

Current Policy No. Policy No.

Please answer completely and accurately and in CAPITAL letters. Use black ink. Answer all fields, put "N/A" if not applicable. Any change should be counter-signed by Proposed Insured and/or Owner/Payer. In this form, "you" and "your" means the Proposed Insured and/or Owner/Payer as applicable. "We", "us", "our" and "the Company" means the Manufacturers Life Insurance Co. (Phils.).

Conversion Details

1. Conversion is based on:	
☐ Individual Term Policy	☐ Group Term Policy (Please complete below)
☐ Supplemental Term Benefit Provision	(a) Employer or policyholder's full name _____
☐ Family Income Benefit Provision	(b) Certificate number _____
	(c) Date of termination of employment or membership _____
2. How much will be converted?:	
☐ Full Conversion	☐ Partial Conversion (for selected products only)
	Face Amount: _____
What happens to the current policy after conversion? ☐ Retain ☐ Drop	
3. Conversion Age: ☐ attained age ☐ original age (for selected products only)	

Personal Information

Proposed Insured

1. Last Name			2. Last Name		
3. First Name			4. First Name		
5. Middle Name			6. Middle Name		
☐ Do not know / not applicable			☐ Do not know / not applicable		
7. Other Name/s (Alias/es, if any)			8. Other Name/s (Alias/es, if any)		
9. Date of Birth (mm/dd/yyyy)	10. Sex ☐ Male ☐ Female	11. Civil Status ☐ Single ☐ Married ☐ Other:	12. Date of Birth (mm/dd/yyyy)	13. Sex ☐ Male ☐ Female	14. Civil Status ☐ Single ☐ Married ☐ Other:
15. Country of Birth ☐ Philippines ☐ Other:			16. Country of Birth ☐ Philippines ☐ Other:		
17. City/Municipality of Birth			18. City/Municipality of Birth		
19. Citizenship/s (indicate all) ☐ Filipino ☐ Other:			20. Citizenship/s (indicate all) ☐ Filipino ☐ Other:		
21. Nationality (if other than Citizenship)			22. Nationality (if other than Citizenship)		
23. For Philippine Nationals (please provide both) ☐ National ID or ☐ SSS or ☐ GSIS or ☐ UMID ID			24. For Philippine Nationals (please provide both) ☐ National ID or ☐ SSS or ☐ GSIS or ☐ UMID ID		
Tax Identification Number (TIN)			Tax Identification Number (TIN)		
25. For Foreign Nationals: ☐ ACR Number or ☐ SIRV/SRRV Number Expiry: _____			26. For Foreign Nationals: ☐ ACR Number or ☐ SIRV/SRRV Number Expiry: _____		
27. Occupation (Job Title & Functions)		28. Tenure Years: _____ Months: _____	29. Occupation (Job Title & Functions)		30. Tenure Years: _____ Months: _____
31. Employer/Business Name		32. Nature of Business/Industry	33. Employer/Business Name		34. Nature of Business/Industry
35. Other Occupation/s			36. Other Occupation/s		

37. Estimated Annual Income	38. Estimated Annual Income
39. Sources of Funds ☐ Salary ☐ Business ☐ Savings Remittances (country): _____ Other: _____	40. Sources of Funds ☐ Salary ☐ Business ☐ Savings Remittances (country): _____ Other: _____
41. Have you or any of your immediate family members or close relationships and associates been entrusted with prominent public position/s in (a) the Philippines with substantial authority over policy, operations or the use or allocation of government-owned resources; (b) a foreign State; or (c) an international organization? ☐ Yes ☐ No	42. Have you or any of your immediate family members or close relationships and associates been entrusted with prominent public position/s in (a) the Philippines with substantial authority over policy, operations or the use or allocation of government-owned resources; (b) a foreign State; or (c) an international organization? ☐ Yes ☐ No

