



REQUEST FOR MODE CHANGE

Branch Name _____	Owner's Name _____ Address _____
Policy Number _____ Life Insured _____	Next premium due date _____ Amount _____

The undersigned requests and authorizes Manulife Philippines to change the premium mode of the above numbered policy from _____ to _____ effective _____, _____. The undersigned has paid PhP _____ representing the new modal premium/arrears for the said change.

For change to monthly modes only:

The undersigned has submitted _____ postdated checks each in the amount of PhP _____ dated from _____ to _____.

New Modal Premium _____.

_____ Name and Signature of the Life Insured/Owner _____ Date and Place Signed	_____ Name and Signature of Agent/Witness _____ Date and Place Signed	For Client Services use only: _____ Processed by:
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Should you have concerns regarding this mode change request, please call Client Services Department at telephone number 884-5433.