

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

Transfer of ownership

- In this document, we, *us* and *our* refer to the company that insures the policy, identified below, *you* and *your* refer to the owner of the policy before the transfer, and an *insured person* is a person who is insured under the policy or any rider.
- For Synergy, the word *policy* also refers to *solution*.
- **All existing beneficiary designations are revoked when ownership is transferred.**



- Transferring ownership of a policy may have tax consequences, such as a loss of preferential tax treatment or a gain on transfer. New owners are responsible for reporting non-resident withholding tax if they move out of Canada. Call our customer service centre for information about tax implications.
- If the transfer of ownership is for a universal life or Performax Gold policy, also submit *Identifying owners of Individual Insurance policies*, NN1558E. We cannot process this request without that form.
- If you have any questions on how to complete this form, contact your Manulife Financial advisor or call our customer service centre at 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, phone us collect at 519-747-6600.

Complete the correct beneficiary designation for the policy you are transferring (see section 6 for a complete list of forms).

1 General information

- * If there is more than one new owner, tell us the address where all correspondence should be mailed. A registered copy will be sent to the new owner.



Policy number(s)		Current owner's name (first, middle initial, last) If corporation, state full legal name.	
Branch code	Advisor name	Advisor code	
Address of new owner (number, street, apartment)*		City or town	Province
			Postal code

The new owner must also complete and sign section 4.

2 Information to be completed by current owner

Your signature(s) authorize us to use your social insurance number or business number for tax reporting and benefit administration.

By signing below, you revoke any existing beneficiary designation(s) and successor or subrogate owner appointments and assign absolutely all rights and interest in the above policy or policies to:

Name of new owner(s) (first, middle initial, last) If corporation, state full legal name.

For policies in all provinces except Quebec: If any policy is to be owned by more than one owner, we will set it up as *joint ownership with right of survivorship*. This means policy ownership is shared between the joint policy owners and, if the policy is still in effect after the death of one of the joint owners, that owner's share automatically passes to the surviving joint owner or owners.

If you want ownership of your policy to be set up as *tenants in common* instead of *joint ownership with right of survivorship*, select *tenants in common* below.

☐ Tenants in common (If you select this option, complete *Establishing tenants in common ownership for a policy*, NN0967E.)

For policies in Quebec: If any policy is to be owned by more than one owner, and if the policy is still in effect after the death of one of the owners, that owner's interest will pass to their estate unless a subrogated policy owner has been named for that person's interest in the policy.

Relationship of current owner to new owner (This must be completed so we can determine the tax consequences of the transfer.)

Was any money paid by the new owner(s) to the current owner(s) for this transfer? ☐ No ☐ Yes

If yes, tell us the amount: \$ _____

****If the owner is a corporation, we require:**

- two signing officers' signatures and titles and
- or
- one 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 the corporation, in addition to signing, write your initials in the box provided.



Corporate owners: Provide legal documentation.

Is this transfer due to a business wind up or amalgamation subject to subsection 88(1) or subsection 87(1) of the Income Tax Act? ☐ No ☐ Yes If yes, provide legal documentation.

Signed at	Date (dd/mm/yyyy – for example, 23/JUL/2013)
Signature of current owner (title, if applicable)** X	Signature of witness X

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.

Signature of current owner (title, if applicable)** X	Signature of witness X
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For irrevocable beneficiaries

By signing here, the irrevocable or preferred beneficiaries consent to the transfer of ownership and relinquish their rights to the above policy or policies, including their rights as a beneficiary.

