

**Please send to:**  
 Manulife Financial  
 Individual Insurance  
 500 King Street North  
 PO BOX 1669  
 WATERLOO ON N2J 4Z6

- Transferring ownership of a policy may have tax consequences, such as a loss of preferential tax treatment or a gain on transfer. The new owner is responsible for reporting non-resident withholding tax if he or she moves out of Canada.
- **We recommend that the owner contacts our Valued Customer Centre for information about any tax implications.**

- *We, us* and *our* refer to the company that insures the policy identified below.
- An *insured person* is a person who is insured under the policy or any rider.
- A Disability Insurance policy may only be owned by the insured person, or a company.
- General instructions for completing this form are on page 2.

NEW OWNER'S NAME

ADDRESS

For return mail.  
 Please print new owner's name and address.  
 A registered copy will be sent to the new owner.

<b>1 General information</b>	Policy number(s)	Current owner's name (first, middle initial, last) If corporation, state full legal name.	
	Branch code	Advisor's name	Advisor's code

<p><b>2 Information to be completed by current owner</b></p> <p><small>* In Quebec, where the contract continues after the death of an owner, his or her share will pass to his or her estate unless a subrogated policy owner has been named for that share.</small></p> <p><small>If the current owner is a corporation, we require the signatures and titles of two signing officers, or the signature and title of one signing officer and the corporate seal.</small></p>	<p><b>By signing below, I revoke any existing beneficiary designation(s) and successor owner appointments and assign absolutely all rights and interest in the above policy or policies to:</b></p> <p>Name of new owner(s) (first, middle initial, last) If corporation, state full legal name.</p>			
	<p>If more than one new owner is being named, indicate the type of ownership (not applicable to Quebec).*</p> <p>If not indicated, we will make the type of ownership joint with right of survivorship.</p> <p><input type="radio"/> Joint with right of survivorship      <input type="radio"/> Tenants in common</p>			
	<p>Relationship of current owner to new owner (This must be completed so we can determine the tax consequences of the transfer.)</p>			
	<p>Was any consideration (money) paid by the new owner(s) to the current owner(s) for this transfer?    <input type="radio"/> No    <input type="radio"/> Yes</p> <p>If "Yes," indicate the amount: \$ _____</p>			
	Signed at		Date signed (dd/mmm/yyyy)	
	Signature of current owner (title, if applicable)		Signature of witness	
Signature of current owner (title, if applicable)		Signature of witness		
<p>By signing here, I consent to the transfer of ownership and relinquish my rights to the above policy or policies, including my rights as a beneficiary.</p> <p>Signature of all existing irrevocable or preferred beneficiaries</p>				

<p><b>3 Information to be completed by new owner</b></p> <p><small>* Provide your Social Insurance Number or, if the new owner is a corporation, provide the Business Number. Business Number is a business' number for tax purposes, such as filing an income tax return. The Income Tax Act requires us to collect and record this number if a policy is owned by a corporation. In Quebec, an additional business number is also required.</small></p> <p><small>If the new owner is a corporation, we require the signatures and titles of two signing officers, or the signature and title of one signing officer and the corporate seal.</small></p>	<p>Please indicate the new policy owner's address in the address box at the top of page 1. If there is more than one new owner, indicate the address where all correspondence should be mailed.</p>						
	<p>The new owner must complete a new beneficiary designation <b>because the previous beneficiary is revoked. Please complete Beneficiary Designation form NN0283E.</b> If the new owner does not specify a beneficiary, benefits payable will be paid to the new owner or his or her estate.</p>						
	<p><b>Social Insurance Number or Business Number *</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">SIN/Federal Business Number of new owner</td> <td style="width: 50%;">Quebec Business Number</td> </tr> <tr> <td style="text-align: center;">—      —</td> <td style="text-align: center;">—      —</td> </tr> </table>			SIN/Federal Business Number of new owner	Quebec Business Number	—      —	—      —
	SIN/Federal Business Number of new owner	Quebec Business Number					
	—      —	—      —					
	<p>By signing below, I authorize that my Social Insurance Number or Business Number can be used for tax reporting on, and administration of, any benefits, policies or contracts administered by us.</p>						
Signed at		<p><i>This date must be the same or later than the date in Section 2.</i> </p>	Date signed (dd/mmm/yyyy)				
Signature of new owner (title, if applicable)		Signature of witness					
Signature of new owner (title, if applicable)		Signature of witness					

#### 4 Instructions for completion

If the new policy owner has any questions on how to complete this form, please contact your Manulife Financial representative or call our Valued Customer Centre at 1-888-626-8543 if you live outside Quebec or 1-888-626-8843 if you live in Quebec. If you are calling from outside of North America, please phone us collect at 519 747-6600.

Send two copies (original and photocopy) to the company that insures the policy identified in Section 1.

#### **Information to be completed by current owner (Section 2)**

To process the transfer correctly, we need to determine the tax consequences of the transfer. Therefore, provide us with the following information:

- the relationship of the new owner to the current owner, e.g. spouse, child, grandchild, etc.
- the percentage of voting shares held by individuals related to a corporation which is the current or new owner.

The types of ownership are (except in Quebec):

**Joint ownership with right of survivorship** - On the death of any joint owner who is not the insured person, his or her share passes automatically to the surviving joint owner(s).

**Tenants in Common** - Each owner has an equal share unless the new policy owner has indicated otherwise. On the death of an owner who is not the insured person, his or her share will pass to his or her estate unless a successor owner has been named for that share.

The current owner must complete and sign Section 2.

#### **Information to be completed by new owner (Section 3)**

The new owner must make a new beneficiary designation, even if there is no change. This is because any existing beneficiary designations are revoked when ownership is transferred. Please complete Beneficiary Designation form (NN0283E).

If the new policy owner wishes to name a successor owner or a subrogated policy owner, use Designation of a Successor owner/Subrogated policy owner form (NN0930E). We recommend that the policy owner does this if he or she is not:

- a corporation, or
- an insured person under this policy.

The new owner must complete and sign Section 3.