

Transfer of ownership

Please send to:
 Manulife Financial
 Individual Insurance
 500 King Street North
 PO BOX 1669
 WATERLOO ON N2J 4Z6



- Transferring ownership of a policy may have tax consequences, such as a loss of preferential tax treatment or a gain on transfer. New owners are responsible for reporting non-resident withholding tax if they move out of Canada. Call our Customer Service Centre (the numbers are on page 3) for information about tax implications.
- See page 3 for instructions on completing this form. If you change any of the information you write on this form, please initial those changes.
- If the transfer of ownership is for a universal life or Performax Gold policy, please also submit *Identifying owners of Individual Insurance policies*, NN1558E. We cannot process this request without that form.
- In this document, *we, us* and our refer to the company that insures the policy, identified below, *you* and *your* refer to the owner of the policy before the transfer, and an insured person is a person who is insured under the policy or any rider.

NEW OWNER'S NAME

ADDRESS



For return mail.
 Please print new owner's name and address.
 A registered copy will be sent to the new owner.

1 General information	Policy number(s)	Current owner's name (first, middle initial, last) If corporation, state full legal name.	
	Branch code	Advisor name	Advisor code

2 Information to be completed by current owner

Your signature(s) authorize us to use your social insurance number or business number for tax reporting and benefit administration.

By signing below, you revoke any existing beneficiary designation(s) and successor or subrogate owner appointments and assign absolutely all rights and interest in the above policy or policies to:

Name of new owner(s) (first, middle initial, last) If corporation, state full legal name.

For policies outside Quebec: If you name more than one new owner, we will set up your policy with *joint ownership with right of survivorship*. If you want ownership of your policy set up as *tenants in common*, select below.

Tenants in common (If you select this option, please complete *Establishing Tenants in Common Ownership for a Policy*, NN0967E to provide the additional information we require.)

For policies in Quebec: If the contract continues after the death of an owner, the owner's share will pass to their estate unless a subrogated policy owner is named for that share.

Relationship of current owner to new owner (This must be completed so we can determine the tax consequences of the transfer.)

Was any money paid by the new owner(s) to the current owner(s) for this transfer? No Yes

If yes, indicate the amount: \$

Corporate owners: If transfer is due to business wind up (Income Tax Act section 88(1)) or amalgamation, provide legal documentation.

Signed at	Date (dd/mmm/yyyy – for example, 23/JUL/2007)
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Signature of current owner (title, if applicable) X	Signature of witness X
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Initial here	Write your initials here to confirm that you are the only person authorized to sign on behalf of the corporation and that it does not have a seal. You must also sign above.
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Signature of current owner (title, if applicable) X	Signature of witness X
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For irrevocable beneficiaries

By signing here, the irrevocable or preferred beneficiaries consent to the transfer of ownership and relinquish their rights to the above policy or policies, including their rights as a beneficiary.

Signature of all existing irrevocable or preferred beneficiaries X	Signature of all existing irrevocable or preferred beneficiaries X
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3 For Quebec policies only

By signing here the people insured (or parents or guardians (tutors in Quebec) on behalf of minor children) consent to the transfer of the policy or policies identified in section 1 to the new owner identified in section 2.

Signatures of all people insured X	X
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X	X
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4 Information to be completed by new owner

* Provide your social insurance number or, if the new owner is a corporation, provide the business number. Business number* is a business' number for tax purposes, such as filing an income tax return. The Income Tax Act requires us to collect and record this number if a policy is owned by a corporation.

** If the owner is a corporation, we require:

- two signing officers' signatures and titles
- or
- one signing officer's signature, title and the corporate seal; if the corporation does not have a seal and you are the only person authorized to sign on behalf of the corporation, in addition to signing, write your initials in the box provided.

Write the new policy owner's address in the address box at the top of page 1. If there is more than one new owner, write in the address where all correspondence should be mailed.

The new owner must complete a new beneficiary designation because all existing designations are revoked when the ownership is transferred. **Complete and submit Beneficiary Designation, NN0283E.** If the new owners do not designate beneficiaries, benefits payable will be paid to the new owners or their estate.

SIN/Federal business number* of new owner

If the new owner will be paying for this policy by automatic monthly withdrawal, complete and submit *Request to change or create a new automatic monthly withdrawal plan*, NN0312E with a specimen cheque marked VOID. By signing below, the new owners authorize our use of their social insurance number or business number for tax reporting and administration of benefits, policies or contracts.

