

Withdrawal/Surrender Form

General Information

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

Details of Withdrawal

<input type="checkbox"/> Withdrawal from Dividends: <input type="checkbox"/> Full Withdrawal <input type="checkbox"/> Partial Withdrawal	Amount in Words: _____ Amount in Figures: _____
<input type="checkbox"/> Withdrawal from Paid-up Addition	
<input type="checkbox"/> Withdrawal from Variable Life Funds: 1. Fund Name: _____ <input type="checkbox"/> Full Withdrawal <input type="checkbox"/> Partial Withdrawal 2. Fund Name: _____ <input type="checkbox"/> Full Withdrawal <input type="checkbox"/> Partial Withdrawal 3. Fund Name: _____ <input type="checkbox"/> Full Withdrawal <input type="checkbox"/> Partial Withdrawal	If partial withdrawal, please choose one: Percentage: _____ Units: _____ Amount: _____ If partial withdrawal, please choose one: Percentage: _____ Units: _____ Amount: _____ If partial withdrawal, please choose one: Percentage: _____ Units: _____ Amount: _____

Full Withdrawal/Surrender of Policy
 Reasons for surrender: _____

Release Instructions

Pay for policy number: _____ <input type="checkbox"/> Premium <input type="checkbox"/> Loan <input type="checkbox"/> Both	Currency <input type="checkbox"/> Peso (Php) <input type="checkbox"/> Dollar (USD)	Account Name: _____ Account Number: _____
<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 _____	* 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.	

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Reminders

1. Your Manulife policy is intended to secure your financial needs over the long term. If you surrender your policy, you will lose benefits in terms of price and other features of your policy. If you have a traditional life policy, you may consider applying for a policy loan or conversion instead, if applicable. We strongly encourage you to consult your Financial Advisor or any of our Customer Service Officers before you proceed.
2. Withdrawal depends on the type of policy you have. Withdrawal from Dividends and Paid-up addition will be applicable to traditional life products, while the Withdrawal from variable life funds will be used for variable life products.
3. Partial withdrawals may have the minimum withdrawal amounts or maintaining balance requirements, depending on the product.
4. For Fund Withdrawals, please indicate the fund name and choose if you want to withdraw by percentage, units or amount.
5. Units will be cancelled at the bid prices applicable on the next valuation date provided this request is received on or before the cut-off schedule.
6. If your product has a Level Death Benefit Option (Type II), your Death Benefit may be reduced by at most 125% of the amount of your withdrawal.

Declaration and Agreement

1. The undersigned persons hereby certify that each of them is of legal age.
2. I confirm that the information I provided, including bank details, if applicable, are accurate and up to date. I will not hold Manulife responsible for any loss or liability as a result of the information provided in this form.
3. I am not an undischarged bankrupt nor have committed any act of bankruptcy within the last twelve (12) months and that no receiving order or adjudication order in bankruptcy has been made against me are currently pending during that period.
4. I agree that this transaction will be an amendment to the policy and will form part of the original application.
5. I am fully aware that partially withdrawing dividends may cancel the Self-Liquidating Policy Option (if applicable) should the dividends become insufficient to pay for premiums due.
6. I authorize Manulife to correct or complete this request should there be errors or omissions discovered by Manulife. I accept the changes to the Policy/Agreement based on these corrections, which are stated in the space below.
7. I am releasing Manulife from any liability after the cash value/account value has been paid/released.
8. By signing on this form, I confirm that the information I provided is complete and true. I also agree and understand that Manulife collects and uses personal and sensitive information to operate and insurance business. By signing this form and continuing avail of the company's products and services, I agree that the information I provided and any subsequent changes to it (including the information of third parties) can be processed, shared, disclosed, transferred or used by the company, including its shareholders, directors and employees, affiliates, subsidiaries, business partners, any member of the Manulife Group of Companies (including those located overseas), advisors, representatives, industry associations and databases, local and foreign authorities having jurisdiction over companies within Manulife Group of Companies, external auditors/counsels, and its third party service providers (whether within or outside the Philippines) within the rules set by the Data Privacy Act of 2012, as may be amended from time to time, relevant regulations and the Company's privacy policy available at www.manulife.com.ph/Customer-Privacy-Policy for purposes of:
 - underwriting and approving my application;
 - administering, serving and reinsuring my policy;
 - marketing (including marketing of products and services offered by any member of the Manulife Group of Companies and those of our business partners), promoting, getting feedback on our products and services, and measuring client satisfaction;
 - conducting data analytics and doing automated data processing;
 - preventing money laundering or terrorist financing activities;
 - complying with repertorial and regulatory requirements of both local and foreign regulatory authorities (including local and foreign tax authorities and stock exchanges) as well as other legal, regulatory or contractual obligations of any member within the Manulife Financial Group, relating to information sharing, tax reporting or otherwise;
 - the Companys internal purposes such as governance, risk, actuarial, claims and underwriting management, and reporting; and for other reasonable purposes related to the services provided.

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) _____