

1. General Information	Name of Plan Holder (Last, First, MI)		Birthday (MM/DD/YYYY)	Place of Birth
	Name of Plan Owner, if different from Plan Holder (Last, First, MI)		Birthday (MM/DD/YYYY)	Place of Birth
	Policy Number	Occupation	Citizenship	
	Mailing Address			
	Address Abroad (If Applicable)			
	Telephone No.	Mobile No.	Email Address	
2. Details of Request REQUIREMENTS 1. Maturity Benefit Form 2. Photocopy of Two (2) Valid IDs 3. Original Policy Contract/Plan Agreement NOTE - If the Policy Contract/Plan Agreement has been misplaced or missing, Declaration of Loss of Policy is required. - If proceeds are payable to a representative, a Special Power of Attorney (SPA) is required. An SPA template can be requested from Claims Department - SPA should be authenticated by the Philippine Consular Office if the Plan Holder is residing abroad.	Name of Scholar: _____			
	If the Scholar is enrolled, please fill out the following:			
	Name of School: _____			
	Enrollment Schedule:			
	First Semester _____			
	Second Semester _____			
	Preferred Method of Payment			
	<input type="radio"/> Course through my agent (Agent's Name/Agency) _____ <input type="radio"/> Will pick-up at _____ <input type="radio"/> Please deposit full amount to my bank account with (Banks's name) _____			
	Current/Savings Account No. _____ (Applicable for Metro Manila Branches only)			
	In accordance with the terms and conditions of the Policy Contract/Plan Agreement, said benefit is accepted in full settlement and complete satisfaction of all rights, claims and demands under the said Policy Contract/Plan Agreement. It is expressly represented and warranted that no other person, firm or corporation has any interest in said Policy Contract/Plan Agreement except the undersigned and that no proceeding in insolvency or bankruptcy has been instituted or is pending against the undersigned. PLEASE READ THE INSTRUCTIONS BELOW BEFORE SIGNING. 1.) The Pension/Educational maturity benefit is payable at the Head Office of the Company. 2.) The Policy Owner/Plan Holder is the Payee of the maturity benefit. The designated beneficiary shall be the Payee only if the Policy Owner/Plan Holder is already deceased at the maturity date. 3.) This request form must be dated. The signature of the Payee (Policy Owner/Plan Holder or Beneficiary) must be written exactly as the name given in the Policy Contract/Plan Agreement. 4.) The settlement option selected is subject to the approval of the Company. For further inquiries, please call us at telephone numbers 884-7000/884-5433 local 1121 or 1146			
3. Signatures	Date Signed		Place Signed	
	Name of Plan Holder		Signature X	
	Name of Plan Owner/Payor (if different from Plan Holder)		Signature X	
	Name of Agent/Witness	Agent's Code	Signature X	

The Manufacturers Life Insurance Co. (Phils.) Inc.

 LKG Tower, 6801 Ayala Avenue, Makati City 1226 Philippines
 Tel. No: (63-2) 88-4-LIFE (884-5433) • Customer Care: (63-2) 884-7000 • 1-800-1-888-6268 (Toll Free)
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