

P.O. Box 4213, Stn A, Toronto, Ontario M5W 5M3

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

Please PRINT ALL NAMES (Full Name, Relationship to Owner, Proportion Payable).

Date and sign as required at bottom of form. **ONLY ORIGINAL SIGNATURE IS ACCEPTED.**

**Please complete this form and forward all copies by mail to CDSPI. One 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 you check this box  Revocable

**Basic Life**     **Accidental Death and Dismemberment**     **Family Life**     **Term 100**

**Name of Owner (print name in full):** \_\_\_\_\_

**Policy(ies) Number(s) for Basic Life:** \_\_\_\_\_

**Name of Insured:** \_\_\_\_\_

**CDSPI account no.:** \_\_\_\_\_

The undersigned hereby revokes any beneficiary designation or direction of payment previously made in respect to the proceeds payable upon the death of the Life Insured under the above certificate(s)/policy(ies) and directs that such proceeds be paid to:

<b>Name of New Primary Beneficiary(ies)</b> (first name, last name)	<b>Date of Birth</b> (month)(day)(year)	<b>Relationship to Owner</b>	<b>Proportion Payable</b>	<b>Check <u>only</u> if making irrevocable</b>
_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>
<b>Name of New Contingent Beneficiary(ies)</b> (first name, last name)	<b>Date of Birth</b> (month)(day)(year)	<b>Relationship to Owner</b>	<b>Proportion Payable</b>	<b>Check <u>only</u> if making irrevocable</b>
_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>

If you are naming a minor beneficiary(ies) please provide name of trustee, as insurance proceeds payable to a minor child must be made through a trustee appointed for this purpose until the beneficiary reaches the age of majority.

For Primary beneficiary – Full Name (please print)

Relationship to Owner

For Contingent beneficiary – Full Name (please print)

Relationship to Owner

Is hereby appointed trustee to receive any payment due on or after the Life Insured's death to any BENEFICIARY DESIGNATED in this form who is a minor on the date such payment falls due. **For Quebec residents only, there is no need to appoint a trustee for minor children.**

**Important: Make sure this declaration is completed to carry out your intentions.**

It is hereby certified that the undersigned is/are the age of majority.

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of Owner

\_\_\_\_\_

Signature of Witness other than beneficiary

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of Irrevocable Beneficiary (required if applicable)

\_\_\_\_\_

Signature of Witness other than beneficiary

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## INSTRUCTIONS

This form provides for two types of beneficiary designation, Primary and Contingent—but it is not necessary to designate both types. Phrases such as “if living, otherwise”, “share and share alike” or “equally” are not necessary as these are covered by the form. Beneficiaries of the same type will 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 will be allocated equally among any surviving beneficiaries of the same type, unless you specify otherwise. The signer should initial any corrections to this form.

### ADDITIONAL PROVISIONS RELATING TO BENEFICIARY DESIGNATION

**Contingent Beneficiary:** If the primary beneficiary or all the primary beneficiaries die before the Life Insured does, then the contingent beneficiary(ies) would become the new primary beneficiary(ies) automatically.

**Irrevocable Beneficiary:** If a beneficiary designation is irrevocable, the signature of the irrevocable beneficiary is required for any changes, including a change of beneficiary. With one exception designations are revocable unless specified irrevocable. **In Quebec, the designation of a spouse is irrevocable unless you specify otherwise.**

**Per Stirpes:** If you wish the descendants of a beneficiary to receive his or her portion of the benefit if the beneficiary should die before the Life Insured, you can name the beneficiaries per stirpes. If a beneficiary per stirpes dies before the Life Insured and has no descendants, their share is divided equally among the remaining beneficiaries.

**Payment to Beneficiaries:** Unless you specify otherwise, the Insurer will pay the death benefit as follows:

1. to any primary beneficiaries who are alive when a benefit is payable; or
2. if no primary beneficiary is then alive, to any contingent beneficiaries who are then alive; or
3. if no beneficiary is then alive:
  - a) to the estate of any beneficiaries who died after the Life Insured; otherwise
  - b) to the policy owner if other than the Life Insured; otherwise
  - c) to the policy owner's estate

**Trusts:** If the beneficiary designated is the trustee of an Inter Vivos Trust and if the Insurer receives proof satisfactory to it that the trust is not in effect when any death benefit is payable, then the Insurer will pay the death benefit as if the trust beneficiary had died before the Life Insured. If the beneficiary designated is the trustee of a Testamentary Trust, it will be deemed to be the trust which is created under a Last Will and Testament and if, when the death benefit is payable, it is found that the Last Will and Testament contains no trust or is not admitted to Probate or the Life Insured died intestate, then the Insurer will pay the death benefit as if the trust beneficiary had died before the Life Insured.

**Preferred Beneficiary:** This is only applicable to policies issued in Quebec prior to 1977 and prior to 1963 in other provinces. If the current beneficiary is preferred, the signature of the beneficiary is only required if the beneficiary is being changed to someone outside the preferred class.

### SPECIMEN DESIGNATIONS

Primary Contingent	- Mary Doe, wife - John Doe and James Doe, children and children born of the marriage of, or legally adopted by, the Life Insured and Mary Doe	Per Stirpes	- John Smith, brother, Mary Smith, sister, per stirpes
Primary Contingent	- Mary Doe, wife - John Doe, James Doe and Ann Smith, children, and children born of the marriage of the Life Insured and Mary Doe, and the issue equally <u>per stirpes</u> of each contingent beneficiary who may be deceased	Testamentary Trust	- The trustee of the trust created in the Last Will and Testament of the Life Insured
Primary Contingent	- Mary Smith, wife - John Smith and Ann Smith, children. Any payment due to a beneficiary during minority shall be paid to James Smith, brother of the Life Insured in trust for such beneficiary	Inter Vivos Trust	- John Doe, trustee or any successor trustee of the Trust
		_____	NAME OF TRUST
		_____	DATE OF TRUST