

# Contact 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 Name, First Name), (Middle Name) <input type="checkbox"/> Do not know / Not Applicable
------------	--

## Contact Information to be Changed

Update the information of <input type="checkbox"/> Insured	<input type="checkbox"/> Policyowner
Apply changes to all policies I own. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Mobile Number <input type="checkbox"/> I want to receive marketing promotions via SMS	Landline Number <input type="checkbox"/> Home <input type="checkbox"/> Office/Business
Country code, Area code, Telephone Number	Country code, Area code, Telephone Number
Present Address	Permanent Address <input type="checkbox"/> Same as Present Address
Floor/No., Building/Street, Subdivision/Village	Floor/No., Building/Street, Subdivision/Village
Barangay/District, Town/City	Barangay/District, Town/City
Province/State, Country, Zip Code	Province/State, Country, Zip Code
Office Address <input type="checkbox"/> Same as Present Address	Preferred Mailing Address
Floor/No., Building/Street, Subdivision/Village	<input type="checkbox"/> Present Address <input type="checkbox"/> Permanent Address <input type="checkbox"/> Office Address
Barangay/District, Town/City	Email Address
Province/State, Country, Zip Code	<input type="checkbox"/> I want to receive marketing promotions via email
Current Office Address (Floor/No., Building/Street, Subdivision/Village, Barangay/District, Town/City, Province/State, Country, Zip Code) (for Institutional Policyowner)	

## 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.

Insured's Signature over Printed Name	Place Signed	Date Signed (mm/dd/yyyy)	Policyowner's Signature over Printed Name	Place Signed	Date Signed (mm/dd/yyyy)
Financial Advisor's (as Witness) Signature over Printed Name / FA Code			Place Signed		Date Signed (mm/dd/yyyy)

## For Manulife Use Only

Valid IDs: Type: \_\_\_\_\_ ID#: \_\_\_\_\_  Documents Presented: \_\_\_\_\_

Documents received and validated by: \_\_\_\_\_

Name of CSO	Branch	Date (mm/dd/yyyy)
-------------	--------	-------------------