Manulife

The Manufacturers Life Insurance Co. (Phils.), Inc.
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iNotice Enrollment Form

Please answer completely and accurately and use black ink. Please countersign on any corrections or erasures.

General Information

Policy No.	Name of Policyowner (Last, First, Middle)
Mobile Number (Country Code, Area Code, Telephone Number)	
Primary Email Address	I want to ☐ Enroll my policy in iNotice ☐ Cancel my enrollment in iNotice
Secondary Email Address (optional)	

NOTE: Once enrolled in iNotice, you will no longer receive your billing notice at your preferred mailing address. Your billing notice will be sent in a password-protected PDF file to the email address/es you provided.

Declarations and Signatures

1. I have read the above questions and I certify that the information I provided above is true, correct and complete based on my personal knowledge and official records.
2. I understand that upon enrollment to iNotice, the electronic billing notice shall be delivered to my email address/es specified above and that my billing notices will no longer be delivered to my mailing address in paper form. I also understand that if I cancel my enrollment, I will no longer receive the electronic billing notice but will be sent to my mailing address in paper form instead.
3. I agree that all existing policy/ies where I am a policyowner, will be automatically enrolled to iNotice. Any new policy/ies issued will likewise be enrolled to iNotice.
4. I agree to inform Manulife in a timely manner, of any changes in my email address or relevant information that may delay or prevent the delivery of my electronic billing notice.
5. I understand that the billing notice, whether in paper or electronic form, is a service courtesy of Manulife. Not receiving my billing notice is not a reason for not paying my premium, which may cause my policy to incur penalties or to eventually lapse.

Policyowner's Signature over Printed Name	Date Signed (mm/dd/yyyy)	Place Signed

Financial Advisor's (as Witness) Signature over Printed Name / 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)