Manulife

CLAIMANT'S STATEMENT (Death Claim)

Please print clearly. Use black ink.

1. General Information

Name of Life Insured/Plan Holder (Last, First, MI)		Birthday (MM/DD/YYYY)	Place of Birth
Name of Policy Owner/Plan Owner (if different from the Life Insured/Plan Holder (Last, First, MI)		Birthday (MM/DD/YYYY)	Place of Birth
Policy Number(s)	Occupation	Citizenship	

Mailing Address

Address Abroad (if applicable)

Telephone No.	Mobile No.	Email Address

2. Declarations and Details of Claim

All the following answers and statements are true, complete & correct according to my personal knowledge and belief. I understand that the furnishing of this claim form and other forms by the Company does not constitute an admission that there is any insurance in force nor any liability for payment of the benefits provided in the plan agreement.

Date of Death: Place of Death:

Cause Of Death: Date and Place of Interment:

Place and Date of Interment:

Give indications:

State Deceased's Insurance With Other Companies

Name of Company	Policy No.	Face Amount

In What Capacity Do You Claim The Insurance

- ◯ Named Beneficiary
- ◯ Assignee
- ◯ Others ______

State Your Relationship To The Deceased ______

Are You 18 Years Old or Over? ◯ Yes ◯ No If Not, Give Date Of Birth ______

If you are filing this claim in behalf of minor beneficiary/ies, have you been disqualified by court of law from exercising the right to administer the property of such minor? ◯ Yes ◯ No

Choose from the Settlement Options below for payment of benefits. *Refer to reverse side for details of below options.*

- ◯ Lump Sum
- ◯ Fixed Installments
- ◯ Fixed Period
- ◯ Interest Payments
- ◯ Leave On Deposit
- ◯ Life Annuity with Period Certain
- ◯ Others ______

NAMES AND ADDRESSES OF ALL PHYSICIANS WHO ATTENDED THE DECEASED

Name	Address	Date	Reason/Treatment

NAMES AND LOCATIONS OF ALL HOSPITALS/CLINICS WHERE THE DECEASED WAS TREATED

Hospital/Clinic	City/Town	Date	Diagnosis

REQUIREMENTS

1. Claimant's Statement Form
2. Policy Contract
3. Certified True Copy of Death Certificate
4. Certified True Copy of Birth or Baptismal Certificate of the Deceased
5. Certified True Copy of Marriage Certificate (if the designated beneficiary is the spouse)
6. Physician's Statement
7. Photocopy of Two (2) Valid IDs of Claimant/s
8. Certified True Copy of Birth Certificate of the Designated Beneficiaries

NOTE

Additional requirements may be requested depending on the cause of death or depending on the evaluation of Claims Department.

3. Signatures

CLAIMANT'S AUTHORIZATION

I authorize any physician, medical practitioner, hospital, clinic, other medical or medically related facility, record custodian, medical secretary, insurance or reinsuring company, the Medical Information Bureau, Inc., consumer reporting agency, entity or employer, having information available as to diagnosis, treatment and prognosis, with respect to any physical or mental examination or condition of treatment of ______________________ to give to MANULIFE or its legal representative, any and such all information.

I agree that a photographic copy of this Authorization shall be valid as the original. This authorization discharges you or any authorized member of your staff from any responsibility or obligation in connection with the release of such record or information.

Date Signed		Place Signed
Name of Claimant		Signature X
Name of Agent/Witness	Agent's Code	Signature X

The Manufacturers Life Insurance Co. (Phils.) Inc.
LKG Tower, 6801 Ayala Avenue, Makati City 1226 Philippines
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Fax: (63-2) 844-2558 • Email: phcustomercare@manulife.com

www.myManulife.com.ph

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SETTLEMENT OPTIONS

If the benefits/proceeds of the policy or policies are payable in a single sum, you can have us pay the whole or any portion of such proceeds with any of the following Settlement Options:

OPTION 1, Leave on Deposit: The proceeds will be left with us as a deposit to accumulate at interest subject to your withdrawal from time to time but not more frequently than monthly until all the proceeds with interest are exhausted.

OPTION 2, Interest Payments: You may withdraw the interest earned on the proceeds left with us from time to time but not more frequently than monthly. Interest left with us will be added to the principal and included in computing interest.

OPTION 3, Fixed Period: We will pay equal installments for a period you specify until the proceeds with interest are exhausted. The period during which the installments will be payable must not be less than one year and not more that 30 years.

OPTION 4, Fixed Installments: We will pay specified amount of installments until the proceeds with interest are exhausted.

Option 5, Life Annuity with Period Certain: We will pay equal installments, during your lifetime. If you die before we have paid installments for 10 or 20 years, we will pay installments for the remainder of that period as they fall due. You specify the certain period when choosing this option.