Manulife

THE MANUFACTURERS LIFE INSURANCE CO. (PHILS.)
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MATURITY BENEFIT PAYMENT FORM
(Values-U)

Policy No. _____

PLEASE PRINT CLEARLY. USE BLACK INK.

REQUIREMENTS

1. Maturity Benefit Form **2. Photocopy of two (2) valid IDs** **3. Original Policy Contract/Plan Agreement**

- If the Policy Contract/Plan Agreement has been misplaced or missing, Declaration of Loss of Policy is required.
- If proceeds are payable to a representative, a Special Power of Attorney (SPA) is required. An SPA template can be requested from Claims Department.
- SPA should be authenticated by the Philippine Consular Office if the Plan Holder is residing abroad.

GENERAL INFORMATION

Name of Plan Holder (Last, First, MI)	Date of Birth (MM/DD/YYYY)	Place of Birth
Name of Plan Owner, if different from Plan Holder (Last, First, MI)	**Date of Birth (MM/DD/YYYY)**	**Place of Birth**

Contact No.	Mobile No.	Occupation	Nationality/Citizenship/s (indicate all)

Mailing Address (Number, Street, Apartment/Suite No., Barangay/Town, Municipality/City, State, Country, ZIP Code)

Address abroad, if applicable (Number, Street, Apartment/Suite No., Barangay/Town, Municipality/City, State, Country, ZIP Code)	Email Address

DETAILS OF REQUEST

NAME OF SCHOLAR:

If the Scholar is enrolled, please fill out the following:
Name of School: _____
Enrollment Schedule: 1ST SEMESTER _____
2ND SEMESTER _____

Preferred Method of Payment

☐ Course through my agent
(Agent's Name / Agency) _____

☐ Will pick-up at _____

☐ Please deposit full amount to my bank account
(Applicable for Metro Manila branches only)
Bank's Name _____
Current / Savings Account No. _____

DECLARATIONS AND SIGNATURES

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.

In accordance with the terms and conditions of the Policy Contract/Plan Agreement, said benefit is accepted in full settlement and complete satisfaction of all rights, claims and demands under the said Policy Contract/Plan Agreement.

It is expressly represented and warranted that no other person, firm or corporation has any interest in said Policy Contract/Plan Agreement, said benefit is accepted in full settlement and complete satisfaction of all rights, claims and demands under the said Policy Contract/Plan Agreement except the undersigned and that no proceeding in insolvency or bankruptcy has been instituted or is pending against the undersigned.

PLEASE READ THE INSTRUCTIONS BELOW BEFORE SIGNING

- The Pension/Educational maturity benefit is payable at the Head Office of the Company.
- The Policy Owner/Plan Holder is the Payee of the maturity benefit. The designated beneficiary shall be the Payee only if the Policy Owner/Plan Holder is already deceased at the maturity date.
- This request form must be dated. The signature of the Payee (Policy Owner/Plan Holder or Beneficiary) must be written exactly as the name given in the Policy Contract/Plan Agreement.
- The settlement option selected is subject to the approval of the Company.

Section 251 of the Insurance Code, as amended, imposes a fine not exceeding twice the amount claimed and/or imprisonment of two (2) years, or both, at the discretion of the court, to any person who presents or causes to be presented any fraudulent claim for the payment of a loss under a contract of insurance, and who fraudulently prepares, makes or subscribes any writing with intent to present or use the same, or to allow it to be presented in support of any claim.

_____
Plan Holder Signature over Printed Name

_____
Financial Advisor/Witness Signature over Printed Name

_____
FA Code

_____
Plan Owner/Payor (if different from Plan Holder) Signature over Printed Name

☐☐/☐☐/☐☐☐☐
Date Signed (MM/DD/YYYY)

_____
Place Signed