

1. General Information		Name of Life Insured (Last, First, MI)	Place of birth	Citizenship
		Name of Policy Owner, if different from Life Insured, (Last, First, MI)	Place of birth	Citizenship
		Mailing Address	Policy Number	
		Address Abroad (if applicable)	Email Address	
		Telephone No.	Telephone No. Abroad (if applicable)	TIN
				TIN
2. Details of Withdrawal				
<p>I wish to withdraw the amount of _____ <small>(Amount in words)</small></p> <p>(Php _____) from the Fund Accumulator balance of the above policy/ies.</p>				
<p>I also instruct Manulife Philippines to pay the amount in accordance with the following:</p> <p><input type="checkbox"/> Apply to premium due on Policy Number/s</p> <p style="margin-left: 40px;"><small>Policy Number</small> _____ <small>Policy Owner</small> _____</p> <p><input type="checkbox"/> Apply to loan balance on Policy Number/s</p> <p style="margin-left: 40px;"><small>Policy Number</small> _____ <small>Policy Owner</small> _____</p> <p><input type="checkbox"/> Purchase additional coverage or supplementary benefits to Policy Number/s:</p> <p style="margin-left: 40px;">_____</p> <p><input type="checkbox"/> Issue check in my favor, and:</p> <p style="margin-left: 40px;"> <input type="checkbox"/> Mail to the address stated in this form <input type="checkbox"/> I will send my authorized representative _____ <input type="checkbox"/> I will pick up the check personally <input type="checkbox"/> Course through my agent _____ <input type="checkbox"/> BPI/BPI Family Bank Pick-Up Anywhere <input type="checkbox"/> Please deposit to my Savings/Current Account No. _____ </p> <p><input type="checkbox"/> Other instructions _____</p>				
3. Signatures		Date signed	Place signed	Name and signature of Life Insured
		Name and signature of Plan Owner	Name and signature of Assignee, if any	
		Name and signature of Irrevocable beneficiary	Name and signature of Agent/Witness	Agent's Code
4. Fund Management Services use only		Remarks for disapproved request: <input type="checkbox"/> Insufficient fund balance <input type="checkbox"/> Invalid Signature <input type="checkbox"/> Uncleared fund <input type="checkbox"/> Others: _____		Special instruction: <input type="checkbox"/> Untagged PDF by Billing <input type="checkbox"/> Date informed _____ <input type="checkbox"/> Others _____
		Processed by	Approved by	

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