

# Beneficiary designation and direction to pay for Synergy

Send this completed form to Manulife at:

**In all provinces except Quebec**

Individual Insurance  
500 King Street North  
PO BOX 1669  
WATERLOO ON N2J 4Z6  
Fax: 1-877-763-8834

**In Quebec**

Individual Insurance  
2000, rue Mansfield, bureau 1310  
MONTREAL QC H3A 3A1  
Fax: 1-877-271-5494

manulife.ca

- *You* and *your* refer to the owner.
- *We*, *us* and *our* refer to The Manufacturers Life Insurance Company.
- The information you provide in this form revokes all previous beneficiary designations or directions to pay for the insurance policies identified by the application or Synergy solution number below. If you leave any sections blank, we will pay those benefits to the owner. To leave a previous designation or appointment intact, write that name again on this form.
- Any beneficiaries previously designated as irrevocable beneficiaries must sign this form to consent to any change.
- If you make any corrections on this form, initial them to confirm that they are valid.
- A copy, fax, scan, or image of this beneficiary designation and direction to pay for Synergy form is as valid as the original.
- If you have any questions about how to complete this form, contact your advisor or call our customer service centre at 1-888-626-8543 in all provinces except Quebec or 1-888-626-8843 in Quebec.

<b>1 General information</b>	Name of insured person (first, middle initial, last)		Application or Synergy solution number
	<b>Owner #1</b>		
	Name of owner #1 (first, middle initial, last or full name of legal entity)		
	Address (number, street, apartment)		
	City or town	Province	Postal code
<b>Owner #2 (if applicable)</b>	Name of owner #2 (first, middle initial, last or full name of legal entity)		
	Address (number, street, apartment)		
	City or town	Province	Postal code
<b>2 How the beneficiary designation will apply to life insurance</b>	<p>This form allows you to name two classes of beneficiary - beneficiary and secondary beneficiary. You don't have to designate a secondary beneficiary. The secondary (subrogated in Quebec) beneficiary receives a benefit only if the beneficiaries</p> <ul style="list-style-type: none"> <li>• die before the insured person dies, or</li> <li>• are disqualified from receiving the benefit.</li> </ul> <p><b>Information about irrevocable and revocable beneficiary designations</b></p> <p>Beneficiaries (other than a married or civil union spouse under a Quebec policy) are revocable unless you write the word "irrevocable" after that beneficiary's name.</p> <p>If you designate a beneficiary as <b>irrevocable</b>, your rights will be limited. The beneficiary must give written consent before you can:</p> <ul style="list-style-type: none"> <li>• change this designation;</li> <li>• withdraw funds;</li> <li>• assign the contract;</li> <li>• transfer ownership; or</li> <li>• otherwise change your insurance (example: decrease coverage).</li> </ul> <p>Minor children cannot give written consent to these changes. Parents or guardians/tutors cannot give consent on behalf of minor beneficiaries.</p>		
	<p>In addition to your Synergy life insurance policy, you may also have one or more of the following life insurance riders:</p> <ul style="list-style-type: none"> <li>• term insurance rider</li> <li>• child protection rider–life</li> </ul>		

**3 Synergy life insurance**  
**Beneficiary designation**

If any person named is a minor, complete section 10, *Trustee for minors*.

**\*In all provinces except Quebec**, tell us each beneficiary's relationship to the insured person.  
**In Quebec**, tell us each beneficiary's relationship to the owner.

**\*\*If you designate more than one beneficiary**, or more than one secondary (subrogated in Quebec) beneficiary, tell us the percentage share of the benefit that each person is to receive. If you don't specify the percentages, we will divide the benefit payable evenly.

Attach additional pages if necessary.

▶▶ If you leave this section blank, we will pay any life insurance benefits to the owner.

