Manulife

The Manufacturers Life Insurance Co. (Phils.), Inc.
Head Office: 10th Floor NEX Tower, 6786 Ayala Avenue, Makati City, 1229, Philippines
Customer Care: +632 8884 7000
Domestic Toll-Free: 1-800-1-888-6268
Website: www.manulife.com.ph
Email:phcustomercare@manulife.com

Application for Top-Up Premium

In this form, "the Company" means the Manufacturers Life Insurance Co. (Phils.). "We", "us", "our", "I", "me" and "my" mean the Policyowner and/or the Life Insured as may be applicable.

☐ Regular Pay
☐ Guaranteed Issue Offer/Single Pay with DB2 Regular

General Information

Policy Number	Name of Life Insured (Last, First, Middle Name ☐ Do not know / not applicable)
Name of Policyowner, if different from Life Insured (Last, First, Middle Name ☐ Do not know / not applicable)	Occupation
Email Address	Mobile Number (Country Code, Area Code, Telephone Number)
Current Office Address (for Institutional Client)	

Payment Details

Payment Mode: ☐ From Policy No. _____

☐ Cash ☐ Bills Payment
- ☐ Deposit Slip
- ☐ Online Payment
- ☐ Others: _____

☐ Check
- ☐ Bank Name: _____
- ☐ Check No. : _____

Amount in Words:

Amount in Figures:

Details of Fund Allocation

Top-up Option: ☐ Top-up using New Fund ☐ Top-up from Existing Fund

Fund Allocation/Name of Fund	Percentage
Total	

Note: For funds with income payouts please fill out an Income Payout Form for GTIF/APPI/GPSI

1. Will anyone other than the Insured/Owner be paying for this policy?
   ☐ Yes ☐ No
   If Yes, please complete Payor Information Form

2. Have you or any or your immediate family members or close relationships and associates been entrusted with prominent public position/s in (a) the Philippines with substantial authority over policy, operations or the use or allocation of government-owned resources; (b) a foreign State; or (c) an international organization?
   ☐ Yes ☐ No

3. (a) Is the Owner a United States citizen, resident or a resident alien (US Green card holder)?
   ☐ Yes to any, please provide W-9 form if not yet previously submitted ☐ No
   (b) Does the Owner have a United States Taxpayer Identification Number (SSN/TIN), address and/or telephone number?
   ☐ Yes please provide W8-BEN form ☐ No
   (c) Or was the Owner born in the US and renounced his US Citizenship?
   ☐ Yes, please provide W8-BEN form and US Bureau of Consular Affairs' Certificate of Loss of Nationality in the US form ☐ No

4. Does this policy have a Beneficial Owner?
   ☐ Yes, please submit Beneficial Owner form if not yet previously submitted ☐ No

5. Sources of Funds
   ☐ Salary ☐ Business ☐ Savings ☐ Remittances (country) _____ ☐ Others _____
   Estimated Net Worth _____ Estimated Annual Income _____
   (provide copy of proof or source of funds)

Manulife

The Manufacturers Life Insurance Co. (Phils.), Inc.
Head Office: 10th Floor NEX Tower, 6786 Ayala Avenue, Makati City, 1229, Philippines
Customer Care: +632 8884 7000
Domestic Toll-Free: 1-800-1-888-6268
Website: www.manulife.com.ph
Email:phcustomercare@manulife.com

Application for Top-Up Premium

Declaration of Insurability (for Regular Pay use only)
Life Insurance Questions

	Insured		**Owner/Payor**	
1. Current Height:	ft/in	cm	ft/in	cm
2. Current Weight:	lbs	kg	lbs	kg

3. Has your mother, father, brother or sister, had diabetes, breast, cervical, ovarian, colon, or other cancer, high blood pressure, heart problem, huntington's disease, polycystic kidney, multiple sclerosis, or any other hereditary disease? [ ] YES (Please provide details below)

Family Member (Relationship to Proposed Insured)	**Condition / Illness** (For cancer/heart disease, please specify)	**Age at onset**	**Age at death** (If applicable)

