

Personal 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 Name)
Email Address	Mobile No. (Country Code, Mobile Number)

Personal Information to be Changed

Update the information of ☐ Insured ☐ Policyowner

Name (Last, First, Middle Name)

Reason for Name Change ☐ Correction ☐ Annulment / Divorce ☐ Marriage to: _____
☐ Religion ☐ Other: _____

Civil Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Others: _____	Citizenship/s (Indicate all)	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Nationality (if other than Citizenship)
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Reason for Change	Reason for Change	Reason for Change	Reason for Change
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Date of Birth (mm/dd/yyyy)

ID Type*

TIN

Reason for Change

ID Number

Reason for Change

Primary Occupation

Tenure (yrs., mos.)

Specific Duties

Employer/Business Name

Nature of Business/Industry

If Policyowner is an Institution, Current Office Address (Floor/No., Building/Street, Subdivision/Village, Barangay/District, City/Municipality, Province/State, Country, Zip Code)

If Policyowner is an Institution, name of authorized representative (Last Name, First Name, Middle Name)

Source/s of Funds ☐ Salary/wages ☐ Gifts/Inheritance ☐ Business ☐ Savings ☐ Prizes or other winnings
☐ Sale of assets ☐ Remittances (country/ies): _____ ☐ Others: _____

Specimen Signature #1

Specimen Signature #2

Specimen Signature #3

*For Foreign Nationals, please provide SIRV/SRRV or ACR Number: _____ Expiry Date (mm/dd/yyyy): _____

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.

I understand that the Company collects and uses my personal and sensitive information to operate an insurance business. By signing this form and the Policy Owner's continuous availment of the Company's products and services, I agree that the information I provided and any subsequent changes to it (including the information of third parties) 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 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 the Policy Owner's application;
- administering, serving and reinsuring the policy;
- marketing (including marketing of products and services offered by any members of the Manulife Financial Group and those of our business partners), promoting, getting feedback on our 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.

Insured's Signature
over Printed Name

Date signed

Place signed

(Signature is required if the Proposed Insured is 18 years old and above)

Policyowner's Signature
over Printed Name

Date signed

Place signed

(Signature is required if the Policyowner is other than the Proposed Insured)

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

Date signed

Place signed

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

Date signed

Place signed

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

Date signed

Place signed

For Manulife Use Only

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

Documents received and validated by: _____
Name of CSO Branch Date (mm/dd/yyyy)