



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 \_\_\_\_\_

**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.