

Payor Information Form

IMPORTANT: This form is only required if the Payor is other than the Policyowner, the Insured or the Beneficiary.

Policy Number:

Name of Proposed Insured (PI): _____
 (Last, First, M.I.)

Name of Owner (if other than the Proposed Insured): _____
 (Last, First, M.I.)

IF PAYOR IS AN INDIVIDUAL

Name of Payor	(Last)	(First)	(Middle Initial)
Date of Birth (MM/DD/YYYY)	City/Town and Country of Birth		Relationship to Owner:
Present Address <small>Floor/Number, Building/Street, Subdivision/Village, Barangay/District, Town/City, Province/State, Country, Zip Code</small>	Permanent Residence Address <small>(if different from present address) Floor/Number, Building/Street, Subdivision/Village, Barangay/District, Town/City, Province/State, Country, Zip Code</small>		Business/Office Address <small>Floor/Number, Building/Street, Subdivision/Village, Barangay/District, Town/City, Province/State, Country, Zip Code</small>
Contact Number <small>Mobile (specify area code)</small>	Residence	Business/Office Phone No.	
Occupation	Nature of Business/Industry	If Payor is a foreign national Passport No. _____ or ACR No. _____	

IF PAYOR IS A CORPORATION OR ENTITY

Name of Corporation/Entity		Relationship to Owner:
Date of Incorporation (MM/DD/YYYY)	Place of Incorporation (City/Town and Country)	Registration No.
Principal Business Address <small>Floor/Number, Building/Street, Subdivision/Village, Barangay/District, Town/City, Province/State, Country, Zip Code</small>	Present Business Address <small>(if different from principal business address) Floor/Number, Building/Street, Subdivision/Village, Barangay/District, Town/City, Province/State, Country, Zip Code</small>	Business Phone No(s) <small>Floor/Number, Building/Street, Subdivision/Village, Barangay/District, Town/City, Province/State, Country, Zip Code</small>
Name of Authorized Representative	Date and Place of Birth (City/Town and Country)	Nationality
Present Address <small>Floor/Number, Building/Street, Subdivision/Village, Barangay/District, Town/City, Province/State, Country, Zip Code</small>	Permanent Residence Address <small>(if different from present address) Floor/Number, Building/Street, Subdivision/Village, Barangay/District, Town/City, Province/State, Country, Zip Code</small>	Business/Office Address <small>Floor/Number, Building/Street, Subdivision/Village, Barangay/District, Town/City, Province/State, Country, Zip Code</small>
Position/Job Title held by Authorized Representative	Contact No. of Authorized Representative	If Authorized Representative is a foreign national Passport No. _____ or ACR No. _____

Is the Payor (Individual or Corporation/Entity) acting for or on behalf of the Owner? Yes No
 Does anyone other than the Owner have control on this insurance application/account? Yes No
 If YES, identify (Name: _____ | Address: _____ | Date of Birth: _____)

What are the sources of funds that are being or will be deposited into this account?

- | | | |
|--|---|--|
| <input type="checkbox"/> Salaries/wages | <input type="checkbox"/> Savings | <input type="checkbox"/> Prizes or other winnings |
| <input type="checkbox"/> Gift or inheritance | <input type="checkbox"/> Self-employment or professional income | <input type="checkbox"/> Proceeds from sale/transfer/disposition/lease of assets |
| <input type="checkbox"/> Legal claims | <input type="checkbox"/> Insurance or property or partnership settlement/claims | <input type="checkbox"/> Remittance from abroad (Country: _____) |
| <input type="checkbox"/> Investment income (i.e. interest, dividends, royalty, etc.) | | <input type="checkbox"/> Other income: (please specify _____) |

DECLARATION

I have read the above questions, statements and answers and they are true, correct and complete based on my personal knowledge and official records. I understand that this will form part of the Owner's application form and/or insurance with Manulife (Philippines).

Payor's Signature over Printed Name

Date Signed (MM/DD/YYYY) / /

Financial Advisor's Signature over Printed Name / FA Code

Date Signed (MM/DD/YYYY) / /