

Group Benefits e-Beneficiary Designation

Complete this form if the plan member wishes to designate a beneficiary(s) or change a previously designated beneficiary(s). Manulife Financial requires the plan and certificate number to be entered on this form. For a new enrolment where Manulife Financial is assigning the certificate number, please retain this form until you receive the assigned certificate number.

Please complete sections 1, 2 and 4 as they are mandatory.

1 Plan member information	Plan contract number	Plan member certificate number	Plan sponsor name
	Plan member name (last, first and middle initial)		Province of residence
	Plan administrator name		Plan administrator telephone number

2 Basic coverage List all beneficiaries for Basic coverage. Percentages must total 100% to be valid.	Name of beneficiary (last, first and middle initial)	Relationship to plan member	Percentage of benefit %
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	Name of beneficiary (last, first and middle initial)	Relationship to plan member	Percentage of benefit %
Complete if the beneficiary 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).		

Irrevocability

For Quebec residents only
In Quebec, the designation of your spouse as beneficiary is irrevocable unless otherwise specified.
If spouse is beneficiary, designation is:
 Revocable 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. Complete if the beneficiary is under the age of majority.	Name of beneficiary (last, first and middle initial)	Relationship to plan member	Percentage of benefit %
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4 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)	

5 Mailing instructions Please send the completed form to your plan administrator.

La version française du document se trouve à l'adresse www.manulife.ca/assurancecollective