Manulife

The Manufacturers Life Insurance Co. (Phils.), Inc.
Head Office: 10th Floor NEX Tower, 6786 Ayala Avenue, Makati City, 1229, Philippines
Customer Care: +632 8884 7000
Domestic Toll-Free: 1 800 1 8888 6268
Website: www.manulife.com.ph
Email:phcustomercare@manulife.com

Policy Details Change Form

General Information

Policy Number	Name of Life Insured (Last, First, Middle)

Email Address	Mobile Number (Country Code, Area Code, Telephone Number)

Policy Details to be Changed

Face Amount ☐ Basic ☐ Premium (for MAB Only) ☐ Rider	From		
	To		
Supplemental Benefit ☐ Add ☐ Delete	Benefit		
	Coverage		
Supplemental Benefit Coverage: ☐ Increase ☐ Decrease	Benefit		
	Coverage		
Premium Adjustment Due to Change in:	Occupation	Avocation	Health/Medical Condition
Plan Change*	From		To

Premium Default Option**

☐ Premium Loan Option ☐ Surrender for Cash Value ☐ Reduced Paid-up Insurance

*Applicable within the first 6 months of plan effectivity.
**Applicable for traditional policies only.

Payment Mode	
☐ Annual ☐ Quarterly ☐ Semi-Annual ☐ Monthly	Change in Draw Date: _____ *Applicable to Auto-Debit Arrangement

Regular Payment Scheme

☐ Credit Card ☐ Auto-Debit Arrangement ☐ Post-Dated Checks

*Manulife account must be enrolled in the accredited bank, additional forms and requirements must be submitted.

Change in Dividend Option

☐ Accumulative with Interest ☐ Reduced Paid-up ☐ Paid in Cash
☐ Pay Future Premiums ☐ Extend Term Insurance_____

Manulife

The Manufacturers Life Insurance Co. (Phils.), Inc.
Head Office: 10th Floor NEX Tower, 6786 Ayala Avenue, Makati City, 1229, Philippines
Customer Care: +632 8884 7000
Domestic Toll-Free: 1 800 1 8888 6268
Website: www.manulife.com.ph
Email:phcustomercare@manulife.com

Policy Details Change Form

Is the policy for reinstatement?

☐ Yes ☐ No

If yes, submit accomplished Non-Medical form together with this Policy Details Change form

If yes, will anyone other than the Insured/Owner be paying for this policy?

☐ Yes ☐ No

If yes, has the Insured/Owner or any direct relative of either person ever held a senior position in the government, political party, the military, any tribunal or government - owned corporation?

☐ Yes ☐ No Source of Income: _____ Estimated Net Worth:_____

Do you want to change your servicing Financial Advisor?

☐ Yes ☐ No

If yes, provide the following details	Name of preferred Financial Advisor (Last, First, Middle)
	Agent Code

Declaration and Agreement

By signing 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. Once these changes are affected, I agree to receive a copy of my updated Policy Specifications to reflect the changes I requested in this form. If the change I requested requires evidence of insurability, I agree that Manulife will not be able to challenge this policy change after two years from the time it started. However, we can still challenge it after this period has ended for the following reasons:

1. If we have not received payment for your policy's premium
2. If your account value is not enough to pay the monthly deductions (applicable to Variable Life only)
3. For any other reason allowed by law.

If the insured commits suicide within one year from the change or last reinstatement, the relevant Insurance Code provision will apply. If suicide is not covered, Manulife will only pay the refund value.

_____ _____

Policyowner Signature Over Printed Name | Irrevocable Beneficiary/ies (if any) Signature over Printed Name

Date: _____ Place: _____ | Date: _____ Place: _____

_____ _____

Assignee Signature Over Printed Name | Financial Advisor as Witness Signature over Printed Name

Date: _____ Place: _____ | Date: _____ Place: _____ 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)