Owner Information

43. Is the Owner a United States citizen, resident, or a resident alien (US Green card holder)? ☐ Yes to any, please provide W-9 form and skip question 45 ☐ No	44. If Owner is different from the Proposed Insured: I am the Proposed Insured's: _____ If Owner is Fiance/Fiancee of the Proposed Insured, will there be legal marriage w/in 12 months? ☐ Yes ☐ No
45. Does the Owner have a United States Taxpayer Identification Number (SSN/TIN), address, telephone number? Or was the Owner born in the US? ☐ Yes to any, please provide W8-BEN form ☐ No	46. What is your purpose of getting an insurance policy? ☐ Protection ☐ Mortgage Redemption ☐ Education ☐ Savings ☐ Investment
47. Does this policy have a Beneficial Owner? ☐ Yes, please submit Beneficial Owner form ☐ No	

Contingent Owner (if any)

48. Name (Last Name, First Name) (Middle Name) ☐ Do not know / not applicable	Date of Birth (mm/dd/yyyy)	Sex	The Contingent Owner is the Proposed Insured's (state relationship):

Contact Information

Proposed Insured 49. Mobile Number (ex: +639171234567) +63 _____ International Mobile Number Country Code Area Code Telephone Number ☐ I want to receive marketing messages via SMS	Owner/Payor (if different from Proposed Insured) 50. Mobile Number (ex: +639171234567) +63 _____ International Mobile Number Country Code Area Code Telephone Number ☐ I want to receive marketing messages via SMS
51. Email Address ☐ I want to receive marketing messages via email	52. Email Address ☐ I want to receive marketing messages via email
53. Present Address Floor/No., Building/Street, Subdivision/Village Barangay/District, Town/City Province/State, Country, Zip Code	54. Present Address Floor/No., Building/Street, Subdivision/Village Barangay/District, Town/City Province/State, Country, Zip Code

55. Office Address

☐ Same as Present Address

Floor/No., Building/Street, Subdivision/Village

Barangay/District, Town/City

Province/State, Country, Zip Code

56. Office Address

☐ Same as Present Address

Floor/No., Building/Street, Subdivision/Village

Barangay/District, Town/City

Province/State, Country, Zip Code

57. Preferred Mailing Address (choose one)
(to be used if the need to send a printed document arises)

☐ Present Address☐ Office Address

Policy Information

58. Policy Name

59. Mode of Payment

☐ Annual☐ Semi-Annual☐ Quarterly☐ Monthly

60. Initial Payment

☐ Cash☐ Credit Card☐ Check☐ Other:

Amount Date

PR No.

61. Will anyone other than the Proposed Insured and/or Owner be paying for this policy?

☐ Yes (please submit Payor Information Form)☐ No

62. Regular Payment Options
(additional forms may be needed)

☐ Credit Card☐ Auto-debit Arrangement

☐ Post-dated Checks:
APDC#:

63. Deposit Information
Your policy benefits and proceeds will be deposited to your bank account.
Currency: ☐ Peso☐ Dollar
Bank Account No.
Account Name

64. Dividend Option (For Dividend-earning policies only)

☐ Accumulate with interest*☐ Paid in Cash

☐ Pay future premiums☐ Other:

☐ Purchase Paid-up Additions

*Default

65. What will happen if your premium is unpaid

☐ Automatic Premium Loan☐ Reduced Paid-up*

☐ Extended Term Insurance

*Default

Actual options may vary depending on the terms of your policy contract

Primary Beneficiary Information

Name (Last Name, First Name) (Middle Name) ☐ Do not know / not applicable	Address (No., Street, Village, City/Municipality, Province/ State, Country, Zip Code)	Contact Number Mobile: (Country Code + Mobile No.)	% of Share	Relationship to Proposed Insured	Date of Birth (mm/dd/yyyy)	Sex	Citizenship/ Nationality (indicate all)	Place/ Country of Birth	Irrevocable? Yes No
									☐ ☐
									☐ ☐
									☐ ☐
									☐ ☐
									☐ ☐
									☐ ☐