Signature of all existing irrevocable or preferred beneficiaries X	Signature of all existing irrevocable or preferred beneficiaries X
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3 For Quebec policies only	By signing here the people insured (or parents or guardians (tutors in Quebec) on behalf of minor children) consent to the transfer of the policy or policies identified in section 1 to the new owner identified in section 2.		
	Signatures of all people insured <div style="border: 1px solid black; height: 20px; width: 100%; position: relative;"> X </div>		<div style="border: 1px solid black; height: 20px; width: 100%; position: relative;"> X </div>
	<div style="border: 1px solid black; height: 20px; width: 100%; position: relative;"> X </div>		<div style="border: 1px solid black; height: 20px; width: 100%; position: relative;"> X </div>
4 Information to be completed by new owner * Provide your social insurance number or, if the new owner is a corporation, provide the business number. Business number is a business' number for tax purposes, such as filing an income tax return. The Income Tax Act requires us to collect and record this number if a policy is owned by a corporation. ** If the owner is a corporation, we require: <ul style="list-style-type: none"> two signing officers' signatures and titles or one 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.	The new owner must complete a new beneficiary designation because all existing designations are revoked when the ownership is transferred. Complete and submit a beneficiary designation (see section 6 for a complete list of forms). If the new owners do not designate beneficiaries, benefits payable will be paid to the new owners or their estate.		
	SIN/Federal business number of new owner*		
	If the new owner will be paying for this policy by automatic monthly withdrawal, complete and submit <i>Request to change or create a new automatic monthly withdrawal plan</i> , NN0312E with a specimen cheque marked VOID. By signing below, the new owners authorize our use of their social insurance number or business number for tax reporting and administration of benefits, policies or contracts.		
	Signed at	<i>This date must be the same or later than the date in section 2.</i>	Date (dd/mm/yyyy – for example, 23/JUL/2013)
	Signature of new owner (title, if applicable)**		Signature of witness
	<div style="border: 1px solid black; height: 20px; width: 100%; position: relative;"> X </div>		<div style="border: 1px solid black; height: 20px; width: 100%; position: relative;"> X </div>
	Signature of new owner (title, if applicable)**		Signature of witness
	<div style="border: 1px solid black; height: 20px; width: 100%; position: relative;"> X </div>		<div style="border: 1px solid black; height: 20px; width: 100%; position: relative;"> X </div>
	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.	
5 Authorizations and consent required by new owner In this section, <i>you</i> and <i>your</i> refer to the new policy owner.	<div style="border: 1px solid black; padding: 5px;"> <p>Read this entire section carefully. It explains how your personal information is used to issue and administer the policy or policies identified in section 1. Your signature on this form means that you authorize and agree to the ways we collect, use, share and retain your personal information and that you agree to the terms described in this application. You may not alter any of the wording in section 5. Any attempt to do so will be of no effect. If you wish to withdraw your consent or opt out of direct marketing, see the relevant section below.</p> <p>Using your personal information</p> <p>We may use the personal information that we collect to:</p> <ul style="list-style-type: none"> confirm your identity and to uniquely identify you confirm the accuracy of the information collected understand your financial situation better, assess the insurance risks we are assuming and review claims submitted to us properly administer any financial services and products we provide comply with legal and regulatory requirements conduct searches to locate you and update your contact information in our files and determine whether other financial products offered by us, our affiliates and select financial product providers, are suitable for you so that we can provide you with details on those products. <p>In addition, we may use your social insurance number and your business number (if applicable) to uniquely identify you and to fulfill our tax-reporting requirements.</p> <p>Sharing your personal information</p> <p>We may share your personal information with the following people, organizations or service providers:</p> <ul style="list-style-type: none"> our corporate affiliates, employees and agents who require this information to perform their jobs third-party service providers who require this information to provide their services to us, which may include: <ul style="list-style-type: none"> claims investigators and investigative agencies providers of information processing and storage, programming, printing, mailing and distribution services your advisor and any agency that employs your advisor or has named your advisor as its agent, and their employees applicable reinsurance companies to allow them to evaluate and administer any insurance risk that they accept people to whom you have granted access people who are legally authorized to view your personal information. <p>These people, organizations and service providers may be in other provinces or in jurisdictions outside Canada. Your information may be shared as required by the laws of those jurisdictions.</p> </div>		

continued...

