

## 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

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

<b>2 Basic coverage</b>  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.**

<b>3 Optional coverage (if applicable)</b>  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 %
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<b>4 Signature and authorization</b>  This designation <b>must</b> 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.