

| | | | | |
|-------------------------------|--|---|--------------------------------------|-------------|
| 1. General Information | | Name of Life Insured (Last, First, MI) | Place of birth | Citizenship |
| | | Name of Policy Owner, if different from Life Insured, (Last, First, MI) | Place of birth | Citizenship |
| | | Mailing Address | Policy Number | |
| | | Address Abroad (If applicable) | Email Address | |
| | | Telephone No. | Telephone No. Abroad (if applicable) | Mobile No. |
| | | | TIN | |

2. Self-Declaration Statement

Check the box that applies

I acknowledge that I am NOT a United States Citizen, United States Permanent Resident Alien (Green Card Holder) or a United States Resident.

I acknowledge that I am a United States Citizen, United States Permanent Resident Alien (Green Card Holder) or a United States Resident.

3. Privacy Consent Statement

We, Manulife Philippines (the Company), value and protect our clients' privacy as we understand that the use of your personal information is important to you. The collection and use of information is fundamental to our business as it allows us to evaluate, issue and administer the policy you have applied for.

By signing below and submitting this application, you agree that:

- You understand that the Company is a member company of the Manulife Financial Group and it may have obligations to meet the requirements of both local and foreign regulatory authorities (including local and foreign tax authorities such as the U.S Internal Revenue Service) as well as other legal obligations from time to time relating to information sharing and tax reporting from time to time ("regulatory and legal requirements").
- You consent to the use of information provided to the Company and you will provide us with information that we request from time to time and allow us to share/report such information with our local and foreign authorities (including local and foreign tax authorities) to meet said regulatory and legal requirement.
- You will notify us as soon as possible of any change in the information that you have provided to us, including any circumstances such as a change in your residence, address, telephone number and citizenship.
- You hereby waive any rights you may have that would prevent us from meeting reporting requirement mentioned above.

| | | | |
|----------------------|--|-------------------------------------|--|
| 4. Signatures | | Date signed | Place signed |
| | | Name and signature of Life Insured | Name and signature of Policy Owner/Payor |
| | | Name and signature of Agent/Witness | Agent's Code |