



# Servicing advisor change

Send completed form to the Commission Unit by mail, fax or e-mail:  
 Individual Insurance Advisor Centre  
 500 King Street North  
 PO BOX 1669  
 WATERLOO ON N2J 4Z6  
 1-877-763-8834  
 ILC\_Commission\_Unit@manulife.ca

### Important instructions

- *You* and *your* refers to the policy owner identified below.
- *Servicing advisor, producer or agent* all identify the advisor who services the policy (whether receiving commission or not). The "commissionable advisor" receives commissions. The servicing advisor and the commissionable advisor may be the same person.
- Complete this form to change the advisor who provides service for individual life insurance or Living Benefits insurance.
- To change the advisor who receives commissions use *Commissionable advisor change*, NN1613E.
- Visit Reppsource at [www.manulife.ca/reppsource](http://www.manulife.ca/reppsource) for more information about service timeframes or the *Schedule of Commissions and Sales Credits*, ND0040E.
- If you have any questions about completing 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. If you are calling from outside of North America, call us collect at 519-747-6600. For more information, please visit [manulife.ca](http://manulife.ca).

<b>Attention: Commission Unit</b>	Name of policy owner #1 (first, middle initial, last) For corporate-owned policies: Full legal name (including Company, Limited, Inc., etc.)	
	Name of policy owner #2 (first, middle initial, last)	
<b>Client's policy number(s)</b>		
	Policy number	Policy number
	Policy number	Policy number

<b>Signatures</b>	For jointly owned policies, <b>all</b> policy owners must sign. By signing below, you:		
	<ul style="list-style-type: none"> <li>• appoint the identified advisor to be the servicing advisor for your insurance policy</li> <li>• understand that the servicing advisor has access to information about you and your policy</li> </ul>		
	Name of new advisor (first, middle initial, last) DAVID EMMANUEL KAKON		Personal selling code (not a corporate code) 621844
	Email address DAVID@ARMSTRONGLIFE.NET		Telephone number (514) 574-0233
	Signature of policy owner 1 <b>X</b>	Signature of witness <b>X</b>	Date (dd/mmm/yyyy - for example, 23/JUL/2020)
Title (if applicable): <b>President</b>			
Initial here <input type="text"/> 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 policy owner 2 <b>X</b>	Signature of witness <b>X</b>	Date (dd/mmm/yyyy - for example, 23/JUL/2020)	
Title (if applicable):			

**If the owner is a corporation, we require:**

- 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, write your initials in the box provided.