



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
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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:

- 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;
- 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.
- 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
- 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 | _____ Financial Adviser/Witness Signature over Printed Name |
| Date: _____ Place: _____ | 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)