



GROUP MEMBERSHIP ASSOCIATION Irrevocable Beneficiary Designation Waiver

Send completed form to:
Manulife, P.O. Box 17001, Stn Waterloo, Waterloo, Ontario N2J 0G5
manulife.ca 1-888-596-8881

Owner's Information:

Name:		Social Security Number (Last 4 digits):	
Address:			
City:	State:	Zip:	
Group Policyholder Name:		Group Policy Number/Certificate Number:	

Designated Irrevocable Beneficiary Information:

Name:		Social Security Number (Last 4 digits):	
Phone Number:			
Address:			
City:	State:	Zip:	
Relationship to Owner:		Date of Birth:	

I understand that by signing this waiver form I am waiving my rights as irrevocable beneficiary for the above referenced life insurance policy. I hereby consent to the revocation of my designation as the irrevocable beneficiary for the Policy Number and Certificate Number listed above.

Signature of Beneficiary: _____
(Revoking Irrevocable Beneficiary Designation)

Dated: _____

Signature of Owner: _____

Dated: _____

Notary Signature: _____

Dated: _____