III Manulife

Send completed form by mail or fax to:

Outside Quebec: Manulife 500 King St N PO Box 1602 STN Waterloo Waterloo ON N2J 4C6 Fax: 1-866-257-6207 Inside Quebec: Manulife 2000 Mansfield Street Suite 1100 Montreal QC H3A 2Z8 Fax: 1-866-257-6207

Request to change address information

- You and your refer to the owner of the policy or account. We, us and our refer to The Manufacturers Life Insurance Company, and Manulife Bank of Canada.
- Use this form to change the address for more than one policy or account you hold. Do not use this form to change the address for any employer-sponsored plans (pension or benefit plans).
- If you fax us the completed form, please keep the original.
- If you have any questions about completing this form, contact your advisor or call our customer service centre. Insurance: 1-888-626-8543 in all provinces except Quebec or 1-888-626-8843 in Quebec. If you are calling from outside of North America, call us collect at 519-747-6600. For Investments: 1-888-790-4387 in all provinces except Quebec or 1-800-355-6776 in Quebec/French business. For Bank: 1-877-765-2265. For more information, please visit manulife.ca.

1	Information about the owner	Name of policy/account owner #1 (first, middle initial, last						Telephone number	
		Name of policy/account owner #2 (first, middle initial, last						Telephone number	
		Name of policy/account owner #3 (first, middle initial, last						Telephone number	
2	Information about the address change	Previous address (number, street and apartment)							
	Indicate your previous address and your new address for all policies or accounts you want to change. This change will be effective on the date it is received and accepted by us.	City or town			Province	Country		Postal co	ode
		New address (number, street and apartment)							
		City or town			Province	Country		Postal co	ode
		Р	roduct	Policy or account numbers			i	Identification number (required for extended health/dental insurance)	
		Insurance							
		Investment (segregated fund contracts, immediate annuities or guaranteed interest contracts)							
	Bank								
3	Signature(s) If owner is a corporation or other entity, we require signatures from duly appointed signing authorities, as authorized by a corporate resolution or similar document or the signature and declaration of a sole corporate signing authority. If a Manulife representative authorizes the change by signing in section 4, then the policy/account owner's signature may not be required here. The Manulife representative is not authorized to sign for Manulife Bank mortgage accounts.	By signing below you: • authorize us to act on the changes provided on this form • authorize us to share the information provided across our company subsidiaries, as required • consent to us accepting a fax of this form in place of an original							
		Signature of policy/account owner #1 (first, middle initial, last)						Date (dd/mmm/yyyy)	
		Signature of policy/account owner #2 (first, middle initial, last)						Date (dd/mmm/yyyy)	
		Signature of policy/account owner #3 (first, middle initial, last)						Date (dd/mmm/yyyy)	
		Initials Write your initials here to confirm that you are the only person authorized to corporation and that it does not have a seal. You must also sign above.						to sign on behalf of the	
4	Information about the representative/advisor	Name of representative (first, middle initial, last) Broker/bran						ch number Representative code	
		Date of policy/account owner instructions (dd/mmm/yyyy) Time of owner instructions							
		Signature of representative					hone number	Date	signed (dd/mmm/yyyy)