



REQUEST FOR ADDRESS CHANGE

THE MANUFACTURERS LIFE INSURANCE CO. (PHILS.), INC.
LKG Tower, 6801 Ayala Avenue, Makati City, 1226 Philippines
Tel. No: 88-4-LIFE (884-5433) · Fax No: 884-2558 · E-mail: phcustsrv@manulife.com

Policy Number(s)	
Name of Policyowner/Payor <i>(Title) (Last) (First) (Middle)</i>	Name of Insured <i>(Title) (Last) (First) (Middle)</i>
Contact Numbers (Policyowner/Payor) Residence : _____ Office : _____ Mobile : _____	E-mail Address: _____
Agent's Name: _____	
This is to request and authorize Manulife to change the address on record of the above policy number(s) to the following:	
<i>(Please write in PRINTED form)</i>	
FROM: <input type="checkbox"/> Residence _____ _____ _____ _____ _____ Zip Code	TO: <input type="checkbox"/> Residence _____ _____ _____ _____ _____ Zip Code
<input type="checkbox"/> Business _____ _____ _____ _____ _____ Zip Code	<input type="checkbox"/> Business _____ _____ _____ _____ _____ Zip Code
MAILING ADDRESS: (Please select preferred mailing address)	
<input type="checkbox"/> Residence	<input type="checkbox"/> Business

Signed at _____ this _____ day of _____, _____.

Signature over Printed Name of AGENT/WITNESS

Signature over Printed Name of POLICYOWNER/PAYOR

NOTE: Please attach photocopy of current valid ID (i. e. Driver's License, Company ID, SSS ID, etc.)