## Manulife

The Manufacturers Life Insurance Co. (Phils.), Inc. Head Office: 10th Floor NEX Tower, 6786 Ayala Avenue, Makati City, 1229, Philippines Customer Care: (02) 884-7000 Domestic Toll-Free: 1.800-1.888-6268 Website: www.manulife.com.ph Email:phcustomercare@manulife.com

## General Information

Name of Life Insured (Last, First, Middle)

Email Address

Policy Number

Mobile Number (Country Code, Area Code, Telephone Number)

Application for Fund Switch / Investment Allocation Change

Assignment 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
Total		Total	

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
Total	

## **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.

		1 1 1	<del></del>				
Policyowner Signature Over Printed Name			Irrevocable	Irrevocable Beneficiary/ies (if any) Signature over Printed Name			
Date:	Place:		Date:	Place:			
Financial Adv	isor as Witness Sign	ature over Printed Name					
Date:	-						
Date							
For Man	ulife use only						
		ID#		Documents Presented:			
Documents	received and validat	ed by:					
		Name of CSO		Branch	Date (mm/dd/yyyy)		