Questions	**Insured**		**Owner/Payor**	
	Yes	**No**	**Yes**	**No**
4. Have you ever had or currently having any disease or disorder of: a. the HEART BLOOD VESSELS, such as congenital heart disease, heart murmur, shortness of breath, swelling of ankles, irregular pulse, rheumatic fever, poor circulation, heart attack, angina or chest pain or discomfort, high blood pressure, or any other heart disease? b. the NOSE, THROAT, LUNGS, such as asthma, tuberculosis, chronic bronchitis, blood spitting, or any other respiratory disease (except common cold and flu)? c. the ABDOMINAL ORGANS, such as hepatitis, positive for hepatitis virus, ulcer, colitis bleeding, diverticulitis, jaundice, liver disease, tumors, or any other gastrointestinal disease (except gastroenteritis which has recovered)? d. the KIDNEYS, BLADDER, REPRODUCTIVE ORGANS, SEXUALLY TRANSMITTED DISEASES, such as Irregular menstrual bleeding, prostate hyperplasia, fibroids, inflammation, stone, sugar, albumin, blood or pus in the urine or any other genitourinary, reproductive, sexually transmitted diseases? e. the NERVOUS SYSTEM,. EYES, EARS, such as convulsions, stroke, seizures, impairment of sight or hearing, or nervous disorder, ear, eye disease (except nearsightedness, farsightedness, astigmatism, color blindness)? f. the GLANDULAR SYSTEM, BLOOD such as diabetes, gout, enlarged glands, goiter, anemia, disorder of breasts, skin condition or allergy, or any other disorder of the glands of blood? g. the MUSCULO-SKELETAL SYSTEM such as any injury, muscles, bones, and joints, congenital deformity, congenital abnormality, or disorder of the muscles, bones, joints or spine? Amputation, paralysis, deformity (except sprains and strains which have recovered) h. CANCER, such as bladder cancer, breast cancer, colon cancer, cervical cancer, liver cancer, lung cancer, stomach cancer, and any other cancers? i. MOOD, MENTAL, such as depression, anxiety, nervous breakdown, schizophrenia, bipolar disorder, phobia, or any other mood or mental disorder?				
5. Is there anything about your lifestyle which could expose you to risk of AIDS?				
6. Are you suffering from AIDS? Have you had any results indicating exposure to the AIDS virus?				
7. Has your weight changed more than 10lbs. (4.5kg) in the past year?				
8. Have you had any illness, injury, operation, treatment, hospital care during the last 5 years note mentioned above? Has any further care been recommended?				
9. Have you had any diagnostic test such as x-ray, electrocardiogram, blood test, pap smear, ultrasound, endoscopy, mammogram etc. (except pre-employment or annual check up)?				

Manulife

The Manufacturers Life Insurance Co. (Phils.), Inc.
Head Office: 10th Floor NEX Tower, 6786 Ayala Avenue, Makati City, 1229, Philippines
Customer Care: +632 8884 7000
Domestic Toll-Free: 1-800-1-888-6268
Website: www.manulife.com.ph
Email:phcustomercare@manulife.com

Application for Top-Up Premium

Questions	Insured		Owner/Payor	
	Yes	**No**	**Yes**	**No**
10. How do you describe your drinking habit?	☐ Never drink ☐ Drink up to 14 bottles of beer (or 200ml of wine) per week ☐ Drink more than 14 bottles of beer (or 200 ml of wine) per week		☐ Never drink ☐ Drink up to 14 bottles of beer (or 200ml of wine) per week ☐ Drink more than 14 bottles of beer (or 200 ml of wine) per week	
11. Have you been treated for alcohol or drug abuse during the last 5 years?				
12. How do you describe your smoking habit?	☐Never smoke ☐Smoke up to 30 cigarettes per day ☐Smoke more than 30 cigarette per day		☐Never smoke ☐Smoke up to 30 cigarettes per day ☐Smoke more than 30 cigarette per day	

IF UNDER AGE TWO: Was there any birth difficulty, RH problem, congenital or deformity such deformed limbs, "blue baby" , lack of mental development, or Down's Syndrome? ☐ Yes ☐ No

IF UNDER AGE 17: How much weight was gained in the past year? _____ If none or with loss, give details _____

Additional Details To **Yes** Answers

Understanding of Guaranteed Insurability Offer (for GIO use only)

Notwithstanding any Policy provisions to the contrary, it is hereby agreed and understood that:
Guaranteed Insurability Offer (GIO) is a program designed to provide insurance protection, with no medical examination required, subject to certain issue limits and underwriting guidelines.