<p>5 Authorizations and consent required by new owner (continued)</p>	<p>Protecting and retaining your personal information We protect the personal information that we collect and secure it in an individual insurance file. We will keep your personal information for the longer of:</p> <ul style="list-style-type: none"> • the time period required by law and by guidelines set for the financial services industry • the time period required to administer the products and services we provide. <p>These authorizations and your consent remain in effect after your death so that we can evaluate and review any claims related to the policy.</p> <p>Dealing with us by telephone Customer service calls are recorded for service quality control, information verification and training.</p> <p>Withdrawing consent You may withdraw your consent for us to collect, use, share or retain your personal information if federal or provincial laws give you this right.</p> <div style="border: 1px solid black; padding: 5px;"> <p>If you have withdrawn your consent or if your consent is not adequate, you agree that until adequate consent is given the following consequences may apply:</p> <ul style="list-style-type: none"> • no benefit will be payable under the policy • you or your estate will not be able to exercise any rights you have under the policy without our agreement and • at our option, we may choose to terminate the policy. </div> <p>You may at any time withdraw your consent for us to use your social insurance number and your business number for the purpose of uniquely identifying you. However, withdrawal of this consent may affect our ability to ensure the accuracy of your personal and financial information.</p> <p>To withdraw your consent, you must use the form and the process for withdrawal of consent that we determine. Contact us for detailed information or for forms by calling our customer service centre at 1-888-626-8543 in all provinces except Quebec, 1-888-626-8843 in Quebec, or by writing to the privacy office at the address on this page.</p> <p>Opting out of direct marketing You have the right to opt out of additional product offerings. By withdrawing your consent for us to use your personal information for the purpose of marketing, you understand it will not affect our ability to continue to provide you with the products and services you have requested, but it will exclude you from receiving direct personalized marketing or special offers on other products and services.</p> <p>Contact us to opt out of direct marketing by calling our customer service centre at 1-888-626-8543 in all provinces except Quebec, or 1-888-626-8843 in Quebec.</p> <p>Your right to access your personal information You can ask to review your personal information in our files and have any inaccuracies corrected by sending a written request to:</p> <p>Privacy office - Individual Insurance, 25 Water Street S., PO Box 800 Stn C, Kitchener, ON N2G 4Y5</p> <p>Where you can find more information about our privacy policy To obtain a copy of our policies and practices for handling personal information, contact our privacy office at the address above, or visit www.manulife.ca > Privacy Policy.</p> <div style="border: 1px solid black; padding: 5px;"> <p>How we resolve complaints To discuss any questions or concerns you may have, contact your advisor or our head office at 1-888-626-8543 in all provinces except Quebec, or 1-888-626-8843 in Quebec. More information about our complaint resolution process is available on the Internet at www.manulife.ca under <i>Consumer Assistance</i>.</p> </div>
<p>6 Related forms</p>	<p>To designate beneficiaries for life insurance, use</p> <ul style="list-style-type: none"> • For life insurance (except Synergy), <i>Beneficiary designation</i>, NN0283E • For life insurance coverages, (except Synergy), <i>Beneficiary designation at a coverage level</i>, NN0772E • For Synergy, <i>Beneficiary designation and direction to pay for Synergy</i>, NN1609E <p>To designate beneficiaries for disability, critical illness or long term care insurance in Alberta, British Columbia, Manitoba and Quebec, use</p> <ul style="list-style-type: none"> • For Lifecheque, <i>Beneficiary designations for Lifecheque policies</i>, NN1467E • For LivingCare, <i>Beneficiary designations for LivingCare policies</i>, NN1561E • For Synergy, <i>Beneficiary designation and direction to pay for Synergy</i>, NN1609E • For disability or critical illness (except Lifecheque and Synergy), <i>Beneficiary designations for disability policies or critical illness policies (except Lifecheque and Synergy)</i>, NN1584E <p>To name a successor owner or a subrogated policy owner, use <i>Designation of a Successor owner/ Subrogated policy owner</i>, NN0930E. We recommend that the policy owner does this if the owner is not a corporation, or an insured person under this policy.</p>

Beneficiary designation

Life policies (except Synergy): Use this form to name a beneficiary as described in your contract and permitted by law.

Accident and sickness insurance policies, and combination insurance (including Lifecheque, LivingCare and Synergy): You must use different forms. See **Related forms for disability insurance, critical illness insurance, long term care insurance and Synergy**, page 2.

- *We, us and our* mean the insurer of the policy identified below. *You and your* mean 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.