**For insurance issued in Quebec only:** If you named your married or civil union spouse as a beneficiary, the designation is irrevocable unless you select **revocable**.  **Revocable**

Beneficiary name(s) (first, middle initial, last)	Relationship*	Share** (total 100%)
		%
		%
		%
Secondary beneficiary (subrogated in Quebec) name(s) (first, middle initial, last)	Relationship*	Share** (total 100%)
		%
		%
		%

**4 Synergy child protection rider-life**  
**Beneficiary designation**

If any person named is a minor, complete section 10, *Trustee for minors*.

**\*In all provinces except Quebec**, tell us each beneficiary's relationship to the insured person.  
**In Quebec**, tell us each beneficiary's relationship to the owner.

**\*\*If you designate more than one beneficiary**, or more than one secondary (subrogated in Quebec) beneficiary, tell us the percentage share of the benefit that each person is to receive. If you don't specify the percentages, we will divide the benefit payable evenly.

Attach additional pages if necessary.

▶▶ If you leave this section blank, we will pay any child protection rider-life insurance benefits to the owner.

▶▶ To use the same names and percentage shares entered in section 3, *Synergy life insurance beneficiary designation*, select  **same as section 3**.

Synergy child protection rider-life coverage number(s) (example: 1001)

**For insurance issued in Quebec only:** If you named your married or civil union spouse as a beneficiary, the designation is irrevocable unless you select **revocable**.  **Revocable**

Beneficiary name(s) (first, middle initial, last)	Relationship*	Share** (total 100%)
		%
		%
		%
Secondary beneficiary (subrogated in Quebec) name(s) (first, middle initial, last)	Relationship*	Share** (total 100%)
		%
		%
		%

**5 Synergy term insurance rider**

**Beneficiary designation**

**Term insurance rider #1**

If any person named is a minor, complete section 10, *Trustee for minors*.

\* **In all provinces except Quebec**, tell us each beneficiary's relationship to the insured person.  
**In Quebec**, tell us each beneficiary's relationship to the owner.

\*\* **If you designate more than one beneficiary**, or more than one secondary (subrogated in Quebec) beneficiary, tell us the percentage share of the benefit that each person is to receive. If you don't specify the percentages, we will divide the benefit payable evenly.

Term insurance rider coverage number(s) (example: 1001)

Attach additional pages if necessary.  
 ►► If you leave this section blank, we will pay any term insurance rider benefits to the owner.  
 ►► To use the same names and percentage shares entered in section 3, *Synergy life insurance beneficiary designation*, select  **same as section 3**.

<b>For insurance issued in Quebec only:</b> If you named your married or civil union spouse as a beneficiary, the designation is irrevocable unless you select <b>revocable</b> .		<input type="radio"/> <b>Revocable</b>
Beneficiary name(s) (first, middle initial, last)	Relationship*	Share** (total 100%)
		%
		%
		%
Secondary beneficiary (subrogated in Quebec) name(s) (first, middle initial, last)	Relationship*	Share** (total 100%)
		%
		%
		%

**Term insurance rider #2**

If any person named is a minor, complete section 10, *Trustee for minors*.

\* **In all provinces except Quebec**, tell us each beneficiary's relationship to the insured person.  
**In Quebec**, tell us each beneficiary's relationship to the owner.

\*\* **If you designate more than one beneficiary**, or more than one secondary (subrogated in Quebec) beneficiary, tell us the percentage share of the benefit that each person is to receive. If you don't specify the percentages, we will divide the benefit payable evenly.

Term insurance rider coverage number(s) (example: 1002)

Attach additional pages if necessary.  
 ►► If you leave this section blank, we will pay any term insurance rider benefits to the owner.  
 ►► To use the same names and percentage shares entered in section 3, *Synergy life insurance beneficiary designation*, select  **same as section 3**.