The product is offered under Guaranteed Insurability Offer (GIO) subject to limits set by the Company. Should the total insurance coverage of the Proposed Insured under GIO with the Company exceed such limit, the Company will decline this application under the GIO. In such event, the Proposed Insured can apply for the insurance coverage exceeding the GIO limits using the Application for Variable Life Insurance and undergo the Company's regular underwriting process.
GIO does not mean guaranteed approval of this application. This application may be declined for underwriting reasons such as but not limited to the following:

1. The Proposed Insured has exceeded the GIO limits of the Company,
2. The Owner has not submitted the complete Anti-Money Laundering Act (AMLA) requirements,
3. The Owner has not provided the complete information in this GIO application form,
4. The health declaration is not acceptable according to the Company's underwriting guidelines,
5. The Proposed Insured has a previous application with Manulife Philippines or other life insurance companies which was deferred, postponed or declined through regular underwriting or simplified issue, regardless of reason.

Manulife

The Manufacturers Life Insurance Co. (Phils.), Inc.
Head Office: 10th Floor NEX Tower, 6786 Ayala Avenue, Makati City, 1229, Philippines
Customer Care: +632 8884 7000
Domestic Toll-Free: 1-800-1-888-6268
Website: www.manulife.com.ph
Email:phcustomercare@manulife.com

Application for Top-Up Premium

Declaration and Agreement

By signing this form and continuing to avail of the Company's products and services, I/we declare and agree that:

1. I/we represent that the foregoing statements are true and complete and that all exceptions have been stated.
2. I/we authorize the Company to deduct any bank and transaction charges in addition to loading fees from top-up premium prior to investment.
3. I/we agree that the investment to US Dollar Variable Life fund for check payments will take effect on the later of 30 days after payment or when check payment has been cleared.
4. 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.
5. I/we agree that this request and any evidence of insurability which may be required in connection with the charges requested shall be considered an amendment and supplement to the original application and shall form a part of the Policy, that if evidence of insurability is required, the change requested shall not be effective until it has been approved at the Home Office and the required additional premium has been paid.
6. In case of apparent errors or omissions discovered by the Company in the foregoing request, I/we hereby authorize the Company to correct or complete this request for amendment of 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 in the space provided for, will constitute my/our conformity to and ratification of any correction made by the Company, in addition to this request.
7. I/we confirm that the Insured is not older than 70 years old, is in good health and with no sign or symptom of any illness or disease; has neither been hospitalized, consulted any doctor, undergone any diagnostic test, nor received any treatment including medication for any illness in the past twelve (12) months; and has no life insurance applications or reinstatements which are pending, deferred or postponed, or declined. If I/we do not agree with any part of this declaration no. 7, I/we will provide details: _____
8. I/We agree to receive or access the policy contract, billing notice/s or any other corporate correspondence, documents or information pertaining to such policy electronically/digitally by making use of a computer, mobile or any digital device.

   I/We agree that the cost and expense to obtain and maintain or configure suitable software, device and/or equipment to receive or access such documents shall be borne by me/us.

   I/We agree and understand that transmission of information or communication over the Internet may be subject to interruption, transmission blackout and delayed transmission due to the Internet traffic, or incorrect data may be transmitted due to the public and open nature of the Internet or otherwise. The Company shall not be responsible or liable for any loss of accuracy or timeliness of any information or communication arising from the said reasons or in relation to any malfunctions in communication facilities that are out of control of the Company.

