

1. General Information		Name of Life Insured (Last, First, MI)	Place of birth	Citizenship
		Name of Policy Owner, if different from Life Insured, (Last, First, MI)	Place of birth	Citizenship
		Mailing Address	Policy Number	
		Address Abroad (If applicable)	Email Address	
Telephone No.	Telephone No. Abroad (if applicable)	Mobile No.	Occupation	

2. Details of request

I wish to surrender the above policy/ies for the corresponding cash value by reason of:

I am returning herewith the respective policy contract/s for cancellation. I also instruct Manulife Philippines to apply the amount in accordance with the following:

Apply to premium due on Policy Number/s _____

Apply to outstanding loan on Policy Number/s _____

Mail to the address stated in this form I will send my authorized representative _____

I will pick up the check personally Course through my agent _____

BPI/BPI Family Bank Pick-Up Anywhere

Please deposit to my Savings/Current Account No. _____
Name of Bank and Branch

Other instructions _____

Requirements:

1. Duly filled out Cash Value Surrender form
2. Policy / Plan Contract
3. Photocopy of Two (2) Valid IDs

Note:

If policy contract has been misplaced or missing, please submit a NOTARIZED Declaration of Loss of Policy.

3. Signatures

Date signed	Place signed	Name and signature of Life Insured/Planholder
Name and signature of Policyowner/Payor	Name and signature of Collateral Assignee	
Name and signature of Irrevocable Beneficiary	Name and signature of Agent/Witness	Agent's Code

4. For Company use only

Original documents presented Policy Contract Valid ID(s)

Documents received/Signature verified by: _____ Branch _____ Date _____

Please send check to: *branch* _____ BOA name _____