

In this form, "the Company" means Manufacturers Life Insurance Co. (Phils), Inc. "We", "us", "our", "I", "me" and "my" mean the Policyowner and/or the Life Insured as may be applicable. Please answer completely and accurately and use black ink. Please countersign on any corrections or erasures. Information in this form will automatically apply to all policies, except for address information.

General Information

Name of Policyowner: Last Name, First Name, Middle Name (<input type="checkbox"/> Do not know / not applicable), Suffix	Policy Number
Name of Insured: Last Name, First Name, Middle Name (<input type="checkbox"/> Do not know / not applicable), Suffix	Update Information/Details of: <input type="checkbox"/> Owner <input type="checkbox"/> Insured

Contact Information

Email Address: (Correspondences, notifications and other policy-related communications are sent by the Company to the customer via email.)	Mobile Number: +63 _____
Landline Number (Area Code) (Telephone Number)	International Mobile Number (Country Code) (Area Code) (Telephone Number)
Present Address	Permanent Address <input type="checkbox"/> Same as Present Address
Floor/No., Building/Street, Subdivision/Village	Floor/No., Building/Street, Subdivision/Village
Barangay/District, Town/City	Barangay/District, Town/City
Province/State, Country, Zip Code	Province/State, Country, Zip Code
Office Address <input type="checkbox"/> Same as Present Address	Preferred Mailing Address (Any printed correspondence will be sent to your preferred mailing address.) <input type="checkbox"/> Present <input type="checkbox"/> Permanent <input type="checkbox"/> Office
Floor/No., Building/Street, Subdivision/Village	Apply the address changes to all policies I own? <input type="checkbox"/> Yes <input type="checkbox"/> No, apply the address change to the following policy/ies only: _____ _____
Barangay/District, Town/City	
Province/State, Country, Zip Code	

Personal Details

	From	To	Reason for Change
Citizenship (Indicate all)			
Nationality (if other than Citizenship)			
Date of Birth (mm/dd/yyyy)			
Sex (Male/Female)			
Civil Status			
Name Last Name, First Name, Middle Name (<input type="checkbox"/> Do not know / not applicable), Suffix			<input type="checkbox"/> Correction <input type="checkbox"/> Death of Spouse <input type="checkbox"/> Religion <input type="checkbox"/> Nullity / Annulment of Marriage / Divorce <input type="checkbox"/> Marriage to: _____

