

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/Mobile No	Telephone No. Abroad (if applicable)	TIN

2. Assignment	<p>All rights and interests in the above policy(ies) and states that this assignment is:</p> <p><input type="checkbox"/> Collateral Assignment <input type="checkbox"/> Absolute assignment <input type="checkbox"/> Contingent Owner</p> <p>For the value received, the Owner hereby transfers and assigns to:</p>			REQUIREMENTS 1. Assignment/Release of Assignment Form 2. Photocopy of two (2) Valid IDs of old and new PolicyOwner 3. Beneficiary Form signed by the new PolicyOwner
	Name of Assignee	Birthday (MM DD YYYY)	Place of Birth	
	Mailing Address	Address Abroad (If applicable)		
	Telephone No.	Mobile No.	Email Address	
			Citizenship	

Collateral Security	<p>Currency <input type="checkbox"/> Peso (Php) <input type="checkbox"/> Dollar (USD)</p> <p>Amount Assigned <i>In words</i> _____</p> <p><i>In figures</i> _____</p> <p>IMPORTANT: The Company assumes no responsibility for the effect sufficiency or validity of any assignment.</p>			REQUIREMENTS 1. Assignment/Release of Assignment Form 2. Photocopy of two (2) Valid IDs 3. Loan Agreement or proof of indebtedness
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3. Release of Assignment as Collateral Security	Name of Assignee		
<p>For value received, the Assignee hereby releases all rights and interests in the above policy/ies to such persons entitled as if the assignment had not taken place.</p> <p>A valid release requires Two (2) signature from officers of a corporation; or One (1) signature from an officer and affixture of corporate seal.</p>			
REQUIREMENTS 1. Assignment/Release of Assignment Form 2. Secretary's Certificate of Validation		NOTES <i>If existing beneficiary/ies is/are IRREVOCABLE, signature and photocopy of two (2) Valid IDs thereof are required. Submit two (2) completed copies to the Company. One (1) copy will be returned upon registration.</i>	

4. Signatures	Date signed	Place signed	Name and signature of Life Insured/Planholder
	Name and signature of Policyowner/Payor		Name and signature of Collateral Assignee
	Name and signature of Irrevocable Beneficiary	Name and signature of Agent/Witness	Agent's Code

5. For Company use only	Original documents presented <input type="checkbox"/> Policy Contract <input type="checkbox"/> Valid ID(s)		
	Documents received/Signature verified by:	Branch	Date
	Please send check to: <i>branch</i>	BOA name	

The Manufacturers Life Insurance Co. (Phils.) Inc.
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