

For your future



Send your completed form to:

Manulife Financial

Attn: GRS Client Services, KC-6
PO BOX 396 STN WATERLOO

WATERLOO, ON N2J 4A9

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

	This form is also available on the Manulife Web	a sita at www.manulifa	ca/GPO				
			e.Ca/GNO				
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.						
	Plan Sponsor Coastal Community			Group policy number 20002708			
Must be fully completed	CCCU Member number	Customer	number	r			
•	Last name of member (as listed currently)	First name	ne			Middle initial	
Section 3	Your change of name						
Section 5	Last name of member	First nam				Middle initial	
	Last Harrie of Member	THSCHain				iviluale irritiar	
	Witness/Plan Administrator's signature			Date sig	ned (mmm	/dd/yyyy)	
Section 4	Your change of beneficiary (or ber	neficiaries)					
A revocable beneficiary can be changed at anytime.	If you do not name a beneficiary, proceeds will be paid ☐ Check here if you have attached a separate page li	d to your estate.	ries. Please sign ar	nd date the	attachmen	t.	
An irrevocable beneficiary can only be changed with written	Name		Relationship		Porcontag	e of proceeds	
consent from that beneficiary. You will also need your beneficiary's consent to withdraw or transfer money from your account. A parent or quardian cannot provide consent	ivaine		Relationship		reicentag	e or proceeds	
						%	
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.	Total must equal 100%						
	The above beneficiary designations are considered revocable unless you write "irrevocable" in the chart above.						
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.	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.						
If you die while your beneficiary is still a minor, the trustee you name	Trustee name		Relationshi	p			
on this form will act on the child's behalf.	As current irrevocable beneficiary. I bereby consent to	the change in henefician	indicated in Socti	on A			

Irrevocable beneficiary's signature (if required)

Date signed (mmm/dd/yyyy)

Section 5

Your change of contact information

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

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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)