

Personal Information Change Form

The Manufacturers Life Insurance Co. (Phils.), Inc.
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In this form, "the Company" means Manufacturers Life Insurance Co. (Phils), Inc. "We", "us", "our", "I", "me" and "my" mean the Policyowner and/or the Life Insured as may be applicable.

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

Personal Information to be Changed

Update the information of Insured Policyowner

Name (Last Name, First Name, Middle Name Do not know / not applicable)

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)
Reason for Change	Reason for Change	Reason for Change	Reason for Change

Date of Birth (mm/dd/yyyy)	ID Type*	TIN
Reason for Change	ID Number	Reason for Change

Primary Occupation	Tenure (yrs., mos.)	Specific Duties
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Employer/Business Name	Nature of Business/Industry
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Employer/Business Address

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 Do not know / not applicable)

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

Declarations and Signatures

The Company collects and uses my personal and sensitive information to operate an insurance business. By signing this form and continuing to avail 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 auditors/counselors, 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 my application;
- administering, serving and reinsuring my policy;
- marketing (including marketing of products and services offered by any member of the Manulife Financial Group and those of its business partners), promoting, getting feedback on its 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

During the effectivity of the contract/policy, I agree to the following: in case the Company is unable to comply with relevant customer due diligence (CDD) measures, as required under the Anti-Money Laundering Act, as amended and relevant issuances, due to my fault, the Company may apply the following: (a) measures to restrict the services available or prohibit any further transactions on the contract/policy until full and proper CDD measures have been successfully conducted; and (b) in case the foregoing is unsuccessful, terminate business relationship, which shall only entitle me to receive the unused portions of premium or withdrawal value, if any, whichever is applicable. I also agree to be bound by obligations set out in relevant United Nations Security Council Resolutions relating to the prevention and suppression of proliferation financing of weapons of mass destruction, including the freezing and unfreezing actions as well as prohibitions from conducting transactions with designated persons and entities.

I/we have read the above questions, statements and answers and certify that the information provided above is true, correct and complete based on my/our personal knowledge and official records. I/we also allow the Company to update my/our records based on the information found in this form and to use such to administer and service the policy. If signing for the legal entity identified above, I/we certify that I/we have the capacity to sign for such legal entity.

Insured's Signature over Printed Name	Date signed	Place signed	Policyowner's Signature over Printed Name	Date signed	Place signed
(Signature is required if the Proposed Insured is 18 years old and above)			(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
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Financial Advisor (as Witness) Signature over Printed Name /Agents Code	Date signed	Place signed
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For Manulife Use Only

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

Documents received and validated by: _____

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