

Contact Information Change Form

Please answer completely and accurately and use black ink. Please countersign on any corrections or erasures.

Policy No.	Name of Policyowner (Last, First, Middle)
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Contact Information to be Changed

Update the information of Insured Policyowner
Apply changes to all policies I own. Yes No

Mobile Number <input type="checkbox"/> I want to receive marketing promotions via SMS	Landline Number <input type="checkbox"/> Home <input type="checkbox"/> Office/Business
Country code, Area code, Telephone Number	Country code, Area code, Telephone Number
Present Address	Permanent Address <input type="checkbox"/> Same as Present Address
Floor/No., Building/Street, Subdivision/Village	Floor/No., Building/Street, Subdivision/Village
Barangay/District, Town/City	Barangay/District, Town/City
Province/State, Country, Zip Code	Province/State, Country, Zip Code
Office Address <input type="checkbox"/> Same as Present Address	Preferred Mailing Address
Floor/No., Building/Street, Subdivision/Village	<input type="checkbox"/> Present Address <input type="checkbox"/> Permanent Address <input type="checkbox"/> Office Address
Barangay/District, Town/City	Email Address
Province/State, Country, Zip Code	<input type="checkbox"/> I want to receive marketing promotions via email

Declarations and Signatures

By signing on 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.

Insured's Signature over Printed Name

Policyowner's Signature over Printed Name

Financial Advisor's (as Witness) Signature over Printed Name / 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)