

1. General Information	Name of Plan Holder / Company		
Franchise Number			Lapse Date(MM DD YYYY)
Telephone No.	Mobile No.	Email Address	
2. Declarations and Representations	<p style="text-align: center;">Reinstatement is for <input type="checkbox"/> Updating <input type="checkbox"/> Redating</p> <p><i>Manulife Financial Plans, Inc. is requested to reinstate the plan. I hereby represent and certify that all existing employees (see attached list of participants) in the group pension plan are still actively at work as of installment payment date and that no loss has occurred from the first unpaid installment due date up to the time that Manulife Financial Plans, Inc. received the installment payment.</i></p>		
3. Privacy Consent Statement	<p>We, Manulife Philippines (the Company), value and protect our clients' privacy as we understand that the use of your personal information is important to you. The collection and use of information is fundamental to our business as it allows us to evaluate, issue and administer the policy you have applied for.</p> <p>By signing below and submitting this application, you agree that:</p> <ul style="list-style-type: none"> You understand that the Company is a member company of the Manulife Financial Group and it may have obligations to meet the requirements of both local and foreign regulatory authorities (including local and foreign tax authorities such as the U.S Internal Revenue Service) as well as other legal obligations from time to time relating to information sharing and tax reporting from time to time ("regulatory and legal requirements"). You consent to the use of information provided to the Company and you will provide us with information that we request from time to time and allow us to share/report such information with our local and foreign authorities (including local and foreign tax authorities) to meet said regulatory and legal requirement. You will notify us as soon as possible of any change in the information that you have provided to us, including any circumstances such as a change in your residence, address, telephone number and citizenship. You hereby waive any rights you may have that would prevent us from meeting reporting requirement mentioned above. 		
4. Signatures	Date signed	Place signed	
Name and signature of Planholder's authorized representative			Name and signature of Collateral Assignee
Name and signature of Irrevocable Beneficiary	Name and signature of Agent/Witness	Agent's Code	
5. For Company use only	Due Date MM/DD/YY	Installment Amount	
Effective Date of Reinstatement MM/DD/YY	Date of Payment MM/DD/YY		
Date of Received MM/DD/YY	Date Processed MM/DD/YY		
Date of Approval MM/DD/YY	Approved by		

The Manufacturers Life Insurance Co. (Phils.) Inc.

LKG Tower, 6801 Ayala Avenue, Makati City 1226 Philippines
 Tel. No.: (63-2) 88-4-LIFE (884-5433) • Customer Care: (63-2) 884-7000 • 1-800-1-888-6268 (Toll Free) • Fax: (63-2) 844-2558 • Email: phcustomercare@manulife.com



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