



CREDIT CARD AUTHORIZATION FORM

Life Insurance / Variable

Pension / Educational Plans

CARDHOLDER'S DETAILS

Cardholder's Name (Last, First, M.I.) _____

Mailing Address _____

Telephone No. _____ Email Address _____

CREDIT CARD COMPANY _____ Card Expiry Date (MM/YYYY) _____/_____/_____

CREDIT CARD NUMBER _____ - _____ - _____ - _____ Account Type: VISA MASTERCARD JCB AMERICAN EXPRESS

CHARGING OPTION (Please select only one option)

A. ONE TIME CHARGE

- SINGLE / ONE-TIME PAYMENT TRANSACTION*
 - Premium Amount Due (STRAIGHT CHARGE)
 - Premium Amount Due (BDO PAYLITE - 3 months installment at 0% interest)
 - Premium Amount Due (Citibank PAYLITE - 3 months installment at 0% interest)
- Mode Change to _____
- Reinstatement

* If SINGLE PAYMENT TRANSACTION is elected, failure to pay succeeding premiums within the grace period shall be governed by the grace period provision of the policy.

AMOUNT: _____

Policyowner's Name _____ Policy Number _____

B. AUTO PAY / RECURRING PAYMENT

- AUTO PAY ENROLLMENT** (Note: Auto-Pay is limited for straight payment only. Paylite shall not be allowed)

Policy Owner	Relationship to Cardholder	Policy No.	Policy Year Date (MM/DD/YYYY)	Due Date (MM/DD/YYYY)

** This enrolls the above policy(ies)/plan(s) to Manulife's credit card AUTO PAY facility and authorizes Manulife Philippines/Manulife Financial Plans to charge my premium/installment amount to the abovementioned credit card on the due date stated and every due date thereof without prior notice.

Note: Amount is subject to verification by the New Business Department.

In this form, "I" and/or the "Cardholder" refer to the Policyowner/Plan holder/Account Owner and/or the person indicated on the credit card, whichever is applicable, while "the Company" refers to The Manufacturers Life Insurance Co. (Phils.), Inc.

By signing: 1) I fully understand that if I have no available credit or a debit cannot be effected for any other reason, it is my personal responsibility to pay any premium/installment due not later than the grace period allowed by the policy/plan/account and any late debit shall be considered only as deposit; 2) I signify my consent to the processing, access to, transfer, disclosure or data sharing of my personal and sensitive personal information provided, by the Company (including its associated companies, business partners, affiliates, subsidiaries, representatives, industry associations, local and foreign authorities) and by any of its service provider(s) (regardless of where they are located or registered) for the purposes for which it was collected, other purposes I consent to or as required or permitted by law, including the processing and/or approving the payment(s) made for and administering the above policy(ies)/plan(s)/account(s); 3) I understand that upon my written request and subject to designated office hours of the Company, I will be provided with reasonable access to my personal and sensitive personal information provided to the Company to verify the accuracy and completeness of my information and request for its amendment, if appropriate.

For more information, please visit <http://www.manulife.com/Privacy-Policy>.

Conforme:

Cardholder's signature over printed name
Date Signed: _____

Policy Owner's signature over printed name
(if Policy Owner is different from Cardholder)
Date Signed: _____

(Please submit this form together with a photocopy of client's credit card, front and back)

For Billing and Collection use only	For New Business use only	PYD	Policy / Plan No.	Premium / Installment
Credit Card Validation <input type="checkbox"/> Approved	Agent's Code: _____	_____	_____	_____
Date Received _____ <input type="checkbox"/> Declined	Processed by: _____	_____	_____	_____
Remarks _____				TOTAL _____
Processed by: _____				