

Change form for My Coastal Savings Plan

Please print clearly in the blank boxes. Remember to sign and date the form.

This form is also available on the Manulife Web site at www.manulife.ca/GRO

Section 1

Complete only the sections relevant to the change you are making. Indicate the type of change you would like to make.

- Name change - complete sections 1, 2, 3 and 7
- Beneficiary change - complete sections 1, 2, 4, and 7
- Address change - complete sections 1, 2, 5 and 7
- Other change - complete sections 1, 2, 6 and 7

Section 2

Your personal information

If you do not know your member number, your Plan Administrator will provide it. Please use the member name currently on our records when submitting a name change.

Must be fully completed 

Plan Sponsor/Employer Coastal Community		Group policy number 40002708
Member number	Customer number	
Last name of member (as listed currently)	First name	Middle initial

Section 3

Your change of name

Last name of member	First name	Middle initial
Witness/Plan Administrator's signature		Date signed (mmm/dd/yyyy)

Section 4

A **revocable** beneficiary can be changed at anytime.

An **irrevocable** beneficiary can only be changed with written consent from that beneficiary. You will also need your beneficiary's consent to withdraw or transfer money from your account. A parent or guardian cannot provide consent on behalf of a minor who has been named as irrevocable beneficiary.

If you want to name more than three beneficiaries, attach a separate page with the names and the percentage of proceeds for each beneficiary.

If you have locked-in money in your RSP and you have a spouse on the date of your death, the law may require any death benefit be paid to your spouse, regardless of other beneficiaries you've named.

If you die while your beneficiary is still a minor, the trustee you name on this form will act on the child's behalf.

Your change of beneficiary (or beneficiaries)

If you do not name a beneficiary, proceeds will be paid to your estate.

Check here if you have attached a separate page listing additional beneficiaries. Please sign and date the attachment.

Name	Relationship	Percentage of proceeds
		%
		%
		%
Total must equal 100%		100%

The above beneficiary designations are considered revocable unless you write "irrevocable" in the chart above.

For Quebec only:

The designation of a spouse as a beneficiary is deemed to be irrevocable unless specified here: Revocable

Trustee for a minor beneficiary named above (not applicable in Quebec)

Any payment to a beneficiary who is a minor will be paid in trust to the trustee named below.

In Quebec, the proceeds will be paid in trust to the minor child's tutor.

Trustee name	Relationship
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As current irrevocable beneficiary, I hereby consent to the change in beneficiary indicated in Section 4.

Irrevocable beneficiary's signature (if required)	Date signed (mmm/dd/yyyy)
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Section 5

Your change of contact information

Mailing address (number, street and apt. number)				
City	Province	Postal code	Telephone number	Ext
Email				

Section 6

Other changes

Section 7

You must sign to authorize ANY of the above changes.

Please sign here

Member's signature	Date signed (mmm/dd/yyyy)
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Mailing instructions

Send your completed forms to the address below.

If you live outside of Quebec:

Manulife Financial
Attn: GRS Client Services
P.O. Box 396
Waterloo, ON N2J 4A9

If you live in Quebec:

Manulife Financial
Group Retirement Solutions
2000 Mansfield, Suite 1410
Montréal, QC H3A 3A2