Contingent Beneficiary

Name (Last Name, First Name) (Middle Name) ☐ Do not know / not applicable	Address (No., Street, Village, City/Municipality, Province/State, Country, Zip Code)	Contact Number Mobile: (Country Code + Mobile No.)	% of Share	Relationship to Proposed Insured	Date of Birth (mm/dd/yyyy)	Sex	Citizenship/ Nationality (indicate all)	Place/ Country of Birth	Irrevocable? Yes No
									☐ ☐
									☐ ☐
									☐ ☐

If the beneficiary is a Fiancé/Fiancée of the Proposed Insured, will there be legal marriage within the next 12 months?

☐ Yes ☐ No

Trustee Information (if any of the beneficiary/ies are minors)

Name (Last Name, First Name) (Middle Name) ☐ Do not know / not applicable	Address (No., Street, Village, City/Municipality, Province/State, Country, Zip Code)	Sex	Contact Number Mobile: (Country Code + Mobile No.)	Relationship to Minor Beneficiary	Date of Birth (mm/dd/yyyy)	Citizenship/ Nationality (indicate all)	Place/ Country of Birth

Important Note:

A beneficiary is revocable unless specified as irrevocable. If you designate an irrevocable beneficiary, you cannot make any changes under the policy that will adversely affect the ownership interests of the irrevocable beneficiary, without the written consent of the irrevocable beneficiary/ies.

Declaration and Agreement

I confirm that my answers in this form and any extra forms attached are complete and true. I also understand and agree to the following:

1. My policy will start only upon payment of the first premium and on the effective date of the policy, which will be shown in my policy contract.
2. I agree to receive or access my policy contract, billing notice/s or any other corporate correspondence, documents or information pertaining to such policy electronically/digitally by making use of a computer, mobile or any digital device.

I agree that the cost and expense to obtain and maintain or configure suitable software, device and/or equipment to receive or access such documents shall be borne by me.

I agree and understand that transmission of information or communication over the Internet may be subject to interruption, transmission blackout and delayed transmission due to the Internet traffic, or incorrect data may be transmitted due to the public and open nature of the Internet or otherwise. The Company shall not be responsible or liable for any loss of accuracy or timeliness of any information or communication arising from the said reasons or in relation to any malfunctions in communication facilities that are out of control of the Company.

I understand that within Manulife office hours and subject to Manulife's standard verification procedures, I can request for a printed copy of my policy contract for a fee.

3. I am not an undischarged bankrupt. I did not carry out any act of bankruptcy and there was no receiving or adjudication order in bankruptcy made or pending against me in the last 12 months.
4. I understand that if I designate an irrevocable beneficiary, I cannot make any changes under the policy that will adversely affect the ownership interests of the irrevocable beneficiary. These changes include, but are not limited to, making a partial/full withdrawal from the policy, taking out loans against the cash value of the policy, assigning or surrendering the policy, or even changing an irrevocable beneficiary, without the written consent of the irrevocable beneficiary/ies.
5. For the information I gave:
 - I am allowing the Company to keep them in line with their records retention policy;
 - I will inform the Company of any changes in them as soon as possible;
 - I will not hold the Company responsible for any claims, loss, liability and cost as a result of using them for valid purposes.

6. DISCLOSURE:

In accordance with the Insurance Commission's Circular Letter No. 2016-54, as may be amended from time to time, your (Insured) medical information will be uploaded to a Medical Information Database accessible to life insurance companies for the purpose of enhancing risk assessment and preventing

fraud. Once uploaded, all life insurance companies will only have limited access to your information in order to protect your right to privacy in accordance with law. A copy of Circular Letter No. 2016-54 may be accessed at the Insurance Commission's website at www.insurance.gov.ph.

