



Manulife Philippines

APPLICATION FOR POLICY CHANGE

PART II

POLICY NUMBER		NAME OF LIFE INSURED		ATTAINED AGE	
MANULIFE PHILIPPINES is requested to change particulars of the above-numbered policy to those shown below and is authorized, where necessary because of the change, to amend the policy or to issue a replacing policy on the appropriate policy form in accordance with the Company's practice.					
<input type="checkbox"/> PLAN		<input type="checkbox"/> FACE AMOUNT		<input type="checkbox"/> POLICY YEAR DATE	
From		From		From	
To		To		To	
<input type="checkbox"/> BIRTHDATE		<input type="checkbox"/> AGE		<input type="checkbox"/> DIVIDEND OPTION	
From		From		From	
To		To		To	
<input type="checkbox"/> SUPPLEMENTARY BENEFIT (Specify Rider)					
<input type="checkbox"/> Add ₱		<input type="checkbox"/> Increase From ₱		<input type="checkbox"/> Decrease From ₱	
Delete ₱		To ₱		To ₱	
<input type="checkbox"/> CONVERSION (PLAN)		THE CONVERSION IS		THE BALANCE IS	
From		<input type="checkbox"/> Total ₱		<input type="checkbox"/> To be retained ₱	
To		<input type="checkbox"/> Partial ₱		<input type="checkbox"/> To be dropped ₱	
In case of premium default, apply cash surrender value to any one of the following options: <input type="checkbox"/> Premium Loan <input type="checkbox"/> Reduced Paid-up Insurance <input type="checkbox"/> Extended Term Insurance				EFFECTIVITY (DAY/MO/YR) NEW PREMIUM ₱ NEXT DUE DATE	
OTHERS				HEAD OFFICE ADDITIONS/AMENDMENTS	
MANULIFE PHILIPPINES agrees to this application for change. Hereafter, the above numbered policy will be deemed to have been changed as set out above upon proper imprinting of the President's facsimile signature. It is agreed that if any additions or amendments are made by the Company in the Section above entitled "Head Office additions and amendments", acceptance by the Insured or Payor/Owner of the changed or replacing policy to which a copy of this application for change, so amended, is attached, will ratify such additions or amendments.				HEAD OFFICE STAMP	
IF THE CHANGE IS SUCH THAT THE COMPANY REQUIRES EVIDENCE OF INSURABILITY, IT IS ALSO AGREED THAT:					
(1) The change will be incontestable after the changed or replacing policy has been in force during the lifetime of the Insured for two (2) years from the effective date of change, except for non-payment of premium or any other grounds recognized by law and jurisprudence. This incontestability period will not apply to supplementary contracts relating to benefits payable in the event of total disability and benefits which grant additional insurance specifically against death by accidental means.					
(2) If the life insured commits suicide within one (1) year from effectivity of the policy change or of its last approved reinstatement, if any, the then pertinent provisions of the insurance code, as amended, will apply. Where suicide is not compensable, the liability of the Company is limited to the refund to the Beneficiary or Payor/Owner of the premiums actually received by the Company less all indebtedness under this policy.					
PLACE SIGNED			DATE SIGNED		
NAME AND SIGNATURE OF LIFE INSURED			NAME AND SIGNATURE OF PAYOR/OWNER		
NAME AND SIGNATURE OF COLLATERAL ASSIGNEE			NAME AND SIGNATURE OF IRREVOCABLE BENEFICIARY		
NAME AND SIGNATURE OF AGENT/WITNESS		CODE	RECEIVED BY		APPROVED BY
			DATE		DATE