

This form to be used for one of the following:



Change of ownership

Assignment of policy - collateral only

he returned

Policy No on the life of	MUST BE COMPLETED	IN ALL CASES			
in the above numbered policy issued by The Manufacturers Life Insurance Company (the Company) is hereby assigned to, or if new or changed to: Insert name and address of: Assignee New owner Dated at this day of (year) Signature of current owner Signature of witness Signature of life insured if other than owner Signature of witness Signature of irrevocable beneficiary, if applicable (or trustee of irrevocable beneficiary) Signature of witness BENEFICIARY DESIGNATION (MUST BE COMPLETED BY THE NEW OWNER) NOTE: FOR QUEBEC CONTRACTS, THE APPOINTMENT OF YOUR SPOUSE IS IRREVOCABLE UNLESS YOU CHECK THIS BOX REVOCABLE Primary beneficiary(ies) (print name(s) in full) Check only if making irrevocable Secondary beneficiary(ies) (print name(s) in full) Check only if making irrevocable Check only if making irrevocable Signed at this day of	Policy No	on the life of			Account No
Changed to: Insert name and address of: Assignee New owner Dated at this day of (year) Signature of current owner Signature of witness Signature of life insured if other than owner Signature of irrevocable beneficiary, if applicable (or trustee of irrevocable beneficiary) Signature of witness Signature of witness Signature of witness BENEFICIARY DESIGNATION (MUST BE COMPLETED BY THE NEW OWNER) NOTE: FOR QUEBEC CONTRACTS, THE APPOINTMENT OF YOUR SPOUSE IS IRREVOCABLE UNLESS YOU CHECK THIS BOX REVOCABLE Primary beneficiary(ies) (print name(s) in full) Check only if making irrevocable Secondary beneficiary(ies) (print name(s) in full) Check only if making irrevocable Trustee Insert name and address of: New owner Signature of witness Trustee Check only if making irrevocable Trustee Insert name and address of: New owner Signature of witness Trustee Insert name and address of: New owner Signature of witness Trustee Insert name and address of: New owner Signature of witness Signature of witness Trustee Insert name and address of: New owner Signature of witness Signature of witness Signature of witness Trustee Insert name and address of: New owner Signature of witness Signature of wi			f desired)		
Changed to: Insert name and address of: Assignee New owner Dated at					
Signature of current owner Signature of life insured if other than owner Signature of life insured if other than owner Signature of witness Tignature of witness Signature of witness Tignature of witness Signature of witness Trustee					ompany) is hereby assigned to, or if new
Signature of life insured if other than owner Signature of life insured if other than owner Signature of witness	Dated at		this	day of	,
Signature of irrevocable beneficiary, if applicable (or trustee of irrevocable beneficiary) Signature of witness	Signature of current owner			Signature o	of witness
BENEFICIARY DESIGNATION (MUST BE COMPLETED BY THE NEW OWNER) NOTE: FOR QUEBEC CONTRACTS, THE APPOINTMENT OF YOUR SPOUSE IS IRREVOCABLE UNLESS YOU CHECK THIS BOX REVOCABLE Primary beneficiary(ies) (print name(s) in full) Check only if making irrevocable Secondary beneficiary(ies) (print name(s) in full) Check only if making irrevocable Check only if making Trustee irrevocable Secondary beneficiary (ies) (print name(s) in full) Check only if making irrevocable Signed at this day of	Signature of life insured if oth	ner than owner		Signature o	of witness
NOTE: FOR QUEBEC CONTRACTS, THE APPOINTMENT OF YOUR SPOUSE IS IRREVOCABLÉ UNLESS YOU CHECK THIS BOX REVOCABLE Primary beneficiary(ies) (print name(s) in full) Check only if making irrevocable Secondary beneficiary(ies) (print name(s) in full) Check only if making irrevocable Check only if making Trustee Secondary beneficiary(ies) (print name(s) in full) Check only if making irrevocable Signed at	Signature of irrevocable bend	eficiary, if applicable (or trustee c	of irrevocable beneficiary)	Signature	of witness
Check only if making irrevocable Secondary beneficiary(ies) (print name(s) in full) Check only if making irrevocable Check only if making irrevocable Signed at this day of					YOU CHECK THIS BOX
Relationship to life insured making irrevocable	Primary beneficiary(ies) (print name(s) in full)			
Check only if Relationship to life insured Trustee irrevocable Signed at this day of,	Relationship to life insure	d	making	Trustee _	
Relationship to life insured making Trustee irrevocable Signed at this day of,	Secondary beneficiary(ies	s) (print name(s) in full)			
Signed at,,, (year)	Relationship to life insure	d	making	Trustee _	
(year)	Signed at		this	day of	,
Signature of new owner (title if applicable) Signature of witness					· ·

NOTE: 1. Unless specifically requested in writing to do otherwise, the Company will make no change in the notices respecting this policy.

2. Make sure this form carries out your intentions. The Company is not responsible for its effect, validity or sufficiency.

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