

Payor Information Form

Please answer completely and accurately and use black ink. Please countersign on any corrections or erasures. This form is required if the Payor is other than the Policyowner. First time Payor only needs to submit once unless there is any change in the personal circumstances of the Payor. For succeeding payments, only the valid identification document of the Payor is required to be presented to the Company.

PAYOR INFORMATION				
Policy Number		Policy Owner Name (Last, First, Middle)		
Payor Name (Last, First, Middle)			Date of Birth (mm/dd/yyyy) ____/____/____	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Present Address				
<i>Floor/No., Building/Street, Subdivision/Village</i> <i>Brgy/District, Town/City</i> <i>Province/State</i> <i>Country</i> <i>Zip Code</i>				
City of Birth	Country of Birth	Citizenship	Nationality (if other than Citizenship)	
Valid ID Type	*ID Number	Occupation / Nature of Work	Relationship to Owner	
Sources of Funds that are being, or will be used as payment				
<input type="checkbox"/> Salary <input type="checkbox"/> Gifts/Inheritance <input type="checkbox"/> Savings <input type="checkbox"/> Prizes or winnings <input type="checkbox"/> Business <input type="checkbox"/> Sale of Asset <input type="checkbox"/> Remittances (country): _____ <input type="checkbox"/> Others: _____				
Are you paying for this policy for or on behalf of the Policyowner? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please skip question below.				
Does anyone other than the Owner have control on this insurance application/policy? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide details below.				
Name		Address	Date of Birth (mm/dd/yyyy)	

*For foreign nationals, please provide Passport or ACR #

DECLARATION AND AGREEMENT

I have read the above questions, statements and answers and I certify that the information provided above is true, correct and complete based on my personal knowledge and official records. If signing for the legal entity identified above, I certify that I have the capacity to sign for such legal entity. I understand that this will form part of the Owner's application form and/or insurance with Manulife Philippines.

The Company collects and uses my personal and sensitive information to operate an insurance business. By signing this form and continuing to avail of the company's products and services, I agree that the information I provided and any subsequent changes to it can be processed, shared, disclosed, transferred or used by the company, including its shareholders, directors and 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) within the rules set by the Data Privacy Act of 2012, as may be amended from time to time, relevant regulations and the Company's privacy policy available at www.manulife.com/Privacy-Policy for purposes of:

- underwriting and approving my application;
- administering, serving and reinsuring my policy;
- marketing (including marketing of products and services offered by any member of the Manulife Financial Group and those of our business partners), promoting, getting feedback on our products and services, and measuring client satisfaction;
- conducting data analytics and doing automated data processing;
- preventing money laundering or terrorist financing activities;
- complying with reportorial and regulatory requirements of both local and foreign regulatory authorities (including local and foreign tax authorities and stock exchanges) as well as other legal, regulatory or contractual obligations of any member within the Manulife Financial Group, relating to information sharing, tax reporting or otherwise;
- the Company's internal purposes such as governance, risk, actuarial, claims and underwriting management, and reporting; and
- for other reasonable purposes related to the services provided.

Payor's Signature over Printed Name

Date Signed (mm/dd/yyyy)

Place Signed

MANULIFE USE ONLY

Valid IDs: Type: _____ ID#: _____ **Other:** _____

Documents received and witnessed by: CSO: _____ **Branch:** _____ **Date:** _____
 (mm/dd/yyyy)