Submit the signed original of this form.

- If you have any questions about completing this form, contact your advisor or call our customer service centre at 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.

Mail this completed form to
Manulife Financial, Individual Insurance at:

All provinces except Quebec 500 King Street North
PO BOX 1669
WATERLOO ON N2J 4Z6

In Quebec 2000, rue Mansfield
bureau 1310
MONTREAL QC H3A 3A1

Advisor name	Advisor code
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1 General information

By completing this form, you are asking us to change the information you previously provided. **Any previous beneficiary designation or trustee appointment is revoked.**

Policy number(s)		Name of insured person/annuitant (first, middle initial, last)	
Name of owner (first, middle initial, last or full name of legal entity)			
Address of owner (number, street, apartment)		City or town	Province
			Postal code

2 Beneficiary designation

Beneficiaries (other than a spouse under a Quebec policy) are revocable unless you write 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:

- 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.

* **In Quebec**, tell us the beneficiary's relationship to the owner.

In all provinces except Quebec, tell us the beneficiary's relationship to the insured person.

Restate the beneficiary designations or trustee appointments you want to make or maintain.

For policies issued in Quebec only: If you named your married or civil union spouse as a beneficiary, the designation is irrevocable unless you select revocable .		<input type="radio"/> Revocable
Beneficiary name(s) (first, middle initial, last)	Relationship*	Share (total 100%)
		%
		%
		%
Secondary beneficiary (subrogated in Quebec) name(s) (first, middle initial, last)	Relationship*	Share (total 100%)
		%
		%
		%

3 Trustee for minor beneficiaries (not applicable in Quebec)

Complete this section if a beneficiary named on this form 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)	Relationship of trustee to beneficiary

4 Signatures

**** If the owner is a corporation, we require:**

- two signing officers' signatures and titles
 - or**
 - one 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.

By signing below, you:

- 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 listed on this form.

Signed at (city or town, province)		Date (dd/mmm/yyyy)	
Signature of owner ** X		Signature of witness (other than beneficiary) X	
Title (if applicable):			
Signature of owner ** X		Signature of witness (other than beneficiary) X	
Title (if applicable):			
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.		
By signing here, you, the irrevocable beneficiary, consent to the above change in the beneficiary designation listed on this form for the above policy(ies) and relinquish your rights as a beneficiary.			
Signature of irrevocable or preferred beneficiary, if applicable X		Signature of witness X	Date (dd/mmm/yyyy)

Instructions for completion	<p>This form allows you to name two classes of beneficiary - beneficiary and secondary beneficiary. You don't have 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.</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 (beneficiary and secondary beneficiary) 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>
Payment to beneficiaries	<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 beneficiaries who are alive at the time the insured person dies; or 2) If no beneficiary is then alive, to any secondary beneficiaries (also known as contingent beneficiaries, or subrogated beneficiaries in Quebec) 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 (beneficiary or secondary beneficiary) 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>
Signatures	<p>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:</p> <ul style="list-style-type: none"> • an irrevocable beneficiary, or • a preferred beneficiary and the new beneficiary is not preferred.
Related forms for disability insurance, critical illness insurance, long term care insurance and Synergy	<p>To designate beneficiaries in Alberta, British Columbia, Manitoba and Quebec</p> <ul style="list-style-type: none"> • For Lifecheque, <i>Beneficiary designations for Lifecheque policies</i>, NN1467E • For LivingCare, <i>Beneficiary designations for LivingCare policies</i>, NN1561E • For Synergy, <i>Beneficiary designation and direction to pay for Synergy</i>, NN1609E • For disability or critical illness (except Lifecheque and Synergy), <i>Beneficiary designations for disability policies or critical illness policies (except Lifecheque and Synergy)</i>, NN1584E <p>To direct payment of benefits in all other provinces and territories</p> <ul style="list-style-type: none"> • For Lifecheque, <i>Direction to pay for Lifecheque policies</i>, NN0999E • For LivingCare, <i>Direction to pay for LivingCare policies</i>, NN1571E • For Synergy, <i>Beneficiary designation and direction to pay for Synergy</i>, NN1609E