



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

APPLICATION FOR TRANSFER OF OWNERSHIP/COVERAGE & DECLARATION OF INSURABILITY

A. INFORMATION ABOUT THE ORIGINAL OWNER			
Plan Number(s)	Family Name:	First Name:	Middle Name:
Name of Company for Corporate Account:			

B. INFORMATION ABOUT THE NEW OWNER	REQUIREMENTS
Name of New Owner:	(1) Photocopy of current valid ID of original owner (2) Applicable underwriting requirements for the new owner. (3) New application for the new owner. (4) Surrender of original plan contract (5) Processing fee, P
Sex:	
Date of Birth:	Age Last Birthday

- C. CONDITIONS:**
 Upon approval of this request, it is hereby agreed that the transfer of ownership of this/these Plan (s) shall be subject to the following conditions:
- a) Upon transfer of the present planowner in favor of a new planowner, the undersigned consents to the transfer and releases Manulife from all claims and liabilities of the former planowner. All transferable rights, product features and insurance benefits shall be applied to the new assigned owner subject to underwriting approval.
 - b) That the transfer of plan ownership is based exclusively, on the statements herein of the transferee under letter D (Declarations and Representations).

- D. DECLARATIONS AND REPRESENTATIONS:**
 I hereby represent and declare to the best of my knowledge that:
- (a) I am not below 18 years old nor more than 65 years and 6 months old.
 - (b) I have not been confined in any hospital, sanitarium clinic, taken or prescribed medicines, nor received medical or surgical treatment or advice in the last twelve (12), months.
 - (c) I have never had or been treated for heart condition, high blood pressure, blood disease, cancer, mass, tumor, abnormal bodily growth, diabetes, lung, kidney or stomach disorder or any other injury or physical impairment in the last five (5) years.
 - (d) I am in good health and physical condition.
 - (e) (For females only): I am not pregnant.

Note: If any of the above declarations and representations are not applicable to you, please give details below (specify dates, attending physician's name, hospital or clinic, diagnoses and treatment, etc.). Use separate sheet, if necessary.

I hereby certify that the above data are true and correct and any erroneous or untruthful statement shall not subject Manulife Plans to any liability whatsoever for any consequence arising therefrom.

Place of signing:		Date:		
<div style="text-align: center; border-top: 1px solid black; margin-top: 5px;"> Original Owner/Planholder's Signature Over Printed Name </div>		<div style="text-align: center; border-top: 1px solid black; margin-top: 5px;"> New Owner/Planholder's Signature Over Printed Name </div>		
PEPS/Witness Signature Over Printed Name:	PEPS Code:	Date Received:	Date Processed:	Date of Approval: