

## Change Address or Representation Form

The table below presents the data as entered.

Input Field	Entered
<b>SERIAL NUMBER</b>	88309130
<b>REGISTRATION NUMBER</b>	6192445
<b>LAW OFFICE ASSIGNED</b>	LAW OFFICE 127
<b>MARK SECTION</b>	
<b>MARK</b>	MANULIFE (stylized and/or with design, see <a href="#">mark</a> )
<b>OWNER SECTION(current)</b>	
<b>NAME</b>	The Manufacturers Life Insurance Company
<b>MAILING ADDRESS</b>	200 Bloor St. East, NT-10
<b>CITY</b>	Toronto, Ontario
<b>STATE/COUNTRY/REGION/JURISDICTION/U.S. TERRITORY</b>	Canada
<b>ZIP/POSTAL CODE</b>	M4W1E5
<b>EMAIL</b>	TMC*****@merchantgould.com
<b>OWNER SECTION(proposed)</b>	
<b>STATEMENT TEXT</b>	By submission of this request, the undersigned requests that the following be made of record for the owner/holder:
<b>NAME</b>	The Manufacturers Life Insurance Company
<b>MAILING ADDRESS</b>	200 Bloor St. East, NT-10
<b>CITY</b>	Toronto, Ontario
<b>STATE/COUNTRY/REGION/JURISDICTION/U.S. TERRITORY</b>	Canada
<b>ZIP/POSTAL CODE</b>	M4W1E5
<b>PHONE</b>	612-336-4602
<b>FAX</b>	612.332.9081
<b>EMAIL</b>	TMC*****@merchantgould.com
<b>OWNER DOMICILE ADDRESS(NEW)</b>	
<b>* ADDRESS</b>	78/33 Khanh Hoi St, Ward 4 District 4

<b>*CITY</b>	Ho Chi Minh City
<b>*COUNTRY/REGION/JURISDICTION/U.S. TERRITORY</b>	Vietnam
<b>*ZIP/POSTAL CODE</b> (Required for U.S. and certain international addresses)	700000
<b>ATTORNEY SECTION(current)</b>	
<b>NAME</b>	Andrew S. Ehard
<b>ATTORNEY BAR MEMBERSHIP NUMBER</b>	0349860
<b>YEAR OF ADMISSION</b>	2005
<b>U.S. STATE/ COMMONWEALTH/ TERRITORY</b>	Minnesota
<b>FIRM NAME</b>	MERCHANT & GOULD P.C.
<b>STREET</b>	PO BOX 2910
<b>CITY</b>	MINNEAPOLIS
<b>STATE</b>	Minnesota
<b>STATE/COUNTRY/REGION/JURISDICTION/U.S. TERRITORY</b>	United States
<b>POSTAL/ZIP CODE</b>	55402-0910
<b>PHONE</b>	612-336-4602
<b>FAX</b>	612.332.9081
<b>EMAIL</b>	dockmpls@merchantgould.com
<b>DOCKET/REFERENCE NUMBER(S)</b>	14420231US01
<b>ATTORNEY SECTION (proposed)</b>	
<b>STATEMENT TEXT</b>	By submission of this request, the undersigned REVOKES the power of attorney currently of record, as listed above, and hereby APPOINTS the following new attorney:
<b>NAME</b>	MANULIFE
<b>ATTORNEY BAR MEMBERSHIP NUMBER</b>	6192445
<b>YEAR OF ADMISSION</b>	2022
<b>U.S. STATE/ COMMONWEALTH/ TERRITORY</b>	Minnesota
<b>FIRM NAME</b>	The Manufacturers Life Insurance Company
	Brian H. Batzli, John A. Clifford, Brent E. Routman,

<b>OTHER APPOINTED ATTORNEY(S)</b>	Christopher J. Schulte, Danielle I. Mattessich, Andrew S. Ehard, Greg C. Golla, Scott W. Johnston, Dana P. Jozefczyk, Christopher Stanton
<b>RECOGNIZED CANADIAN ATTORNEY/AGENT</b>	Merchant & Gould P.C.
<b>STREET</b>	P.O. Box 2910
<b>CITY</b>	Minneapolis
<b>STATE</b>	Minnesota
<b>STATE/COUNTRY/REGION/JURISDICTION/U.S. TERRITORY</b>	United States
<b>POSTAL/ZIP CODE</b>	55402-0910
<b>PHONE</b>	612-336-4602
<b>FAX</b>	612.332.9081
<b>EMAIL</b>	dockmpls@merchantgould.com
<b>DOCKET/REFERENCE NUMBER(S)</b>	14420231US01
<b>DOMESTIC REPRESENTATIVE SECTION(current)</b>	
<b>NAME</b>	Andrew S. Ehard
<b>PHONE</b>	612-336-4602
<b>FAX</b>	612.332.9081
<b>EMAIL</b>	dockmpls@merchantgould.com
<b>DOMESTIC REPRESENTATIVE SECTION (proposed)</b>	
<b>STATEMENT TEXT</b>	By submission of this request, the undersigned hereby appoints the following new domestic representative upon whom notices or process affecting the mark may be served or changes the address of an existing domestic representative of record:
<b>NAME</b>	MANULIFE
<b>FIRM NAME</b>	The Manufacturers Life Insurance Company
<b>RECOGNIZED CANADIAN ATTORNEY/AGENT</b>	Merchant & Gould P.C.
<b>STREET</b>	P.O. Box 2910
<b>CITY</b>	Minneapolis
<b>STATE</b>	Minnesota
<b>POSTAL/ZIP CODE</b>	55402-0910
<b>PHONE</b>	612-336-4602

<b>FAX</b>	612.332.9081
<b>EMAIL</b>	dockmpls@merchantgould.com
<b>CORRESPONDENCE SECTION(current)</b>	
<b>NAME</b>	Andrew S. Ehard
<b>PRIMARY EMAIL ADDRESS FOR CORRESPONDENCE</b>	dockmpls@merchantgould.com
<b>SECONDARY EMAIL ADDRESS(ES) (COURTESY COPIES)</b>	cmanthie@merchantgould.com; 14420.0231US01.active@ef.merchantgould.com
<b>DOCKET/REFERENCE NUMBER(S)</b>	14420231US01
<b>CORRESPONDENCE SECTION (proposed)</b>	
<b>NAME</b>	MANULIFE
<b>PRIMARY EMAIL ADDRESS FOR CORRESPONDENCE</b>	dockmpls@merchantgould.com
<b>SECONDARY EMAIL ADDRESS(ES) (COURTESY COPIES)</b>	quangthong2405@gmail.com; cmanthie@merchantgould.com; 14420.0231US01.active@ef.merchantgould.com
<b>DOCKET/REFERENCE NUMBER(S)</b>	14420231US01
<b>SIGNATURE SECTION</b>	
<b>SIGNATORY NAME</b>	THONG NGO
<b>SIGNATORY POSITION</b>	PRINCIPAL
<b>SIGNATORY PHONE NUMBER</b>	+84.915101105