



This form to be used for one of the following:

- Change of ownership
- Assignment of policy - collateral only



Please complete this form and forward all copies to CDSPI. One copy will be returned.

MUST BE COMPLETED IN ALL CASES

Policy No. _____ on the life of _____ Account No. _____

For value received, all the rights and interests of:

Insert full name of current owner (and beneficiary if desired)

in the above numbered policy issued by The Manufacturers Life Insurance Company (the Company) is hereby assigned to, or if new owner 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) _____

Relationship to life insured _____ Check only if making irrevocable Trustee _____

Secondary beneficiary(ies) (print name(s) in full) _____

Relationship to life insured _____ Check only if making irrevocable Trustee _____

Signed at _____ this _____ day of _____, _____ (year)

_____ Signature of new owner (title if applicable)	_____ Signature of witness
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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.