, use <i>Direction to Pay</i>, NN0999E.</p>