Signed at

This date must be the same or later than the date in section 2.

Date (dd/mmm/yyyy – for example, 23/JUL/2007)

Signature of new owner** (title, if applicable)

Signature of witness

X

X

Signature of new owner** (title, if applicable)

Signature of witness

X

X

Initial here

Write your initials here to confirm that you are the only person authorized to sign on behalf of the corporation and that it does not have a seal. You must also sign above.

5 Authorizations and consent required by new owner

In this section, *you* and *your* refer to the new policy owner.

Please read this entire section carefully. It explains how your personal information is used to issue and administer the policy or policies identified in section 1. Your signature on this form means that you authorize and agree to the ways we collect, use, share and retain your personal information and that you agree to the terms described in this application. You may not alter any of the wording in section 5. Any attempt to do so will be of no effect. If you wish to withdraw your consent or opt out of direct marketing, please see the relevant section below.

Using your personal information

We may use the personal information that we collect to:

- confirm your identity and to uniquely identify you
- confirm the accuracy of the information collected
- understand your financial situation better, assess the insurance risks we are assuming and review claims submitted to us
- properly administer any financial services and products we provide
- comply with legal and regulatory requirements
- conduct searches to locate you and update your contact information in our files and
- determine whether other financial products offered by us, our affiliates and select financial product providers, are suitable for you so that we can provide you with details on those products.

In addition, we may use your social insurance number and your business number (if applicable) to uniquely identify you and to fulfill our tax-reporting requirements.

Sharing your personal information

We may share your personal information with the following people, organizations or service providers:

- our employees and agents who require this information to perform their jobs
- third-party service providers who require this information to provide their services to us, which may include:
 - claims investigators and investigative agencies
 - providers of information processing and storage, programming, printing, mailing and distribution services
- an organization, person or agent we may appoint to collect your personal information on our behalf
- your advisor and any agency that employs your advisor or has named your advisor as its agent, and their employees
- applicable reinsurance companies to allow them to evaluate and administer any insurance risk that they accept
- people to whom you have granted access
- people who are legally authorized to view your personal information

These people, organizations and service providers may be in other provinces or in jurisdictions outside Canada. Your information may be shared as required by the laws of those jurisdictions.

Protecting and retaining your personal information

We protect the personal information that we collect and secure it in an individual insurance file. We will keep your personal information for the longer of:

- the time period required by law and by guidelines set for the financial services industry
- the time period required to administer the products and services we provide.

These authorizations and your consent remain in effect after your death so that we can evaluate and review any claims related to the policy.

continued...

5 Authorizations and consent required by new owner (continued)

Dealing with us by telephone

Customer service calls are recorded for service quality control, information verification and training.

Withdrawing consent

You may withdraw your consent for us to collect, use, share or retain your personal information if federal or provincial laws give you this right.

If you have withdrawn your consent or if your consent is not adequate, you agree that until adequate consent is given the following consequences may apply:

- no benefit will be payable under the policy
- you or your estate will not be able to exercise any rights you have under the policy without our agreement and
- at our option, we may choose to terminate the policy.

You may at any time withdraw your consent for us to use your social insurance number and your business number for the purpose of uniquely identifying you. However, withdrawal of this consent may affect our ability to ensure the accuracy of your personal and financial information.

Opting out of direct marketing

You have the right to opt out of additional product offerings. By withdrawing your consent for us to use your personal information for the purpose of marketing, you understand it will not affect our ability to continue to provide you with the products and services you have requested, but it will exclude you from receiving direct personalized marketing or special offers on other products and services.

To withdraw your consent or to opt out

To withdraw your consent, you must use the form and the process for withdrawal of consent that we determine. Please contact us for detailed information or for forms by calling our Customer Service Centre at 1-888-626-8543 outside of Quebec, or 1-888-626-8843 in Quebec, or by writing to the Privacy Office at the address on this page.