<b>For insurance issued in Quebec only:</b> If you named your married or civil union spouse as a beneficiary, the designation is irrevocable unless you select <b>revocable</b> .		<input type="radio"/> <b>Revocable</b>
Beneficiary name(s) (first, middle initial, last)	Relationship*	Share** (total 100%)
		%
		%
		%
Secondary beneficiary (subrogated in Quebec) name(s) (first, middle initial, last)	Relationship*	Share** (total 100%)
		%
		%
		%

**6 How the beneficiary designation or direction to pay will apply to disability insurance and critical illness insurance**

In addition to your Synergy critical illness insurance and disability insurance policies, you may also have child protection rider–CI coverages

**Beneficiary designations (in Alberta, British Columbia, Manitoba, Ontario, Quebec, and Saskatchewan)**

Current legislation in Alberta, British Columbia, Manitoba, Ontario, Quebec, and Saskatchewan allows you to designate a beneficiary to receive any benefits that become payable for critical illness insurance and disability insurance.

**Direction to pay (in all other provinces or territories)**

In all provinces and territories except Alberta, British Columbia, Manitoba, Ontario, Quebec, and Saskatchewan, you can identify who should receive any benefits payable under your critical illness insurance and disability insurance.

A direction to pay does not provide any creditor protection for any money payable through your insurance benefits.

You may be able to change your direction about who receives benefits payable for critical illness insurance and disability insurance even after a claim has become payable. We may check with you at the time of a claim to confirm your intent before we make payment.

**7 Synergy disability insurance**

**Beneficiary designation or direction to pay**

If any person named is a minor, complete section 10, *Trustee for minors*.

\***In all provinces except Quebec**, tell us each beneficiary's relationship to the insured person.

**In Quebec**, tell us each beneficiary's relationship to the owner.

\*\***If you designate more than one beneficiary**, or more than one secondary (subrogated in Quebec) beneficiary, tell us the percentage share of the benefit that each person is to receive. If you don't specify the percentages, we will divide the benefit payable evenly.

Attach additional pages if necessary.

▶▶ If you leave this section blank, we will pay any disability insurance benefits to the owner.

▶▶ To use the same names and percentage shares entered in section 3, *Synergy life insurance beneficiary designation*, select  **same as section 3**.

**For insurance issued in Quebec only:** If you named your married or civil union spouse as a beneficiary, the designation is irrevocable unless you select **revocable**.  **Revocable**

<b>In Alberta, British Columbia, Manitoba, Ontario, Quebec, or Saskatchewan:</b> name of beneficiary <b>In all other provinces or territories:</b> name of person you direct us to pay	<b>Relationship*</b>	<b>Share**</b> (total 100%)
		%
		%
		%
<b>In Alberta, British Columbia, Manitoba, Ontario, or Saskatchewan:</b> name of secondary beneficiary <b>In Quebec:</b> name of subrogated beneficiary	<b>Relationship*</b>	<b>Share**</b> (total 100%)
		%
		%
		%

**8 Synergy critical illness insurance**

**Beneficiary designation or direction to pay**

If any person named is a minor, complete section 10, *Trustee for minors*.

\* **In all provinces except Quebec**, tell us the relationship of each person named to the insured person. **In Quebec**, tell us the relationship of each person named to the owner.

\*\* **If you designate more than one beneficiary**, or more than one secondary (subrogated in Quebec) beneficiary, tell us the percentage share of the benefit that each person is to receive. If you don't specify the percentages, we will divide the benefit payable evenly.

Attach additional pages if necessary.

- ▶▶ If you leave this section blank, we will pay any critical illness insurance benefits to the owner.
- ▶▶ To use the same names and percentage shares entered in section 3, *Synergy life insurance beneficiary designation*, select  **same as section 3**.

