

OWNER'S
NAME

ADDRESS

POLICY NUMBER(S)

PRIMARY INSURED	FIRST NAME	INITIAL	LAST NAME

The undersigned hereby revokes any beneficiary designation previously made in respect to the proceeds payable on the death of the Primary Insured under the above policy(ies) and directs that such proceeds be paid to:

Note: For contracts signed in Quebec, the designation of the spouse is irrevocable unless otherwise specified.

Primary Beneficiary or Beneficiaries

First Name	Last Name	Percentage	Relationship to Primary Insured

Revocable
 Irrevocable

Secondary Beneficiary or Beneficiaries

First Name	Last Name	Percentage	Relationship to Primary Insured

Revocable
 Irrevocable

If more than one beneficiary is appointed, proceeds will be payable in equal shares unless percentages are specified.

Signed at _____ this _____ day of _____, 20_____.

 Witness other than Beneficiary

 Signature of Owner

 Signature of Irrevocable or Preferred Beneficiary, if applicable

 Signature of Owner

For Head Office Use Only

Recorded and filed at the office of Manulife Financial which assumes no responsibility as to the sufficiency or validity of this document.

 Date

 Authorized Official