7. The Company will buy units into my fund/s upon issuance of my policy. I am allowing the Company to deduct any bank transaction charges from my premiums before using them to buy units. (Applicable only to plans with variable life component).
8. The Company can correct this application through the "home office endorsement" section below to fix obvious mistakes and missing information.
9. The Company collects and uses my personal and sensitive information to operate an insurance business. By signing this form and continuing to avail of the Company's products and services, I agree that the information I provided (including the information of third parties) and any subsequent changes to it can be processed, shared, disclosed, transferred or used by the Company, including its shareholders, directors and employees, affiliates, subsidiaries, business partners, any member of the Manulife Financial Group (including those located overseas), advisors, representatives, industry associations and databases, local and foreign authorities having jurisdiction over companies within the Manulife Financial Group, external auditors/counsels, and its third party service providers (whether within or outside the Philippines) within the rules set by the Data Privacy Act of 2012, as may be amended from time to time, relevant regulations and the Company's privacy policy available at www.manulife.com.ph/Customer-Privacy-Policy for purposes of:

- underwriting and approving my application;
- administering, serving and reinsuring my policy;
- marketing of products and services offered by the Company, any member of the Manulife Financial Group and those of its business partners; promoting, getting feedback on its products and services, and measuring client satisfaction;
- conducting data analytics and doing automated data processing;
- preventing money laundering or terrorist financing activities;
- complying with reportorial and regulatory requirements of both local and foreign regulatory authorities (including local and foreign tax authorities and stock exchanges) as well as other legal, regulatory or contractual obligations of any member within the Manulife Financial Group, relating to information sharing, tax reporting or otherwise;
- the Company's internal purposes such as governance, risk, actuarial, claims and underwriting management, and reporting; and
- for other reasonable purposes related to the services provided.

10. During the effectivity of the contract/policy, I agree to the following: in case the Company is unable to comply with relevant customer due diligence (CDD) measures, as required under the Anti-Money Laundering Act, as amended and relevant issuances, due to my fault, the Company may apply the following: (a) measures to restrict the services available or prohibit any further transactions on the contract/policy until full and proper CDD measures have been successfully conducted; and (b) in case the foregoing is unsuccessful, terminate business relationship, which shall only entitle me to receive the unused portions of premium or withdrawal value, if any, whichever is applicable. I also agree to be bound by obligations set out in relevant United Nations Security Council

Resolutions relating to the prevention and suppression of proliferation financing of weapons of mass destruction, including the freezing and unfreezing actions as well as prohibitions from conducting transactions with designated persons and entities.

11. I will not unreasonably cancel my consent which could result to the Company or any member of the Manulife Financial Group violating any law, rules, regulations or guidelines or its obligation under any contract or commitment with local or foreign regulators, governmental bodies or industry recognized bodies (whether within or outside the Philippines).

Signed at _____ this _____ day of _____, 20_____.

✓

Proposed Insured signature over printed name
(Signature is required if the Proposed Insured is 18 years old and above)

Owner/Payor signature over printed name
(If other than the Proposed Insured)

Signature of Irrevocable beneficiary/ies over printed name

Signature of Authorized Signatory #1 (for Institutions) over printed name

Signature of Authorized Signatory #2 (for Institutions) over printed name

Financial Advisor (as witness) signature over printed name

Financial Advisor Code

Home Office Endorsement (For Manulife Use Only)

Authorization to Furnish Information

I am/We are allowing any licensed physician, medical practitioner, hospital, clinic or any other medically-related facility, insurance company, medical information database or any other public or private company, entity, government agency, individual, financial institutions or persons who has/have any of my/our records to give to MANULIFE PHILIPPINES and its reinsurer my/our information to verify my/our identity, to independently verify, the correctness of the collected data, authenticity of the identification, supporting documents, and any other information I/we submitted to Manulife Philippines as may be required by this insurance application. A photocopy of this authorization shall be considered valid as the original.

✓

Proposed Insured's signature over printed name

Owner/Payor's signature over printed name

Date signed (mm/dd/yyyy)