



Group Benefits Beneficiary Designation

Complete this form if the plan member wishes to designate a beneficiary(s) or change a previously designated beneficiary(s). Manulife Financial requires the plan and certificate number to be entered on this form. For a new enrolment where Manulife Financial is assigning the certificate number, please retain this form until you receive the assigned certificate number.

Please send the completed form to: Manulife Financial
Group Benefits, Plan Member Administration
PO BOX 1627, WATERLOO ON N2J 4P4

1 Plan member information	Plan number 38830	Certificate number	Plan sponsor name Canadian Pacific Railway
	Plan member name (last, first and middle initial)		Province of residence

2 Basic coverage List all beneficiaries for Basic coverage.	Name of beneficiary (last, first and middle initial) (please print)	Relationship to plan member	Percentage of benefit %
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Complete if the beneficiary is under the age of majority.

I appoint _____ as Trustee to receive any amount due to any beneficiary under the age of 18. If the plan member is a Quebec resident, it is assumed a Trust agreement has been drawn up.

Irrevocability

For Quebec residents only
In Quebec, the designation of your spouse as beneficiary is irrevocable unless otherwise specified.
If spouse is beneficiary, designation is:
 Revocable Irrevocable

Note: If beneficiary is shown as irrevocable, his/her consent is required to change it. Include a signed and dated consent with this form. **You are responsible for ensuring the validity of your designation.**

3 Optional coverage (if applicable) Plan number: <input type="text"/> List all beneficiaries for Optional Life and/or Optional Accidental Death.	Name of beneficiary (last, first and middle initial) (please print)	Relationship to plan member	Percentage of benefit %
	Name of beneficiary (last, first and middle initial) (please print)	Relationship to plan member	Percentage of benefit %
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4 Signature and authorization This designation must be signed and dated to be valid.	I designate the person(s) named above.	
	Plan member signature	Date signed (dd/mmm/yyyy)

At Manulife Financial, we know that confidentiality of personal information is important. Any information you provide to us will be kept in a Group Life and Health Benefits file. Access to your information will be limited to:

- our employees and service representatives in the performance of their jobs;
- persons to whom you have granted access; and
- persons authorized by law.

You have the right to request access to the personal information in your file and, if necessary, correct any inaccurate information.