

# Credit to Account Instruction Form Health Insurance

Please print clearly. In this form, "the Company" means the Manufacturers Life Insurance Co. (Phils.). "We", "us", "our", "I", "me" and "my" mean the Policyowner.

## General Information

Name of Policyowner (Last Name), (First Name), (Middle Name) ☐ Do not know / not applicable

Email Address

Mobile Number

Nationality/Citizenship (Indicate all)

Address

Have you or any of your immediate family members or close relationships and associates been entrusted with prominent public position/s in (a) the Philippines with substantial authority over policy, operations or the use or allocation of government-owned resources; (b) a foreign State; or (c) an international organization?

☐ Yes ☐ No

Are you a United States citizen, resident or a resident alien (US Green Card Holder)?

☐ Yes to any, please submit W-9 form if not yet submitted and skip question below. ☐ No

Do you have a United States Taxpayer Identification Number (SSN/TIN), address and/or telephone number?

☐ Yes, please submit W8-BEN form if not yet submitted ☐ No

Were you born in the US and did you renounce your US citizenship? (Skip this question if you were not born in the US.)

☐ Yes, please submit W8-BEN form and US Bureau of Consular Affairs' Certificate of Loss of Nationality of the US form if not yet submitted

☐ No, please provide W-9 form if not yet submitted

## INSTRUCTION FOR:

☐ Single policy

Policy No. \_\_\_\_\_

☐ Multiple policies

(List down all policy numbers)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Credit to Account Instruction

I, the Policyowner, hereby authorize the Company to credit proceeds due for the above policy/ies to my bank account with the following details:

**Bank:** ☐ BPI ☐ BDO ☐ China Bank ☐ Union Bank ☐ Metrobank ☐ PNB ☐ Landbank ☐ DBP  
☐ Security Bank ☐ RCBC ☐ Citibank ☐ HSBC ☐ Others: \_\_\_\_\_

**Currency:** ☐ Peso

**Account No.** \_\_\_\_\_ **Account Name** \_\_\_\_\_

**Bank Address** \_\_\_\_\_

Please make sure that your bank account details are correct, updated and accurate and you are ready to present valid proofs of account to avoid unnecessary delay in funds disbursement. Charges may apply for other banks.

By signing this form, I confirm that the information I provided is complete, accurate and true. I also allow the Company to update my records based on the information found in this form and to use such to administer and service my policy.

During the effectivity of the contract/policy, I agree to the following: in case the Company is unable to comply with relevant customer due diligence (CDD) measures, as required under the Anti-Money Laundering Act, as amended and relevant issuances, due to my fault, the Company may apply the following: (a) measures to restrict the services available or prohibit any further transactions on the contract/policy until full and proper CDD measures have been successfully conducted; and (b) in case the foregoing is unsuccessful, terminate business relationship, which shall only entitle me to receive the unused portions of premium or withdrawal value, if any, whichever is applicable. I also agree to be bound by obligations set out in relevant United Nations Security Council Resolutions relating to the prevention and suppression of proliferation financing of weapons of mass destruction, including the freezing and unfreezing actions as well as prohibitions from conducting transactions with designated persons and entities.

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.

## Signature

Place signed

Documents received and validated by: \_\_\_\_\_  
Name of CSO Branch Date (mm/dd/yyyy)