



Ground Floor, LKG Tower, 6801 Ayala Avenue, 1226 Makati City
 Tel. No.: 88-4-LIFE (884-5433) • Fax No.: 884-2558

APPLICATION FOR AMENDMENT OF PLAN AGREEMENT

Plan Number(s)	Family Name	First Name:	Middle Name:
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- KINDLY FOLLOW THE INSTRUCTION BELOW:**
1. Check the box before the type of amendment requested.
 2. Give necessary details.
 3. Submit the corresponding requirements.
 4. Pay the corresponding fee.

TYPE OF AMENDMENT	NEW DATA	REQUIREMENTS
<input type="checkbox"/> Change in ADDRESS <input type="checkbox"/> Change/Add Email Address <input type="checkbox"/> Change in Telephone/Contact numbers.	Billing Address: <input type="checkbox"/> Residence <input type="checkbox"/> Business _____ _____ _____ Email Address: _____ New Phone Number(s): _____	
<input type="checkbox"/> Correction/Change in NAME of PLANHOLDER <input type="checkbox"/> Correction of DATE OF BIRTH <input type="checkbox"/> Correction of GENDER From _____	Correct Name: _____ Indicate reason for change <input type="checkbox"/> Marriage to _____ <input type="checkbox"/> Annulment <input type="checkbox"/> Religion <input type="checkbox"/> Others Correct Date of Birth _____ Correct Gender _____	(1) Photocopy of current valid ID. (2) If the reason for change of name if other than mere correction, attach copy of legal document or give name and address of court and the date the change of name was authorized. (3) Proof of Birth.
<input type="checkbox"/> Change of MODE of PAYMENT From <input type="checkbox"/> Accelerated <input type="checkbox"/> Quarterly <input type="checkbox"/> Annual <input type="checkbox"/> Monthly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Others	New MODE OF PAYMENT <input type="checkbox"/> Accelerated <input type="checkbox"/> Quarterly <input type="checkbox"/> Annual <input type="checkbox"/> Monthly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Others	(1) Photocopy of current valid ID. (2) Pay the adjustment in installment amount, when applicable. (3) Amendment fee of P _____ if change is from less frequent to more frequent mode.
<input type="checkbox"/> Change in PAYMENT METHOD	<input type="checkbox"/> Group Pension to Individual <input type="checkbox"/> Salary Savings to Individual <input type="checkbox"/> Individual to Salary Savings Plan	Kinds of Payment Change (1) Grp. - Ind. = confirmation advice from Company or application for Transfer of Ownership. (2) SSIP - Ind. = letter from Planholder (PH) (3) Individual - SSP = letter from Planholder & authority to Deduct form. (4) Amendment fee: P _____
<input type="checkbox"/> Change in SCHOLAR DESIGNATION (for Education Plan only)	New Scholar: _____ Birthday _____ Age _____ Relationship to Planholder: _____	(1) Photocopy of current valid ID. (2) Amendment fee P _____
<input type="checkbox"/> Replacement of LOST PLAN CONTRACT		(1) Photocopy of current valid ID. (2) Amendment fee P _____ (3) Application for Duplicate Plan Agreement (notarized)
<input type="checkbox"/> Deletion of TERM RIDER		(1) Photocopy of current valid ID. (2) Amendment fee P _____
<input type="checkbox"/> Others		

This request together with the original application and statement made to the Company for said Plan Agreement heretofore issued should for all purposes be considered as the application for such amendment or re-issued Plan Agreement.

In case of apparent errors or omissions by the undersigned, I hereby authorize the Company to correct or complete this request for amendment and I agree that if the Plan Agreement is changed in accordance with such request, my acceptance of any agreement so amended or reissued will constitute my conformity to and ratification of any corrections and/or additions to be made by the Company in the space provided "For Head Office Corrections and/or additions."

If the present Plan Agreement is replaced by a re-issued Plan Agreement, it is hereby agreed that in consideration of the amendment herein, I hereby surrender the present Plan Agreement and consent to its cancellation, and do forever release and discharge said Company from any and all claims, demands, and liabilities whatsoever under the present Plan Agreement.

I hereby agree that should this request be approved by Manulife Plans, at its Head Office, all amendments approved by Manulife Plans, shall be deemed part of the above mentioned Plan Agreement.

Signed at _____ this _____ day of _____, 20 _____.

(PEPS/Witness signature over printed name)

Signature of Planholder over Printed Name

PEPS Code

FOR HEAD OFFICE CORRECTIONS AND/OR ADDITIONS:

DATE RECEIVED:	DATE PROCESSED	PROCESSED BY:
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