



The Manufacturers Life Insurance Co. (Phils.), Inc.
LKG Tower, 6801 Ayala Avenue, 1226 Makati City
Tel 884-5433 Fax 884-2558

Variable Life Policy Application for WITHDRAWAL/SURRENDER

Policy Number _____
Life Insured _____

IMPORTANT NOTICE: This Form must be received by the Head Office by 3:00PM on a business day, otherwise it shall be deemed to be received on the next business day.

Please tick (✓) one below:

FUND	AMOUNT/PERCENTAGE
PART A. WITHDRAWAL	
<input type="checkbox"/> I/We wish to apply for partial withdrawal as indicated below:	
Peso Variable Life Policy	
Peso Bond Fund	
Peso Stable Fund	
Peso Equity Fund	
Others	
US Dollar Variable Life Policy	
US Dollar Bond Fund	
Others	
	Total =

- NOTES:**
1. This request for partial withdrawal will not be accepted unless the following conditions are met:
 - Minimum amount to be surrendered is the lower of Php10,000.00 for Peso Variable Life and USD200.00 for US Dollar Variable Life or the entire value of the fund.
 - Using bid prices prior to the receipt of this request as a basis, the minimum fund balance after partial withdrawal is Php20,000.00 for Peso Variable Life and USD 400.00 for US Dollar Variable Life.
 2. Units will be cancelled at the bid prices applicable on the next valuation date provided this request is received by Client Services Department on or before the set cut-off schedule. If the maximum amount is to be withdrawn from a fund, please indicate "entire balance" against that fund.
 3. The first withdrawal in each policy year is free. Thereafter, withdrawal fee is Php200.00 for Peso Variable Life and USD5.00 for US Dollar Variable Life.
 4. Indicate if the value is in absolute amount or percentage.
 5. If Level Death Benefit Option (Type II), the Face Amount shall be decreased by amount of withdrawal.

PART B. FULL SURRENDER

I/We apply to fully surrender my/our policy and discharge Manulife from all liabilities on my/our policy.

- DECLARATION**
1. I/We represent that the foregoing statements are true and complete and that all exceptions have been stated.
 2. I/We declare that the policy has no existing collateral assignment at the time of withdrawal/surrender.
 3. I/we am/are not an undischarged bankrupt(s) nor have committed any act of bankruptcy within the last twelve months and that no receiving order or adjudication order in bankruptcy has been made against me/us or currently pending against me/us during that period.
 4. I/We, further agree that the above transaction shall be an amendment to and form part of the original application of the Policy issued thereunder, if any, and that they shall be binding on any person who shall have or claim any interest under such Policy/Agreement.
 5. In case of apparent errors or omissions discovered by the Company in the foregoing request, I/We hereby authorize Manulife Philippines to correct or complete this request for amendment for Policy and I/We agree that if the Policy/Agreement is changed in accordance with such amended request, my/our acceptance of any Policy/Agreement so amended or reissued will constitute my/our conformity to and ratification of any correction in or addition to this request made by the said Company in the space provided for.

Signed at _____ this _____ day of _____

Signature over printed name of Owner

Signature over printed name of Agent/Witness
(include agent's code and unit name)

Signature over printed name of Irrevocable Beneficiary/ies (if any)

Contact Number

- REQUIREMENTS:**
1. Photocopy of current valid ID
 2. Processing Fee, if applicable
 3. Policy Contract for full surrender

Received by:	Processed by:	Approved by:
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