

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 No.	Telephone No. Abroad (if applicable)	TIN
2. Information about the New Owner	Name of New Owner (Last, First, MI)	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Birthday (MM DD YYYY)
	Mailing Address	Address Abroad (If applicable)	
	Telephone No./Mobile No.	Telephone No. Abroad (if applicable)	Email Address
			Citizenship
			Place of Birth
3. Conditions	<i>Upon approval of this request, it is hereby agreed that the transfer of ownership of this/these Plan/s shall be subject to the following conditions:</i>		
	<p>a. Upon transfer from the present planowner in favor of a new planowner, the undersigned consents to the transfer and releases Manulife from all claims and liabilities of the former planowner. All transferrable rights, product features and insurance benefits shall be applied to the new assigned owner subject to underwriting approval.</p> <p>b. That the transfer of plan ownership is based exclusively, on the statements herein of the transferee under the No. 4 (Declarations and Representations).</p>		
4. Declarations and Representations	<i>I hereby declare and represent to the best of my knowledge that:</i>		
	<p>a. I am not below 18 years old nor more than 65 years and 6 months old.</p> <p>b. I have not been confined in any hospital, sanitarium or infirmary nor received medical or surgical treatment in the last twelve (12) months.</p> <p>c. I have never had or been treated for heart condition, high blood pressure, blood disease, cancer, mass, tumor, abnormal bodily growth, diabetes, lung, kidney or stomach disorder or any other injury or physical impairment in the last five (5) years.</p> <p>d. I am in good health and physical condition.</p> <p>e. (For females) I am not pregnant.</p> <p>f. Will anyone other than the Insured/Owner be paying for this policy? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>g. Has the Insured/Owner or any direct relative of either person ever held a senior position in the government, a political party, the military, any tribunal or government-owned corporation? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Note: If any of the above declarations and representations are not applicable to you, please give details below (specify dates, attending physician's name, hospital or clinic, diagnoses and treatment, etc.) Use separate sheet if necessary.</p> <hr/>		
	REQUIREMENTS		
	<ol style="list-style-type: none"> 1. Application for Transfer of Ownership/Coverage Form 2. Photocopy of two (2) Valid IDs of original Owner 3. Applicable underwriting requirements for the new Owner 4. Surrender of original Plan Contract 5. Processing fee 		
5. Signatures	<i>I hereby certify that the above data are true and correct and any erroneous or untruthful statement shall not subject Manulife Plans to any liability whatsoever for any consequence arising therefrom.</i>		
	Date signed	Place signed	
	Name and signature of New Planholder	Name and signature of Original Planholder	
	Name and signature of Irrevocable beneficiary	Name and signature of Agent	Agent's Code

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

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