

Income Payout Form

General Information

Policy No.	Name of Policyowner (Last, First, Middle)
Email Address	Mobile Number (Country Code, Area Code, Telephone Number)

Request Details

Income Payout Method Paid in Cash Reinvest

If Paid in Cash (Choose one for each)

Payout Frequency: Annual Semi-Annual Quarterly Monthly

Payout Start Date: Earliest Specify Date (mm/yyyy) _____

Note: Some funds have fixed payout frequencies and start dates. Please consult with your Financial Advisor or Customer Service Officer for more information.

Payout:

Bank Account Details

Currency: Peso Dollar Account Type: Current Savings

Bank Name: _____ Branch: _____

Account Name: _____ Account Number: _____

Swift Code (For Dollar currency): _____

Note: Bank account should not be an "and/or" account.

Special Instructions

Declaration and Agreement

I have read the above questions, statements and answers and I certify that the information provided above is true, correct and complete based on my personal knowledge and official records. If signing for the legal entity identified above, I certify that I have the capacity to sign for such legal entity. I understand that this will form part of the owner's insurance with Manulife Philippines. This Form supersedes the Income Fund Payout Options section of the Application Form.

Owner Signature over Printed Name	Date Signed (mm/dd/yyyy)	Place Signed
Financial Advisor as Witness Signature over Printed Name	Financial Advisor Code	