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

Variable Life Policy (BEL)

Application for TOP-UP PREMIUM

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 of the payment modes: ☐ Cash ☐ Cheque ☐ Cross entry

FUND ALLOCATION	AMOUNT (Php/USD)
For Peso Variable Life Policy	
Peso Secure Fund	
Peso Balanced Fund	
Peso Growth Fund	
Others	
For US Dollar Variable Life Policy	
US Dollar Secure Fund	
Others	
	Total =

NOTES:
1. The minimum top-up amount is Php30,000.00 per policy for Peso Variable Life and USD600.00 per policy for US Dollar Variable Life.
2. The top-up premium less bank transaction charges, if any, will be used to purchase units at the applicable unit price of the fund(s) selected.
3. Top-up premium will increase the death benefit.

SHORT FORM OF DECLARATION OF INSURABILITY

If the Insured answered "YES" to Questions 1, 2, 3, 4, 5, 6 please provide full details in the space provided. Please include physician's name and address, hospital, date and nature of consultation, sickness or impairment. Please use the back of this form, if necessary, and sign it. Manulife reserves the right to request additional requirements based on the answers on the declaration form and evaluate accordingly the acceptability of the Insured thereafter.

1. Have you ever had or received treatment for diabetes, high cholesterol, high blood pressure, heart attack, stroke or any other heart or blood vessel disorder? ☐Yes ☐No
2. Have you ever had or received treatment for Cancer or growth of any kind, any breast lump or abnormality, breast examination, ultrasound or mammogram or an abnormal cervical smear test? ☐Yes ☐No
3. Have you ever had or received treatment for hepatitis, mental illness, epilepsy, HIV or AIDS or any disorder of the lungs, kidneys, liver or any other illness or physical disability? ☐Yes ☐No
4. Have you in the last 5 years consulted any doctor and/or been advised to have any diagnostic test, hospital confinement or surgical operation or are you currently taking any medication? ☐Yes ☐No
5. Do you participate or intend to participate in aviation (other than as a fare paying passenger), motor car or cycle racing, scuba diving or any other hazardous sport or activity? ☐Yes ☐No
6. A. Do you drink alcohol _____________ Type____________
   Quantity per day __________
   B. Have you ever used or injected yourself with any illegal or illicit drugs? ☐Yes ☐No
7. Has your mother, or father or any brother or sister had diabetes, breast, cervical, ovarian, colon or other cancer, high blood pressure, heart problems, stroke, haemochromatosis, huntington's disease, polycystic kidney, multiple sclerosis, parkinson's or any other hereditary disease?
   ☐Yes ☐No

Family Member (Relationship to you)	Condition/Illness (For cancer/heart disease, specify type)	Age at onset of Illness	Age at Death (if applicable)

8. Present Weight ☐Kg ☐Lb
9. Present Height ☐Ft ☐Cm

DECLARATION
1. I/We represent that the foregoing statements are true and complete and that all exceptions have been stated.
2. I/We authorize the Company to deduct any bank and transaction charges in addition to loading fees from top-up premium prior to investment.
3. I/We agree that the investment to US Dollar Variable Life fund for cheque payments will take effect on the later of 30 days after payment or when cheque payment has cleared.
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. I/We agree that this request and any evidence of insurability which may be required in connection with the change requested shall be considered an amendment and supplement to the original application and shall form a part of the Policy, that if evidence of insurability is required, the change requested shall not be effective until it has been approved at the Home Office and the required additional premium has been paid.
6. 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 Insured

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

____
Signature over printed name of Owner if other than the Insured

____
Contact Number