

# Beneficiary Change Form

☐ Life Insurance ☐ Pension / Education  
☐ Insurance Beneficiaries for Plans ☐ Pension Beneficiaries

Please answer completely and accurately and use black ink. Please countersign on any corrections or erasures. Please provide at least two valid IDs.

## General Information

Policy No.	Name of Policyowner (Last, First, Middle)
Mobile Number (Country Code, Area Code, Telephone Number)	Email Address

Please indicate all beneficiaries. They will supersede the beneficiaries you previously assigned to this policy. If you have previously designated beneficiaries as irrevocable, their signature is required in this form. If the space below is insufficient, please use the back portion of this form.

## Beneficiary Information

Name (Last Name, First Name M.I.)	% of Share	The beneficiary is the Proposed Insured's (state relationship):	Date of Birth (mm/dd/yyyy)	Sex (M / F)	Citizenship/ Nationality (indicate all)	Place/Country of Birth	Irrevocable? Yes No
							<input type="checkbox"/> <input type="checkbox"/>
							<input type="checkbox"/> <input type="checkbox"/>
							<input type="checkbox"/> <input type="checkbox"/>
							<input type="checkbox"/> <input type="checkbox"/>
							<input type="checkbox"/> <input type="checkbox"/>
Contingent Beneficiary (if any)							
							<input type="checkbox"/> <input type="checkbox"/>
							<input type="checkbox"/> <input type="checkbox"/>

If the beneficiary is related as a Fiancée/Fiancé to the Proposed Insured, will there be legal marriage within the next 12 months? ☐ Yes ☐ No

## Trustee Information (if beneficiary/ies are minors)

Name (Last Name, First Name M.I.)	Date of Birth (mm/dd/yyyy)	The Trustee is the Minor Beneficiary's (state relationship):
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## Declarations and Signatures

By signing on this form, I confirm that the information I provided is complete and true. I also allow Manulife to update my records based on the information in this form. I understand that the beneficiaries listed in this form will replace any beneficiary I previously assigned to this policy. I fully understand that if I have designated my beneficiary/ies as irrevocable, I cannot exercise any of the options or transactions under this policy without the consent of the irrevocable beneficiaries. These options or transactions can be the following but not limited to, applying for loans, surrendering the policy for cash, changing policy details, and other ownership rights under the policy. I also understand that in cases where an irrevocable beneficiary is a minor, I cannot exercise the same options under my policy without the consent of the minor's legal guardian. Legal guardian/s should be specifically authorized by court order or by law to act in behalf of the minor for the particular transaction.

Signatures over Printed Names

Policyowner	Irrevocable Beneficiary (if any)
Assignee (if any)	Financial Advisor (as Witness)

## For Manulife Use Only

Valid IDs: Type: \_\_\_\_\_ ID#: \_\_\_\_\_ ☐ Documents Presented: \_\_\_\_\_

Documents received and validated by: \_\_\_\_\_  
Name of CSO Branch Date (mm/dd/yyyy)

Continuation of the list of beneficiaries from page 1 of this form. Please countersign to confirm the listed beneficiaries below.

### Beneficiary Information

Name (Last Name, First Name M.I.)	% of Share	The beneficiary is the Proposed Insured's (state relationship):	Date of Birth (mm/dd/yyyy)	Sex (M / F)	Citizenship/ Nationality (indicate all)	Place/Country of Birth	Irrevocable? Yes No	
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
Contingent Beneficiary (if any)								
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>

If the beneficiary is related as a Fiancée/Fiancé to the Proposed Insured, will there be legal marriage within the next 12 months? ☐ Yes ☐ No

### Trustee Information (if beneficiary/ies are minors)

Name (Last Name, First Name M.I.)	Date of Birth (mm/dd/yyyy)	The Trustee is the Minor Beneficiary's (state relationship):

Signatures over Printed Names

\_\_\_\_\_  
Policyowner

\_\_\_\_\_  
Irrevocable Beneficiary (if any)

\_\_\_\_\_  
Assignee (if any)