

Group Benefits Beneficiary Designation

All sections of this form should be completed as it will replace any prior designations.

1 Plan member information	Plan sponsor name	Plan contract number	Plan member certificate number	
	Plan member name (last, first and middle initial)	Province of residence	Date of birth (dd/mmm/yyyy)	
2 Basic coverage List all beneficiaries for Basic Life and/or Basic Accidental Death. Percentages must total 100% to be valid. Irrevocability	Name of beneficiary (last, first and middle initial)	Date of birth (dd/mmm/yyyy)	Relationship to plan member	Percentage %
	Name of beneficiary (last, first and middle initial)	Date of birth (dd/mmm/yyyy)	Relationship to plan member	Percentage %
	Name of beneficiary (last, first and middle initial)	Date of birth (dd/mmm/yyyy)	Relationship to plan member	Percentage %
	For Quebec residents only In Quebec, the designation of your spouse as beneficiary is irrevocable unless otherwise specified. If spouse is beneficiary, designation is: <input type="radio"/> Revocable <input type="radio"/> Irrevocable		Note: If beneficiary is shown as irrevocable, his/her consent is required to change it. Include a signed and dated consent with this form. You are responsible for ensuring the validity of your designation.	
3 Optional coverage (if applicable) Plan contract number List all beneficiaries for Optional Life and/or Optional Accidental Death. Irrevocability	Name of beneficiary (last, first and middle initial)	Date of birth (dd/mmm/yyyy)	Relationship to plan member	Percentage %
	Name of beneficiary (last, first and middle initial)	Date of birth (dd/mmm/yyyy)	Relationship to plan member	Percentage %
	Name of beneficiary (last, first and middle initial)	Date of birth (dd/mmm/yyyy)	Relationship to plan member	Percentage %
	For Quebec residents only In Quebec, the designation of your spouse as beneficiary is irrevocable unless otherwise specified. If spouse is beneficiary, designation is: <input type="radio"/> Revocable <input type="radio"/> Irrevocable		Note: If beneficiary is shown as irrevocable, his/her consent is required to change it. Include a signed and dated consent with this form. You are responsible for ensuring the validity of your designation.	
4 Contingent beneficiary	You may wish to designate a contingent beneficiary(ies) to receive any proceeds under this group policy if all of the primary beneficiary(ies), named above for either coverage, should die before you. In that event, a contingent beneficiary will automatically be entitled to the benefit that would have been payable to the primary beneficiary(ies). If you name more than one contingent beneficiary, then the proceeds will be split, evenly, amongst the contingent beneficiary(ies) you choose to name. Should there not be any surviving beneficiaries at the time of your death, the proceeds will be paid to your estate.			
	Name of contingent beneficiary (last, first and middle initial)	Date of birth (dd/mmm/yyyy)	Relationship to plan member	
	Name of contingent beneficiary (last, first and middle initial)	Date of birth (dd/mmm/yyyy)	Relationship to plan member	
5 Trustee appointment	Complete if any beneficiary named is under the age of majority. I appoint _____ as Trustee to receive any amount due to any beneficiary under the age of majority (not applicable in Quebec).			
6 Declaration and authorization This designation must be signed and dated to be valid.	I hereby revoke any previous beneficiary designations in relation to my foregoing coverage(s) and designate the person(s) named above.			
	At Manulife Financial, we know that confidentiality of personal information is important. Any information you provide to us will be kept in a Group Life and Health Benefits file. Access to your information will be limited to: <ul style="list-style-type: none"> • our employees and service representatives in the performance of their jobs; • persons to whom you have granted access; and • persons authorized by law. You have the right to request access to the personal information in your file and, if necessary, correct any inaccurate information.			
	I acknowledge that more detailed information concerning how and why Manulife Financial collects, uses and discloses my personal information is available at www.manulife.ca or by requesting a copy from my plan sponsor.			
	Plan member signature			Date signed (dd/mmm/yyyy)