

Health Declaration

In this form, "the Company" means the Manufacturers Life Insurance Co. (Phils.). "We", "us", "our", "I", "me" and "my" mean the Policyowner and/or the Life Insured as may be applicable.

General Information

Policy Number	Mobile Number (Country Code, Area Code, Telephone Number)	Email Address
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Name of Policy Owner (Last Name, First Name, Middle Name Do not know / not applicable)

Name of Insured (if different from Owner) (Last Name, First Name, Middle Name Do not know / not applicable)

By signing this form, I/We certify to the best of my/our knowledge and based from official records, that at the time of signing this Health Declaration:

- 1) the Insured (if different from the Owner) and the Owner are physically in the Philippines;
- 2) the Insured:
 - a) is in good health with no signs nor symptoms of any illnesses or diseases;
 - b) has not been hospitalized, has not consulted any doctor, undergone any diagnostic tests nor received any treatment (including medication) for any illnesses or diseases in the past twelve (12) months;
 - c) has no life or critical insurance applications or reinstatements which are pending, deferred, postponed or declined, and previous claims history.

I/We allow the Company, including its employees, affiliates, subsidiaries, business partners, any member of the Manulife Financial Group (including those located overseas), advisors, representatives, industry associations and databases, local and foreign authorities having jurisdiction over companies within the Manulife Financial Group, external auditors/counsels, and its third party service providers (whether within or outside the Philippines), to process, collect, use, store, disclose, share or transfer all Personal Data I/we provided (including the information of third parties) within the rules set by the Data Privacy Act of 2012, as may be amended from time to time, relevant regulations and for the purposes stated in the Company's privacy policy and notice available at www.manulife.com.ph/Customer-Privacy-Policy.

During the effectivity of the contract/policy, I/we 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/our 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/us to receive the unused portions of premium or withdrawal value, if any, whichever is applicable. I/we 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.

_____ Name and Signature of Policyowner	_____ Date Signed	_____ Place Signed
_____ Name and Signature of Insured	_____ Date Signed	_____ Place Signed