



- ☐ Regular Pay
- ☐ Guaranteed Issue Offer/Single Pay with DB2 Regular

Policy Number	Name of Life Insured (Last, First, Middle Initial)	
Name of Policyowner, if different from Life Insured (Last, First, Middle Initial)		Occupation
Email Address		Mobile Number (Country Code, Area Code, Telephone Number)

Payment Mode: <input type="checkbox"/> Cash <input type="checkbox"/> From another policy <input type="checkbox"/> Check	Amount in Words:
	Amount in Figures:

Top-up Option: ☐ Top-up using New Fund ☐ Top-up from Existing Fund

Fund Allocation/Name of Fund	Amount/Percentage
Total	

1. Will anyone other than the Insured/Owner be paying for this policy?

☐ Yes ☐ No

2. Has the Insured/Owner or any direct relative of either person ever held a senior position in the government, a political party, the military, any tribunal or government –owned corporation?

☐ Yes ☐ No

Sources of Income: _____

Estimated Net Worth: _____

Application for Top-Up Premium

Declaration of Insurability (for Regular Pay use only)

Life Insurance Questions

Insured		Owner/Payor
1. Current Height:	<input type="checkbox"/> ft/in <input type="checkbox"/> cm	<input type="checkbox"/> ft/in <input type="checkbox"/> cm
2. Current Weight:	<input type="checkbox"/> lbs <input type="checkbox"/> kg	<input type="checkbox"/> lbs <input type="checkbox"/> kg
3. How do you describe your current drinking habit?	<input type="checkbox"/> Never drink <input type="checkbox"/> Less than 15 bottles of beer (or 3 bottles of wine or 14 shots of liquor) per week <input type="checkbox"/> 15 or more bottles of beer (or 3 bottles of wine or 14 shots of liquor) per week	<input type="checkbox"/> Never drink <input type="checkbox"/> Less than 15 bottles of beer (or 3 bottles of wine or 14 shots of liquor) per week 15 or more bottles of beer (or 3 bottles of wine or 14 shots of liquor) per week
4. How do you describe your current smoking habit?	<input type="checkbox"/> Never smoke <input type="checkbox"/> Less than 31 sticks of cigarettes per day <input type="checkbox"/> 31 or more sticks of cigarettes per day	<input type="checkbox"/> Never smoke <input type="checkbox"/> Less than 31 sticks of cigarettes per day <input type="checkbox"/> 31 or more sticks of cigarettes per day

Disclosure Questions

	Insured		Owner/Payor	
	Yes	No	Yes	No
5. Do you have plans to travel, work or reside abroad for more than six (6) months?				
6. Have you ever applied for a life insurance policy or reinstatement which was declined, postponed, cancelled or modified in type, coverage or rate?				
7. Do you engage or have definite plans to engage in any mountaineering, sky diving, scuba diving, hazardous sports, racing or flying other than as a fare paying passenger or on a regularly scheduled airline?				
8. Have you ever used stimulants, hallucinogens, narcotics or other controlled substance other than prescribed by a physician, or been counseled, treated or arrested for excessive use of alcohol or drugs?				
9. Have any of your natural parents or siblings had Dementia (including Alzheimer's disease), Cancer, Cardiomyopathy, Diabetes, Heart disease, Stroke, Huntington's disease (Huntington's Chorea), Parkinson's disease, Polycystic Kidney disease, Familial Adenomatous Polyposis, Motor Neurone disease, Multiple Sclerosis, or Muscular Dystrophy?				
10. In the last 5 years, have you ever consulted a doctor for any health problem except for the common cold or seasonal flu or childbirth without complications?				
11. Have you ever taken or been prescribed to take any medication for more than 10 consecutive days?				
12. Have you ever been hospitalized, admitted to an emergency room or undergone any surgical procedure?				
13. In the last 5 years, have you undergone or intended to or have been advised to undergo any investigation or test by a doctor, clinic or health professional?				
14. In the last 5 years, have you undergone any health check-up, including genetic test, blood test which has shown abnormal results?				
15. Have you ever been unable to perform your usual duties or have been away from work or study for more than 10 days because of any medical condition?				
16. Have you ever had any signs and symptoms (including but not limited to chronic cough, weight loss, change in bowel habits etc) for which you are planning to consult a doctor or get investigated?				
17. Have you ever suffered from or been treated for a physical or intellectual disability or handicap?				

Disclosure Questions

Disclosure Questions	Insured		Owner/Payor	
	Yes	No	Yes	No
18. Have you ever suffered from diabetes, kidney disease, renal failure, hepatitis or liver inflammation, heart disease, stroke, multiple sclerosis, lung disease or breathing restriction, paralysis, any cancer or tumour, and/or any congenital disorder (physical or mental defects or conditions present since birth)?				
19. If under age two: Was there any birth difficulty, RH problem, congenital or deformity such as deformed limbs, "blue baby", lack of mental development, or Down's Syndrome?				

Additional Details To **Yes** Answers

Notwithstanding any Policy provisions to the contrary, it is hereby agreed and understood that:

Guaranteed Insurability Offer (GIO) is a program designed to provide insurance protection, with no medical examination required, subject to certain issue limits and underwriting guidelines.

The product is offered under Guaranteed Insurability Offer (GIO) subject to limits set by the Company. Should the total insurance coverage of the Proposed Insured under GIO with the Company exceed such limit, the Company will decline this application under the GIO. In such event, the proposed Insured can apply for the insurance coverage exceeding the GIO limits using the Application for Variable Life Insurance and undergo the Company's regular underwriting process.

GIO does not mean guaranteed approval of this application. This application may be declined for underwriting reasons such as but not limited to the following:

1. The proposed Insured has exceeded the GIO limits by the Company,
2. The Owner has not submitted the complete Anti-Money Laundering Act (AMLA) requirements,
3. The Owner has not provided the complete information in this GIO application form,
4. The health declaration is not acceptable according to the Company's underwriting guidelines,
5. The Proposed Insured has previous application with Manulife Philippines or other life insurance companies which was deferred postponed OR declined through regular underwriting or simplified issue, regardless of reason.

Application for Top-Up Premium

Declaration and Agreement

By signing this form, I confirm that the information I provided is complete and true. I also allow Manulife to update my records based on the information in this form. Once these changes are affected, I agree to receive a copy of the changes in the policy requested in this form.

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 check payments will take effect on the later of 30 days after payment or when check payment has been 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 charges 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 charged 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 addition to this request made by the said Company in the space provided for.
7. I/we confirm that the Insured is not older than 70 years old, is in good health and with no sign or symptom of any illness or disease ; has neither been hospitalized, consulted any doctor, undergone any diagnostic test, nor received any treatment including medication for any illness in the past twelve (12) months; and has no life insurance applications or reinstatements which are pending, deferred or postponed, or declined. If you do not agree with any part of this declaration no.7, please provide details:

Policyowner Signature Over Printed Name

Date: _____ Place: _____

Irrevocable Beneficiary/ies (if any) Signature over Printed Name

Date: _____ Place: _____

Financial Advisor as Witness Signature over Printed Name

Date: _____

For Manulife use only

Valid IDs: Type: _____ ID# _____ ☐ Documents Presented: _____

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