   I/We understand that within Manulife office hours and subject to Manulife's standard verification procedures, I/we can request for a printed copy of the policy contract for a fee while I/we can request for a copy of the billing notice/s or any other corporate correspondence at no charge through the Customer Care Hotline, or at any Manulife office.
9. Disclosure:
   In accordance with the Insurance Commission's Circular Letter No. 2016-54, as may be amended from time to time, your medical information will be uploaded to a Medical Information Database accessible to life insurance companies for the purpose of enhancing risk assessment and preventing fraud. Once uploaded, all life insurance companies will only have limited access to your information to protect your right to privacy in accordance with law. A copy of Circular Letter No. 2016-54 may be accessed at the Insurance Commission's website at www.insurance.gov.ph.
10. The Company collects and uses my personal and sensitive information to operate an insurance business. By signing this form and continuing to avail of the Company's products and services, I agree that the information I provided and any subsequent changes to it (including the information of third parties) can be processed, shared, disclosed, transferred or used by the Company, including its shareholders, directors and employees, affiliates, subsidiaries, business partners, any member of the Manulife Financial Group (including those located overseas), advisors, representatives, industry associations and databases, local and foreign authorities having jurisdiction over companies within the Manulife Financial Group, external auditors/counsels, and its third party service providers (whether within or outside the Philippines) within the rules set by the Data Privacy Act of 2012, as may be amended from time to time, relevant regulations and the Company's privacy policy available at www.manulife.com.ph/Customer-Privacy-Policy for purposes of:
    - underwriting and approving my application;
    - administering, serving and reinsuring my policy;
    - marketing (including marketing of products and services offered by any member of the Manulife Financial Group and those of your business partners), promoting, getting feedback on your products and services, and measuring client satisfaction;
    - conducting data analytics and doing automated data processing;
    - preventing money laundering or terrorist financing activities;
    - complying with reportorial and regulatory requirements of both local and foreign regulatory authorities (including local and foreign tax authorities and stock exchanges) as well as other legal, regulatory or contractual obligations of any member within the Manulife Financial Group, relating to information sharing, tax reporting or otherwise;
    - the Company's internal purposes such as governance, risk, actuarial, claims and underwriting management, and reporting; and
    - for other reasonable purposes related to the services provided.
11. During the effectivity of the contract/policy, I agree to the following: in case the Company is unable to comply with relevant customer due diligence (CDD) measures, as required under the Anti-Money Laundering Act, as amended and relevant issuances, due to my fault, the Company may apply the following: (a) measures to restrict the services available or prohibit any further transactions on the contract/policy until full and proper CDD measures have been successfully conducted; and (b) in case the foregoing is unsuccessful, terminate business relationship, which shall only entitle me to receive the unused portions of premium or withdrawal value, if any, whichever is applicable. I also agree to be bound by obligations set out in

The Manufacturers Life Insurance Co. (Phils.), Inc.
Head Office: 10th Floor NEX Tower, 6786 Ayala Avenue, Makati City, 1229, Philippines
Customer Care: +632 8884 7000
Domestic Toll-Free: 1-800-1-888-6268
Website: www.manulife.com.ph
Email:phcustomercare@manulife.com

Application for Top-Up Premium

relevant United Nations Security Council Resolutions relating to the prevention and suppression of proliferation financing of weapons of mass destruction, including the freezing and unfreezing actions as well as prohibitions from conducting transactions with designated persons and entities.

12. I will not unreasonably cancel my consent which could result to the Company or any member of the Manulife Financial Group violating any law, rules, regulations or guidelines or its obligation under any contract or commitment with local or foreign regulators, governmental bodies or industry recognized bodies (whether within or outside the Philippines).

13. I/we have read the above questions, statements and answers and certify that the information provided above is true, correct and complete based on my/our personal knowledge and official records. I/we also allow the Company to update my/our records based on the information found in this form and to use such to administer and service the policy. If signing for the legal entity identified above, I/we certify that I/we have the capacity to sign for such legal entity.

_____
Policyowner Signature Over Printed Name

Date: _____ Place: _____

_____
Signature of Authorized Signatory #1 (for Institutions)
over printed name

_____
Signature of Authorized Signatory #2 (for Institutions)
over printed name

_____
Financial Advisor as Witness Signature over Printed Name

Date: _____

_____
Financial Advisor Code

For Manulife use only

Valid IDs: Type: _____ ID#_____ ☐ Documents Presented: _____

Documents received and validated by: _____ _____ _____

Name of CSO Branch Date (mm/dd/yyyy)