<b>For insurance issued in Quebec only:</b> If you named your married or civil union spouse as a beneficiary, the designation is irrevocable unless you select <b>revocable</b> .		<input type="radio"/> <b>Revocable</b>
<b>In Alberta, British Columbia, Manitoba, Ontario, Quebec, or Saskatchewan:</b> name of beneficiary <b>In all other provinces or territories:</b> name of person you direct us to pay	<b>Relationship*</b>	<b>Share**</b> (total 100%)
		%
		%
		%
<b>In Alberta, British Columbia, Manitoba, Ontario, or Saskatchewan:</b> name of secondary beneficiary <b>In Quebec:</b> name of subrogated beneficiary	<b>Relationship*</b>	<b>Share**</b> (total 100%)
		%
		%
		%

**9 Synergy child protection rider–CI**

**Beneficiary designation or direction to pay**

If any person named is a minor, complete section 10, *Trustee for minors*.

\* **In all provinces except Quebec**, tell us the relationship of each person named to the insured person. **In Quebec**, tell us the relationship of each person named to the owner.

\*\* **If you designate more than one beneficiary**, or more than one secondary (subrogated in Quebec) beneficiary, tell us the percentage share of the benefit that each person is to receive. If you don't specify the percentages, we will divide the benefit payable evenly.

Synergy child protection rider–CI coverage number(s) (example: 1001)

Attach additional pages if necessary.

- ▶▶ If you leave this section blank, we will pay any child protection rider–CI insurance benefits to the owner.
- ▶▶ To use the same names and percentage shares entered in section 3, *Synergy life insurance beneficiary designation*, select  **same as section 3**.

<b>For insurance issued in Quebec only:</b> If you named your married or civil union spouse as a beneficiary, the designation is irrevocable unless you select <b>revocable</b> .		<input type="radio"/> <b>Revocable</b>
<b>In Alberta, British Columbia, Manitoba, Ontario, Quebec, or Saskatchewan:</b> name of beneficiary <b>In all other provinces or territories:</b> name of person you direct us to pay	<b>Relationship*</b>	<b>Share**</b> (total 100%)
		%
		%
		%
<b>In Alberta, British Columbia, Manitoba, Ontario, or Saskatchewan:</b> name of secondary beneficiary <b>In Quebec:</b> name of subrogated beneficiary	<b>Relationship*</b>	<b>Share**</b> (total 100%)
		%
		%
		%

<b>10 Trustee for minors (not applicable in Quebec)</b>	Complete this section for any person named on this form who is a minor. Attach additional pages if necessary. All benefits that become payable to a minor child will be paid to the trustee to hold in trust for the child until the child comes of age.		
	<b>Beneficiary name(s)</b> (first, middle initial, last)	<b>Trustee name(s)</b> (first, middle initial, last)	<b>Relationship of trustee to beneficiary</b>

**11 Signatures**

**By signing below, you:**

- revoke all previous beneficiary designations and directions to pay for benefits from all policies and rider coverages on this Synergy solution.
- direct that any benefits payable will be paid as indicated on this form.

**11 a) Signatures of owners**

Signed at (city or town, province)

Date (dd/mmm/yyyy – for example, 01/JAN/2020)

**Corporate signatures must include:**

- two signing officers' signatures and titles
- or**
- one signing officer's signature, title and the corporate seal; if the corporation does not have a seal and you are the only person authorized to sign on behalf of the corporation, in addition to signing, insert your initials in the box provided.

Signature of owner, signing officer or trustee #1 <b>X</b>	Signature of witness <b>X</b>
Title (if applicable):	
Initial here	Write your initials here to confirm that you are the only person authorized to sign on behalf of the corporation and that it does not have a seal. You must also sign above.
Signature of owner, signing officer or trustee #2 <b>X</b>	Signature of witness <b>X</b>
Title (if applicable):	

**11 b) Signatures of others with an interest in this Synergy solution (if applicable)**

By signing below, you, the irrevocable beneficiary, consent to any changes in the beneficiary designation(s) for the Synergy solution described on the form, even if those changes negatively affect your interests as a beneficiary.

Signature of irrevocable beneficiary <b>X</b>	Signature of witness <b>X</b>
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