

# Application for Fund Switch / Investment Allocation Change

## General Information

Policy Number	Name of Life Insured (Last, First, Middle)
Email Address	Mobile Number (Country Code, Area Code, Telephone Number)

## Fund Switch Details Indicate the name of funds and the units/percentage to be switched in the "existing fund" and in the desired "new fund".

From (Name of Existing Fund)	Units/Percentage	To (Name of New Fund)	Units/Percentage
<b>Total</b>			<b>Total</b>

Note: For funds with income payouts please fill out income payout form for GTIF/APPI

## Change of Investment Allocation of Premium

Indicate the Name of funds and the percentage of the desired change of investment allocation of premium.

To (Name of New Fund)	Units/Percentage
<b>Total</b>	

## 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.

\_\_\_\_\_  
 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: \_\_\_\_\_ FA Code: \_\_\_\_\_

## For Manulife use only

Valid IDs: Type: \_\_\_\_\_ ID# \_\_\_\_\_  Documents Presented: \_\_\_\_\_  
 Documents received and validated by: \_\_\_\_\_  
Name of CSO
Branch
Date (mm/dd/yyyy)