

**Customer Information Update** 

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

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In this form, "the Company" means Manufacturers Life Insurance Co. (Phils), Inc. "We", "us", "our", "I", "me" and "my" mean the Policyowner and/or the Life Insured as may be applicable. Please answer completely and accurately and use black ink. Please countersign on any corrections or erasures. Information in this form will automatically apply to all policies, except for address information.

General Information						
Name of Policyowner: Last Name, First Name, Middle Name (□ Do not know / not applicable), Suffix			Policy Numb	er		
Name of Insured: Last Name, First Name, Middle Name (□ Do not know / not applicable)				Update Infor	mation/Details of:	
				□ Owner □ Insured		
Contact Information						
Email Address: (Correspondences, notifications and other policy-related communications are sent by the Company to the customer via email.)		Mobile Number: +63				
Landline Number (Area Code) (Telephone Number)		International Mobile Number (Country Code) (Area Code) (Telephone Number)				
Present Address		Permanent Address				
Floor/No., Building/Street, Subdivision/Village			Floor/No., Building/Street, Subdivision/Village			
Barangay/District, Town/City			Barangay/District, Town/City			
Province/State, Country, Zip Code			Province/State, Country, Zip Code			
Office Address			Preferred Mailing Address (Any printed correspondence will be sent to your preferred mailing address.)  □ Present □ Permanent □ Office			
Floor/No., Building/Street, Subdivision/Village			Apply the address changes to all policies I own?  □ Yes □ No, apply the address change to the following policy/ies only:			
Barangay/District, Town/City						
Province/State, Country, Zip Code						
Personal Details						
	From		То		Reason for Change	
Citizenship (Indicate all)						
Nationality (if other than Citizenship)						
Date of Birth(mm/dd/yyyy)						
Sex (Male/Female)						
Civil Status						
Name Last Name, First Name, Middle Name (□ Do not know / not applicable), Suffix					□ Correction □ Death of Spouse □ Religion □ Nullity / Annulment of Marriage / □ Divorce □ Marriage to:	

**Identification Document** For Philippine Nationals: Provide 1 Primary or 2 Secondary IDs SSS Passport TIN Driver's License **NCWDP** П П **Primary ID:** (choose 1) Phil ID License to Own and Possess □ Philpost or Postal (digitized) PRC Certificate Passport copy must PWD **UMID** Firearm (LTOPF) License Barangay **AFP** П include both data and Voter's Senior Citizen OFW **GSIS** Integrated Bar of the Phils. signature page. **OWWA** HDMF (Pag - ibig) For student school ID, School ID (students only) ☐ Birth Certificate issued by the Philippine Statistics Authority must be signed by the (students only) principal or head of Expiration Date (mm/dd/yyyy) (if any): \_ ID Number: the institution Secondary IDs: □ GOCC □ Company ID □ Police Clearance ID/Card □ PhilHealth (not digitized) □ Seaman's Book (if no Primary, choose 2) \_ Expiration Date (mm/dd/yyyy) (if any): \_ ID Number: ID Number: Expiration Date (mm/dd/yyyy) (if any): For Foreign □ Alien Certificate of Registration □ Phil ID (for resident aliens) □ Passport □ Other identification documents issued by the Government of the Republic of the Philippines, including its political Nationals: (choose 1) subdivisions, agencies and instrumentalities (digitized, with photo) For passport, must include both data and signature Expiration Date (mm/dd/yyyy) (if any): \_\_\_\_\_ page **Specimen** Signatures: To be answered by the Policyowner only Are you a United States citizen, resident, or a resident alien (US Green card If you answered "No" to the question on the left, then does the Owner have a United States Taxpayer Identification Number (SSS/TIN), address and/or holder)? telephone number? ☐ Yes to any, please submit W9 form, skip question on the right ☐ No ☐ Yes, please provide W8-BEN form □ No If the Owner was born in the US, did he/she renounce his/her US Citizenship? No, please provide W9 form with SSN ☐ Yes, please provide W8-BEN form and US Bureau of Consular Affairs' Certificate of Loss Nationality in the US form Does this policy have a Beneficial Owner? Beneficial Owner is any natural person who: - directly or indirectly owns or control 20% or more of the shares of a legal entity; or - ultimately owns/controls the customer and/or on whose behalf a transaction/activity is being conducted Yes, please submit Beneficial Owner form No **Declaration And Signatures** By signing this form and continuing to avail of the Company's products and services. I/we confirm that we have read and understood the above questions. statements and answers and that the information I/we provided above is true, correct and complete based on my/our personal knowledge and official records. I/we 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 I/we agree that the information I/we provided can be processed, collected, used, stored, disclosed, transferred, shared or disposed by the Company, including its employees, affiliates, subsidiaries, business partners, any member of the Manulife Financial Group, advisors, representatives, local and foreign authorities having jurisdiction over companies within the Manulife Financial Group, external auditors/counsels and its third party service providers in accordance with 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. 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 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. Insured's Signature over Printed Name Policyowner's Signature Over Printed Name Date & Place Signed Date & Place Signed (If other than the Proposed Insured) (Signature is required if the Insured is 18 years old and above) Financial Advisor Code Financial Advisor Signature Over Printed Name Date & Place Signed For Manulife Use Only Documents Presented: \_ Documents received and validated by:

Form No. MP CS CIU (v. 03/2022)

Branch

Date

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CSO signature over printed name