

The Manufacturers Life Insurance Co. (Phils.), Inc.
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Domestic Toll-Free: 1 800 1 8888 6268

Domestic Toll-Free: 1 800 1 8888 6268 Website: www.manulife.com.ph Email: phcustomercare@manulife.com

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.

	(First Marsa)	(Middle News) De wet land / wet englische
Name of Policyowner (Last Name),	(First Name),	(Middle Name) □Do not know / not applicable
Email Address	Mobile Number	Nationality/Citizenship (Indicate all)
Address		
	thority over policy, operations or the use	associates been entrusted with prominent public position/s or allocation of government-owned resources; (b) a foreign
Are you a United States citizen, residen Yes to any, please submit W-9 form	·	·
Do you have a United States Taxpayer log Yes, please submit W8-BEN form if	· · · · · · · · · · · · · · · · · · ·	s and/or telephone number?
Were you born in the US and did you re Yes, please submit W8-BEN form and No, please provide W-9 form if not y	US Bureau of Consular Affairs' Certifica	uestion if you were not born in the US.) te of Loss of Nationality of the US form if not yet submitted
INSTRUCTION FOR:		
Cingle policy		
Single policy Policy No		
Policy No		
Policy No		
Policy No Multiple policies (List down all policy numbers) Credit to Account Instruction	ompany to credit proceeds due for the al	ove policy/ies to my bank account with the following details:
Policy No	hina Bank Union Bank	Metrobank PNB Landbank DBP
Policy No Multiple policies (List down all policy numbers) Credit to Account Instruction I, the Policyowner, hereby authorize the Count Instruction	hina Bank Union Bank	
Policy No	hina Bank ☐ Union Bank ☐ BC ☐ Citibank ☐ HSBC ☐	

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.

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Declarations

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.

I further allow the Company or its service providers to process and use all personal data provided for servicing the account, marketing of products and services of the Company, its affiliates, subsidiaries or business partners or for getting customer feedback in accordance with the Data Privacy Act of 2012, its rules and the Company's Privacy Policy and Notice found in https://www.manulife.com.ph/Customer-Privacy-Policy. I certify that the Policyowner is the Account Owner of the aforementioned bank account number. I acknowledge that the credit to said account number to be made by the Company shall release it from any liabilities involving said amount. I further certify to the correctness of the information I provided to the Company and understand that any discrepancy may result to delay in crediting the proceeds to the said account. I undertake to inform the Company of any changes to the information I provided within fourteen (14) days of such change.

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.

By instructing the Company to credit the claims proceeds to my bank account and by accepting payment from the Company pursuant to this claim, I for myself and on behalf of my heirs, relatives, assigns and successors-in-interest, hereby absolutely, fully, and completely release, discharge and hold free and harmless the Company and its directors, officers, employees, and duly authorized representatives from any and all liabilities, responsibilities, demands, claims, expenses, and causes of action, in law or in equity, as may arise in connection with this claim or any payment related thereto. I further acknowledge that in the event that an action, demand, complaint, suit, claim or grievance is brought against the Company, its directors, officers, authorized representatives and employees in connection with this claim and payment, this declaration shall be presented in any court or administrative agency to cause the immediate dismissal and that I shall defend the Company and fully answer all costs and expenses, including attorney's fees, interests, penalties and other damages arising from such litigation, or suit to which the Company may be entitled, including all other persons having interests therein or thereby.

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.

I warrant that I have read and fully understand the foregoing statements and I voluntarily executed this Declaration with release, waiver and quitclaim as my own free act and deed without any oral representation, statements or inducements apart from the foregoing have been made, and no duress or intimidation on the part of any person.

Signature			
Policyowner's Signature over Printed Nam	ne e	Date signed (mm/dd/yyyy)	Place signed
For Manulife Use Only			
Valid IDs: Type:		Documents Presented	l:
Documents received and validated by:	Name of CSO	Branch	 Date (mm/dd/yyyy)

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