

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

Please PRINT ALL NAMES (Full Name, Relationship to Life Insured, Percentage).

Date and sign as required at bottom of form.

Please complete in duplicate and return both copies to the Company; a registered copy 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 otherwise specified.

**Name of Owner :** \_\_\_\_\_

**Certificate/Policy Number:** \_\_\_\_\_

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

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 policy(ies) and directs that such proceeds be paid to:

Name of New Primary Beneficiary(ies)	Relationship to Life Insured	Percentage	
_____	_____	_____	<input type="checkbox"/> Revocable
_____	_____	_____	<input type="checkbox"/> Irrevocable
_____	_____	_____	<input type="checkbox"/> Revocable
_____	_____	_____	<input type="checkbox"/> Irrevocable
_____	_____	_____	<input type="checkbox"/> Revocable
_____	_____	_____	<input type="checkbox"/> Irrevocable

Name of New Contingent Beneficiary(ies)	Relationship to Life Insured	Percentage	
_____	_____	_____	<input type="checkbox"/> Revocable
_____	_____	_____	<input type="checkbox"/> Irrevocable
_____	_____	_____	<input type="checkbox"/> Revocable
_____	_____	_____	<input type="checkbox"/> Irrevocable
_____	_____	_____	<input type="checkbox"/> Revocable
_____	_____	_____	<input type="checkbox"/> Irrevocable

**Minor Clause – check (✓) if necessary**

Trustee For Children

Full Name (please print) \_\_\_\_\_ Relationship to Life Insured \_\_\_\_\_

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.

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

\_\_\_\_\_  
Witness other than beneficiary Date

\_\_\_\_\_  
Signature of Owner Date

\_\_\_\_\_  
Witness other than beneficiary Date

\_\_\_\_\_  
Signature of Irrevocable or Preferred Beneficiary required if applicable Date

## 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, a designation in favour of a spouse is irrevocable unless specified 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 Company will pay the death benefit (in one sum or in installments) 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 Company receives proof satisfactory to it that the trust is not in effect when any death benefit is payable, then the Company 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 Company 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** – Mary Doe, wife  
**Contingent** – John Doe and James Doe, children, children born of the marriage of, or legally adopted by, the Life Insured and Mary Doe

**Primary** – Mary Doe, wife  
**Contingent** – 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 per stirpes of each contingent beneficiary who may be deceased

**Primary** – Mary Smith, wife  
**Contingent** – 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

**Per Stirpes** – John Smith, brother, Mary Smith, sister, per stirpes

**Testamentary Trust** – The trustee of the trust created in the last will and Testament of the Life Insured

**Inter Vivos Trust** – John Doe, trustee or any successor trustee of the Trust

\_\_\_\_\_  
Name of Trust

\_\_\_\_\_  
Date of Trust