

iNotice Enrollment Form

In this form, "you", "your" and "the Company" mean the Manufacturers Life Insurance Co. (Phils.). "We", "us", "our", "I", "me" and "my" mean the Policyowner.

Please answer completely and accurately and use black ink. Please countersign on any corrections or erasures.

General Information

Policy No.	Name of Policyowner (Last, First), (Middle Name) <input type="checkbox"/> Do not know / Not applicable
Mobile Number (Country Code, Area Code, Telephone Number)	
Primary Email Address	I want to <input type="checkbox"/> Enroll my policy in iNotice

Declaration and Agreement

1. I have read the above questions and I certify that the information I provided above is true, correct and complete based on my personal knowledge and official records.
2. I agree that upon enrollment to iNotice, I will no longer receive my paper billing notice at my preferred mailing address. I agree to receive or access my billing notice/s pertaining to such policy/ies electronically/digitally by making use of a computer, mobile or any digital device.
3. I understand that upon enrollment to iNotice, the electronic billing notice shall be delivered to the primary email address I indicated and in case of unsuccessful sending by the Company to such address, it will be sent to the secondary email address I indicated in this form.
4. I agree that all existing policy/ies where I am a policyowner, will be automatically enrolled to iNotice. Any new policy/ies issued will likewise be enrolled to iNotice
5. I agree to inform the Company within fourteen (14) days of any changes in my email address or relevant information that may delay or prevent the delivery of my electronic billing notice.
6. I understand that the billing notice, whether in paper or electronic form, is a service courtesy of the Company. If I do not receive my billing notice, I will contact the Company. I understand that if I do not pay my premium on time, my policy will incur penalties or eventually lapse.

By signing this form, I allow the Company, including its affiliates, subsidiaries, service providers or any member of the Manulife Financial Group to process, collect, store, use, share or transfer all personal data I have provided for the purposes stated in the Company's Customer Privacy Policy found in your website, <https://www.manulife.com.ph/Customer-Privacy-Policy>.

I confirm that the information I provided is complete and true. I also allow the Company to update my records based on the information found in this form and to use such to administer and service my policy.

During the effectivity of the contract/policy, I agree to the following: in case the Company is unable to comply with relevant customer due diligence (CDD) measures, as required under the Anti-Money Laundering Act, as amended and relevant issuances, due to my fault, the Company may apply the following: (a) measures to restrict the services available or prohibit any further transactions on the contract/policy until full and proper CDD measures have been successfully conducted; and (b) in case the foregoing is unsuccessful, terminate business relationship, which shall only entitle me to receive the unused portions of premium or withdrawal value, if any, whichever is applicable. I also agree to be bound by obligations set out in relevant United Nations Security Council Resolutions relating to the prevention and suppression of proliferation financing of weapons of mass destruction, including the freezing and unfreezing actions as well as prohibitions from conducting transactions with designated persons and entities.

Policyowner's Signature over Printed Name	Date Signed (mm/dd/yyyy)	Place Signed	
Insurance Advisor's (as Witness) Signature over Printed Name	IA Code	Date Signed (mm/dd/yyyy)	Place Signed

For Manulife Use Only

Valid ID(s): Type: _____ ID#: _____ ☐ Document(s) Presented: _____

Documents received and validated by: _____
Name of CSO Branch Date (mm/dd/yyyy)