



REQUEST FOR DIVIDEND WITHDRAWAL

POLICY NUMBER(S) _____

NAME(S) OF INSURED _____

I wish to withdraw the amount of Pesos: _____
(P _____) from the accumulated dividends on the above policy(ies). I also instruct Manulife Philippines to pay the amount in accordance with the following:

Apply to premium due on Policy Number(s) _____

Apply to outstanding loan on Policy Number(s) _____

Issue check in full/for the balance in my favor, and;

mail to the address below.

I will pick up the check personally.

I will send my authorized representative.

course through my agent _____.

Other instructions _____

DATE SIGNED (DAY/MO/YR) _____ PLACE SIGNED _____

SELF-LIQUIDATING
PREMIUM OPTION

Effective this date and every policy anniversary thereafter, kindly withdraw from the accumulated dividends the amount required for the annual premium due. Please notify me when the total accumulation is used up and additional premium payments become necessary.

NAME AND SIGNATURE OF POLICYOWNER

ADDRESS OF POLICYOWNER

TELEPHONE NO. _____

NAME AND SIGNATURE OF AGENT/WITNESS CODE _____	RECEIVED _____	SIGNATURE VERIFIED _____
	DATE _____	DATE _____