

Declaration of Loss of Policy Contract

General Information

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

Declarations

For the purpose of establishing the loss or destruction of the policy contract and in order for The Manufacturer's Life Insurance Company (Philippines), Inc. to issue a duplicate copy, the undersigned hereby makes the following declarations:

1. The policy was lost/destroyed while in possession of _____ and on or about _____ under the following circumstances: _____ and that the policy contract cannot be found despite diligent search;
2. I understand and agree that upon issuance of the duplicate copy of the policy contract, the original copy that I declared lost/destroyed is void and cannot be used in any transaction.
3. The policy has not been assigned, transferred or pledged for any purpose and no other person other than me has any claim against the policy; and
4. I agree to indemnify the Company against any loss or liability it may sustain as a result of the issuance of a duplicate policy copy.

Delivery Option:

- ☐ Pick-up in Branch ☐ Direct Mail (Courier's fee applies)

Branch/Direct Mailing Address: _____

Policyowner Signature Over Printed Name

Date: _____ Place: _____

Financial Adviser/Witness Signature over Printed Name

FA Code: _____ Date & Place: _____

Notary

Subscribed and sworn to before me this _____ day of _____, _____ affiant exhibiting to his Driver's License/Passport/SSS/PRC ID with number _____.

Doc No. _____

Page No. _____

Book No. _____

Series of _____

For Manulife use only

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

Documents received and validated by: _____

Name of CSO

Branch

Date (mm/dd/yyyy)