

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./Mobile	Telephone No. Abroad (if applicable)	TIN

2. Partial Withdrawal I/We wish to apply for partial withdrawal as indicated below:

Fund Allocation	Amount/Percentage	Fund Allocation	Amount/Percentage
Peso Bond Fund / Peso Secure Fund	_____	USD Bond Fund / USD Secure Fund	_____
Peso Stable Fund / Peso Diversified Value Fund	_____	USD Asia Pacific Bond Fund	_____
Peso Balanced Fund / Peso Dynamic Allocation Fund	_____	USD ASEAN Growth Fund	_____
Peso Equity Fund / Peso Growth Fund	_____	USD Global Target Income Fund	_____
Peso Target Income Fund / Peso Target Distribution Fund	_____	Others	_____
Others	_____		TOTAL _____
	TOTAL _____		

3. Full Withdrawal I/We wish to apply to fully withdraw my/our policy and discharge Manulife from all liabilities on my/our policy.

- This request for partial/full withdrawal will not be accepted unless the following conditions are met:
 - Minimum amount to be withdrawn is the lower of Php 10,000.00 for Peso Variable Life (including **Affluence Gold**); Php 30,000.00 for **Affluence Max Gold** and USD 200.00 for US Dollar Variable life (including **Affluence Gold**); USD 600.00 for **Affluence Max Gold** or the entire value of the fund.
 - Using bid prices prior to the receipt of this request as a basis, the minimum fund balance after partial withdrawal is Php 20,000.00 for Peso Variable Life; Php 15,000.00 for **Affluence Gold**; Php 60,000.00 for **Affluence Max Gold**; USD 400.00 for US Dollar Variable Life; USD 300.00 for **Affluence Gold** and USD 1,000.00 for **Affluence Max Gold**.
- Units will be cancelled at the bid prices applicable on the next valuation date provided this request is received by Client Services Dept. on or before the cut-off schedule. If the maximum amount is to be withdrawn from a fund, please indicate "entire balance" against that fund.
- For **Affluence Max Gold**, withdrawal during the first five (5) years is subject to withdrawal fees. For **Affluence Gold**, the first withdrawal in each policy year is free. Thereafter, withdrawal fee is Php 200.00 for Peso Variable Life and USD 5.00 for US Dollar Variable Life.
- Indicate if the value is in absolute amount or percentage.
- If Level Death Benefit Option (Type II), the Face Amount shall be decreased by the amount of the withdrawal.

Please indicate your reason(s) for withdrawing (fully/partially) this policy.

4. Payment Instructions

<input type="checkbox"/> Course through my agent _____	<input type="checkbox"/> I will send my authorized representative _____
<input type="checkbox"/> Please deposit to my Savings/Current Account No. _____	<input type="checkbox"/> I will pick up the Check _____
	<input type="checkbox"/> BPI/BPI Family Pick-Up Anywhere _____
Bank, branch and Acct No. _____	<input type="checkbox"/> Others _____

5. Declarations

- I/We represent that the foregoing statements are true and complete and that all exceptions have been stated.
- I/We declare that the policy has no existing collateral assignment at the time of withdrawal/surrender.
- I/We am/are not an undischarged bankrupt(s) nor have committed any act of bankruptcy within the last twelve (12) months and that no receiving order or adjudication order in bankruptcy has been made against me/us are currently pending against me/us during that period.
- I/We, further agree that the above transaction shall be an amendment to and form part of the original application of the Policy issued thereunder. If any, and that they shall be binding on any person who shall have or claim any interest under such Policy/Agreement.
- In case of apparent errors or omissions discovered by the Company in the foregoing request, I/We hereby authorize Manulife Philippines to correct or complete this request for amendment for Policy and I/We agree that if the Policy/Agreement is changed in accordance with such amended request, my/our acceptance of any Policy/Agreement so amended or reissued will constitute my/our conformity to and any correction in or addition to this request made by the said Company in the space provided for.

6. Signatures

Date signed	Place signed
Name and signature of Life Insured	Name and signature of Policy Owner/Payor
Name and signature of Irrevocable beneficiary	Name and signature of Agent/Witness
	Agent's Code