

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.	TIN	

2. Details of request			
Mode Change	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Sem-Annual <input type="checkbox"/> Annual	Payment modes	
	Amount: _____	<input type="checkbox"/> PDC <input type="checkbox"/> Auto-Debit Arrangement <input type="checkbox"/> Credit Card	
Plan Change	From _____	To _____	
Face Amount Change	From _____	To _____	
	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease		
Policy Year Date	From _____	To _____	
Change in Payor	From _____	To _____	
Dividend Option	From	To	
	<input type="checkbox"/> Accumulate with interest <input type="checkbox"/> Used to pay future premiums	<input type="checkbox"/> Accumulate with interest <input type="checkbox"/> Used to pay future premiums	
	<input type="checkbox"/> Used to purchase Paid-up Additions <input type="checkbox"/> Paid in Cash	<input type="checkbox"/> Used to purchase Paid-up Additions <input type="checkbox"/> Paid in Cash	
Premium Default option	From	To	
	<input type="checkbox"/> Automatic Premium Loan <input type="checkbox"/> Extended Term Insurance	<input type="checkbox"/> Automatic Premium Loan <input type="checkbox"/> Extended Term Insurance	
	<input type="checkbox"/> Reduced Paid-up insurance	<input type="checkbox"/> Reduced Paid-up insurance	
Supplementary Benefit	Supplementary benefit to be added/deleted/increased/decreased: _____		
	<input type="checkbox"/> Addition <input type="checkbox"/> Deletion <input type="checkbox"/> Increase _____ <input type="checkbox"/> Decrease _____		
Adjustment of rating	Reason _____		
	<input type="checkbox"/> Occupation <input type="checkbox"/> Health <input type="checkbox"/> Avocation _____		
Update of Signatures	1.	2.	3.
	Specimen signatures		

Others

Manulife agrees to this application for change. Hereafter, the above numbered policy will be deemed to have been changed as set out above upon proper imprinting of the President's facsimile signature. It is agreed that if any additions or amendments are made by the Company, acceptance by the Insured/Planholder or Payor/Owner of the changed or replacing policy to which a copy of this application for change, so amended, is attached, will ratify such addition or amendments.

IF THE CHANGE IS SUCH THAT THE COMPANY REQUIRES EVIDENCE OF INSURABILITY, IT IS ALSO AGREED THAT:

- The change will be incontestable after the change or replacing policy has been in force during the lifetime of Insured for two(2) years from the effective date of change, except for non-payment of premium or any other grounds recognized by law and jurisprudence. This incontestability period will not apply to supplementary contracts relating to benefits payable in the event of total disability and benefits which grand additional insurance specifically against death by accidental means.
- If the Life Insured commits suicide within one(1) year from effectivity of the policy change or of its last approved reinstatement, if any, the then pertinent provisions of the Insurance Code, as amended, will apply. Where suicide is not compensable, the liability of the Company is limited to the refund to the Beneficiary or Payor/Owner of the premiums actually received by the Company less all indebtedness under this policy.

Requirement:

- Duly filled out Policy Details Change form
- Photocopy of Two (2) Valid IDs
- Processing Fee, if applicable

Requirement of Payment Mode change if applicable:

- At least 12 PDCs
- ADA Form
- Credit card authorization form; Front and back copy of Credit card

3. Signatures		Date signed	Place signed	Name and signature of Life Insured
		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