

## Change form

Changes take effect on the later of the date Manulife Financial head office receives this form or the effective date it specified.

Send your completed form to:

**Manulife Financial**

**Attn:** GRS Client Services

PO Box 396

Waterloo, ON N2J 4A9

Fax number: (519) 747-6895

Please print clearly in the blank boxes.

### Plan information

Policyholder		Policy number
Plan number	Plan group	Customer number

Please specify the effective date of change: (dd/mm/yyyy) \_\_\_\_\_

#### Areas of responsibility:

Actuarial Consultant  
 Administrative Consultant  
 Benefits Administrator  
 Executive Decision Maker  
 Investment Consultant  
 Plan Administrator  
 Trustee

### Change of plan contact and authorization

Change plan contact from:

Company name	Contact name
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Change plan contact to:

Company name	Contact name	
Area of responsibility		
Address ( number, street and apt.)		
City	Province	Postal code
Telephone number	Fax number	Email

☐ Investment changes for this policy/division ☐ Member benefit payments for this policy/division

☐ Other withdrawals for this policy division

### Change of address

☐ Policyholder

☐ Plan contact

Company name	Contact name	
Area of responsibility		
Address ( number, street and apt.)		
City	Province	Postal code
New business address <input type="checkbox"/> Same as above		
City	Province	Postal code

- ☐ Policyholder  
☐ Plan contact

### Change of telephone/fax number

Company name <input type="checkbox"/> Same as Section 3	
Area of responsibility	
New telephone number	New fax number

**You must sign to authorize ANY  
of the above changes**

### Signature(s)

Authorized signature	Date signed (dd/mm/yyyy)
Name and title	Specify company if not Policyholder
Authorized signature	Date signed (dd/mm/yyyy)
Name and title	Specify company if not Policyholder