

Application for Fund Switch/Fund Allocation Change

In this form, "the Company" means the 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.

General Information

Policy Number	Name of Life Insured (Last Name, First Name, Middle Name ☐ Do not know / not applicable)
Name of Policy Owner (Last Name, First Name, Middle Name ☐ Do not know / not applicable)	
Current Office Address (Floor/No., Building/Street, Subdivision/Village, Barangay/District, Town/City, Province/State, Country, Zip Code) (for Institutional Policyowner)	
Policy Owner's Email Address	Policy Owner's Mobile Number (Country Code, Area Code, Telephone Number)

Type of Request: ☐ Fund Switch ☐ Fund Allocation

Fund Switch

Indicate the name of current funds and the current allocation (under switch from) and the name of new funds and new allocation (under switch to).

Switch From		Switch To	
Current Funds (Existing investment funds)	Current Allocation (%) (Percentage of your portfolio on this funds)	New Funds (Funds where you want to switch your investment)	New Allocation (%) (Percentage of your portfolio in the new funds after switching)
	Total		Total

For funds with income payouts, please answer the payout option: ☐ Credit to Account ☐ Reinvest
For Credit to Account as payout option, please accomplish a separate Income Payout form and submit proof of bank account.

Please note that if you decide to switch your investments to different funds, the availability of the income payout feature will depend on the specific funds you choose.

Fund Allocation

Indicate the name of funds and the percentage of the desired change of investment allocation of premium. This is effective on the next premium due.

To (Name of New Fund)	Percentage
	Total

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Declaration and Agreement

By signing this form and continuing to avail of the Company's products and services, I/we declare and agree that

1. I/We agree to receive or access the policy contract, billing notice/s or any other corporate correspondence, documents or information pertaining to such policy electronically/digitally by making use of a computer, mobile or any digital device.
2. I/We agree that the cost and expense to obtain or configure suitable software, devices and/or equipment to receive or access such documents shall be borne by me/us.
3. I/We agree and understand that transmission of information or communication over the internet may be subject to interruption, transmission blackout and delayed transmission due to the internet traffic, or incorrect data may be transmitted due to public and open nature of the internet otherwise. The Company shall not be responsible or liable for any loss of accuracy or timeliness of any information or communication arising from the said reasons or in relation to any malfunctions in communication facilities that are out of control of the Company
4. I/We understand that within Company office hours and subject to Manulife's standard verification procedures, I/we can request for a printed copy of the policy contract for a fee.
5. I/We allow the Company, including its affiliates, subsidiaries, service providers or any member of the Manulife Financial Group to process, collect, store, use, share or transfer all personal data I/we have provided to process this policy details change request and for other purpose stated in the Company's Privacy Policy and Notice found in your website, <https://www.manulife.com.ph/Customer-Privacy-Policy>
6. 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.
7. I/we have read the above questions, statements and answers and certify that the information provided above is true, correct and complete based on my/our personal knowledge and official records. I/we also allow the Company to update my/our records based on the information found in this form and to use such to administer and service the policy. Once these changes are effected, I agree to receive a copy of the updated Policy Specifications or confirmation letter to reflect the change requested in this form. If the change I/we requested requires evidence of insurability, I/we agree that the Company will not be able to challenge this policy change after two (2) years from the time it started. However, the Company can still challenge the policy change even after the 2-year period has ended for the following reasons:
 - a) the Company has not received payment for the policy's premium;
 - b) the account value of the variable life policy is not enough to pay the monthly deductions of the Company;
 - c) for any other reason allowed by law.
8. If signing for the legal entity identified above, I/we certify that I/we have the capacity to sign for such legal entity.

Policyowner Signature Over Printed Name

Date: _____ Place: _____
(mm/dd/yyyy)

Irrevocable Beneficiary/ies(if any) Signature over Printed Name

Date: _____ Place: _____
(mm/dd/yyyy)

Assignee Signature Over Printed Name

Date: _____ Place: _____
(mm/dd/yyyy)

Insurance Advisor as Witness Signature over Printed Name

Date: _____ Place: _____ Agent Code: _____
(mm/dd/yyyy)

Signature of Authorized Signature#1 (for Institutions) over printed name

Date: _____ Place: _____
(mm/dd/yyyy)

Signature of Authorized Signature#2 (for Institutions) over printed name

Date: _____ Place: _____
(mm/dd/yyyy)

For Manulife use Only

Valid IDs: Type: _____ ID#: _____ ☐ Documents Presented: _____

Documents received and validated by: _____

Name of CSO

Branch

Date (mm/dd/yyyy)