

RRIF, LIF, LRIF, PRIF Change form

• If member belongs to more than one plan, complete a separate form for each plan.

Forward to: Manulife Financial
Group Retirement Solutions
2000 Mansfield, Suite 1410
MONTRÉAL QC H3A 3A2

- Name change
- Address change
- Telephone number
- Beneficiary change
- Successor annuitant
- Payment information
- Banking information

General information

Please use the member name currently on our records when submitting a name change.

Note: Changes take effect on the date Manulife Financial head office receives this form.

Group policy number	Member number	Customer number <i>Manulife Financial use only</i>	
Last name of member (as listed currently)		First name	Middle initial

Change of name

Last name	First name	Middle initial
Witness signature (cannot be beneficiary if submitting a beneficiary change)		Date signed (dd/mmm/yyyy)
Please print full name of witness here:		

Change of contact information

New mailing address (number, street and apt. number)				
City	Province	Postal code	Telephone number	Ext
New telephone number		New email address		

Change of beneficiary

Except as specified below for Quebec RRIF or LIF, all designations will be revocable. If you designate a beneficiary as irrevocable, you may not change this designation, withdraw or transfer-out funds without the written consent of the irrevocable beneficiary. A parent or guardian cannot provide consent on behalf of a minor who has been named as irrevocable beneficiary.
Regarding Locked-in Funds only: Legislation in most jurisdictions requires any death benefit from a pension plan or locked-in pension funds be payable to your spouse. If you are designating a beneficiary other than your spouse in these jurisdictions, the beneficiary may only be entitled to the death benefit if you do not have a spouse at the time of your death.

For Quebec RRIF or LIF plan only:
The designation of a spouse as beneficiary is deemed to be irrevocable unless specified here:

Revocable

If naming more than 1 beneficiary, attach a separate page. Include the name and relationship of a Trustee for each minor beneficiary. This attachment must be signed and dated.

Name of beneficiary	Relationship to member	Check here if you have attached a separate page
		<input type="radio"/>
		<input type="radio"/>

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.

Name of trustee(s) for minor beneficiary	Relationship of trustee to minor beneficiary
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As current irrevocable beneficiary, I hereby consent to the change of beneficiary.

Signature of irrevocable beneficiary (if required)	Date signed (dd/mmm/yyyy)
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Change of successor annuitant (must be spouse)

Remove successor annuitant Add successor annuitant Change successor annuitant

Name of successor annuitant (first, last and middle initial)	Relationship to current owner
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As current irrevocable beneficiary, I hereby consent to the change of successor annuitant.

Signature of irrevocable beneficiary (if required)	Date signed (dd/mmm/yyyy)
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See page 2 for member Signature

If required, retain a photocopy for your files.

Change of payment information

Please select one Scheduled payment option. ▶

1. Scheduled payment (Please select one.)

RRIF/LIF/LRIF/PRIF minimum LIF/LRIF maximum Level (please specify amount) \$ _____

Please select one Payment withdrawal option. ▶

2. Payment withdrawal from: (Please select one.)

Use Manulife Default Withdrawal Order for Group RRIF **OR**

Indicate the percentage of scheduled payment to be taken from:

Market-based funds _____% Guaranteed Interest Accounts _____% **Total must equal 100%.**

Note: You are required to take at least the RRIF minimum as income, beginning the second calendar year of your policy.

If the RRIF minimum is selected, payment start date must begin in the next calendar year.

Payment frequency

- Monthly
- Quarterly
- Semi-annually
- Annually

Payment start date

Specify date (1st to 28th)

Month and year of first payment

Tax withholding (Please select one.)

Levelized minimum **OR**

Client specified percentage _____%


Note: Must equal or exceed legislative minimums.

Change of banking information – direct deposit

Direct deposit is available only to Canadian currency bank accounts.

You MUST attach a blank cheque marked "VOID".

Bank name



Transit number	Institution number	Account number
_____	_____	_____

Signature

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