Your right to access your personal information

You can ask to review your personal information in our files and to have any inaccuracies corrected by sending a written request to: Privacy Office – Individual Insurance
25 Water Street S.
PO Box 800 Stn C
Kitchener ON N2G 4Y5

Additional privacy policy information

You can obtain a copy of our policies and practices for handling personal information by contacting our Privacy Office at the above address or by visiting: www.manulife.ca > Privacy Policy

How we resolve complaints

To discuss any questions or concerns you may have, please contact your advisor or our head office at: 1-888-626-8543 outside Quebec or 1-888-626-8843 in Quebec
More information about our complaint resolution process is available on the Internet at: www.manulife.ca under Contact Us > Customer Satisfaction.

6 Instructions for completion

If you have any questions on how to complete this form, contact your Manulife Financial advisor or call our Customer Service Centre at 1-888-626-8543 if you live outside Quebec or 1-888-626-8843 if you live in Quebec.
If you are calling from outside of North America, please phone us collect at 519-747-6600.

Information to be completed by current owner (section 2)

To process the transfer correctly, we need to determine the tax consequences of the transfer. Provide us with the following information:

- the relationship of the new owner to the current owner, e.g. spouse, child, grandchild, etc.
- the percentage of voting shares held by each owner (for current and new corporate-owned policies).

The types of ownership outside Quebec

Joint ownership with right of survivorship - On the death of any joint owner who is not the insured person, their share passes automatically to the surviving joint owner(s).

Tenants in Common - Each owner has an equal share unless the new policy owner has indicated otherwise. On the death of an owner who is not the insured person, their share will pass to his or her estate unless a successor owner has been named for that share.

The current owner must complete and sign section 2.

Information to be completed by new owner (section 4)

Because all existing beneficiary designations are revoked when ownership is transferred, the new owner must make a beneficiary designation even if the beneficiaries are not changing. Complete *Beneficiary Designation*, NN0283E.

If the new policy owner wishes to name a successor owner or a subrogated policy owner, complete *Designation of a Successor owner/Subrogated policy owner*, NN0930E. We recommend that the policy owner does this if the owner is not:

- a corporation, or
- an insured person under this policy.

The new owner must complete and sign section 4.

Please send completed form to
Manulife Financial, Individual Insurance at:

All provinces except Québec In Québec
 500 King Street North 2000, rue Mansfield
 PO BOX 1669 bureau 1310
 WATERLOO ON N2J 4Z6 MONTREAL QC H3A 3A1

Life policies: Use this form to name a beneficiary as described in your contract and permitted by law.
LivingCare, disability, Lifecheque and other critical illness policies: You must use different forms. See **Related forms**, page 2.

- *We, us and our* mean the insurer of the policy identified below. *You and your* mean the policy owner.
- An insured person is a person who is insured under the policy or any rider. For annuity/investment contracts, the insured person is the annuitant.
- See page 2 of this form for instructions on how to complete it.
- **Please submit the signed original of this form.**

Owner's name
 (first, middle initial, last)
 Address
 (number, street, apt.)
 City Prov. Postal code

If you have any questions about completing this form, please contact your advisor or call our Customer Service Centre at 1-888-626-8543 if you live outside Quebec or 1-888-626-8843 if you live in Quebec. If you are calling from outside of North America, call us collect at 519-747-6600 (8am - 5pm ET, Mon - Fri).

1 General information By completing this form, you are asking us to change the information you previously provided. Any previous beneficiary designation or trustee appointment is revoked.	Policy number(s)		
	Name of insured person/annuitant (first, middle initial, last)		
	Branch code	Advisor name	Advisor code

2 Primary and secondary beneficiary designation Beneficiaries (other than a spouse under a Quebec policy) are revocable unless you write the word "irrevocable" after that beneficiary's name. If you have an irrevocable beneficiary your rights in the policy will be limited. The beneficiary must give written consent before you can: <ul style="list-style-type: none"> • change this designation; • withdraw funds; • assign the contract; • transfer ownership; or • otherwise change your policy (e.g. decrease coverage). Note: Minor children cannot give written consent to these changes. *In Quebec , tell us the beneficiary's relationship to the owner. In all provinces except Quebec , tell us the beneficiary's relationship to the insured person.	Restate the beneficiary designations or trustee appointments you want to make or maintain.		
	For policies in Quebec only: If you named your spouse as a beneficiary, the designation is irrevocable unless you select <input type="radio"/> Revocable .		
	Primary beneficiary name(s) (first, middle initial, last)	Relationship*	Share (total 100%)
			%
			%
			%
	Secondary beneficiary name(s) (first, middle initial, last)	Relationship*	Share (total 100%)
			%
			%
			%

