

Policy Loan Form

General Information

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

Loan Details

| | |
|--|--|
| Currency <input type="checkbox"/> Peso (Php) <input type="checkbox"/> Dollar (USD) | Amount in Words: Amount In Figures: |
|--|--|

Release Instructions

| | | |
|---|--|--------------------------------------|
| <input type="checkbox"/> Deposit to my account: Bank: <input type="checkbox"/> BPI <input type="checkbox"/> China Bank <input type="checkbox"/> Others <input type="checkbox"/> BDO <input type="checkbox"/> UnionBank _____ | Currency <input type="checkbox"/> Peso (Php) <input type="checkbox"/> Dollar (USD) | Account Name: Account Number: |
| Pay for policy number: _____ <input type="checkbox"/> Premium <input type="checkbox"/> Loan <input type="checkbox"/> Both | * Please make sure that your bank account details are updated and accurate to avoid unnecessary delay in funds disbursement. * Charges may apply for other banks. | |

Declaration and Agreement

1. I understand that this policy will be assigned to the Company as security for the loan and interest under the terms of this agreement.
2. I understand that the interest rate is determined by the Company from time to time but will not exceed the rate stated in the policy, if any. Any overdue interest will be added to the loan and bear the same interest rate as the loan.
3. If the loan, interest, and other indebtedness of this policy exceed the cash value, the policy and its benefits will end.
4. Any policy issued as a replacement of this policy, including any additions or accumulations, will be subject to the provisions contained in this agreement.
5. I am fully aware that loaning from my policy may cancel the Self-Liquidating Policy Option (if applicable) should the loan balance exceed its cash value.

Signatures over printed names:

| | | |
|-------------------|----------------------------------|----------------------------------|
| Policyowner | Date Signed (mm/dd/yyyy) | Place Signed |
| Assignee (if any) | Irrevocable Beneficiary (if any) | Irrevocable Beneficiary (if any) |

For Manulife use only

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

Documents received and validated by: _____

| | | |
|-------------|--------|-------------------|
| Name of CSO | Branch | Date (mm/dd/yyyy) |
|-------------|--------|-------------------|