3 Trustee for minor beneficiaries (not applicable in Quebec)	Please complete this section if a beneficiary named on this form is a minor. If so, you agree that any benefit that becomes payable to a minor child will be paid to the trustee to hold in trust for the child until the child comes of age.		
	Beneficiary name(s) (first, middle initial, last)	Trustee name(s) (first, middle initial, last)	Relationship of trustee to beneficiary

4 Signatures **If the owner is a corporation, we require: <ul style="list-style-type: none"> • two signing officers' signatures and titles or • one signing officer's signature, title and the corporate seal; if the corporation does not have a seal and you are the only person authorized to sign on behalf of the corporation, in addition to signing, write your initials in the box provided.	By signing below, I: <ul style="list-style-type: none"> • revoke any beneficiary designation or direction of payment that was previously made with respect to the proceeds payable on the death of the insured person or annuitant under the above policy or policies, and • direct that those proceeds be paid to the beneficiary or beneficiaries listed on this form. 		
	Signed at (city or town, province)		Date (dd/mmm/yyyy)
	Signature of owner ** X	Signature of witness (other than beneficiary) X	
	Title (if applicable):		
	Signature of owner ** X	Signature of witness (other than beneficiary) X	
	Title (if applicable):		
	Initial here	Write your initials here to confirm that you are the only person authorized to sign on behalf of the corporation and that it does not have a seal. You must also sign above.	
	By signing here, I consent to the above change in the beneficiary designation listed on this form for the above policy(ies) and relinquish my rights as a beneficiary.		
	Signature of irrevocable or preferred beneficiary, if applicable X		

Instructions for completion	<p>This form provides for two classes of beneficiary - primary and secondary. It is not necessary to designate a secondary beneficiary.</p> <p>When you complete this form, all previous beneficiary designations and trustee appointments are revoked. To leave a previous designation or appointment intact, write that name again on this form.</p> <p>When completing a beneficiary designation, you don't need to add phrases such as "if living, otherwise," "share and share alike" or "equally" because these concepts are covered by how we pay the death benefit, as described in the <i>Payment to beneficiaries</i> section below.</p> <p>If you want the beneficiaries in a class (primary or secondary) to receive different shares of the death benefit, indicate the percentage share of the death benefit to be received beside each beneficiary.</p> <p>If you make any corrections on this form, initial them to confirm that they are valid.</p>
Payment to beneficiaries	<p>Under one of the conditions specified below, we will pay the death benefit (in one lump sum or in installments) unless otherwise stated in the beneficiary designation or the applicable policy:</p> <ol style="list-style-type: none"> 1) To any primary beneficiaries who are alive at the time the insured person dies; or 2) If no primary beneficiary is then alive, to any secondary beneficiaries (also known as contingent beneficiaries) who are then alive; or 3) If no beneficiary is then alive: <ol style="list-style-type: none"> a) To the estate of the last surviving beneficiary, provided he or she died after the insured person and the benefit is being paid in installments; otherwise b) To the policy owner, if other than the insured person; otherwise c) To the policy owner's estate. <p>If a beneficiary is disqualified from receiving the death benefit for any reason, we will consider that person to have died for the purposes of the benefit payment.</p> <p>Beneficiaries in the same class (primary or secondary) 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 is allocated equally among any surviving beneficiaries in the same class unless you specify otherwise.</p>
Signatures	<p>The current beneficiary must sign the form to agree to the beneficiary change and to release his or her interest as a beneficiary if he or she is:</p> <ul style="list-style-type: none"> • an irrevocable beneficiary, or • a preferred beneficiary and the new beneficiary is not preferred.
Related forms	<p>To designate beneficiaries in Quebec or Manitoba, use: For Lifecheque, <i>Beneficiary designations for Lifecheque policies</i>, NN1467E For disability or critical illness (except Lifecheque), <i>Beneficiary designations for disability policies or critical illness policies (except Lifecheque)</i>, NN1584E For LivingCare, <i>Beneficiary designations for LivingCare policies</i>, NN1561E</p> <p>To direct payment of benefits in all provinces except Quebec and Manitoba, use: For Lifecheque, <i>Direction to pay for Lifecheque policies</i>, NN0999E For LivingCare, <i>Direction to pay for LivingCare policies</i>, NN1571E</p>