

(to be completed if the Payor is different from the Policyowner)

**Manulife China Bank Life Assurance Corporation**

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-chinabank.com.ph](http://www.manulife-chinabank.com.ph)  
Email: [phcustomercare@manulife.com](mailto:phcustomercare@manulife.com)

Please answer completely and accurately and use black ink. Please countersign on any corrections or erasures. In this form, "you" and "your" means the Payor. "We", "us", "our" and "the Company" means the Manulife Chinabank Life Assurance Corp.

## Policy to be paid by the Third Party Payor

Policy Number:	Name of Policyowner:		
	Last Name	First Name	Middle Name <input type="checkbox"/> Do not know / not applicable

## Payor Information

Name of Payor:			
	Last Name	First Name	Middle Name <input type="checkbox"/> Do not know / not applicable
Date of Birth (mm/dd/yyyy)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Contact Number	Email Address

## Present Address

Floor/No., Building/Street, Subdivision/Village	Brgy/District, Town/City	Province/State	Country	Zip Code
City of Birth	Country of Birth	Citizenship/s (indicate all)	Nationality (if other than Citizenship)	

Valid ID Type (For foreign nationals, please provide Passport or ACR#.)	ID Number	TIN
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## Source/s of Funds

Salary  Business  Savings  Remittances (Country): \_\_\_\_\_  Others: \_\_\_\_\_

Occupation	Tenure: <input type="checkbox"/> Less than 2 years <input type="checkbox"/> More than 5 but less than 10 years <input type="checkbox"/> 2 to 5 years <input type="checkbox"/> 10 years or more	Estimated Annual Income
Employer/Business Name	Nature of Industry	

## Payor's Reason in Paying for the Policy

The Payor is paying for this policy because: (Please choose one below.)

1. The Payor is related to the Policyowner. (If you choose this, please indicate your relationship below.)  
I am the Policyowner's:  Family Member by Affinity or Consanguinity up to 3rd degree (i.e. spouse, parent, child, sibling, grandparent, grandchild, parent-in-law, daughter/son-in-law, uncle/auntie)  Beneficiary  Fiancé / Fiancée
2. The Payor is the business partner/employer of the Policyowner.
3. Others (Please specify): \_\_\_\_\_

Have you or any of 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

## Declaration and Agreement

I have read the above questions, statements and answers and I certify that the information provided above is true, correct and complete based on my personal knowledge and official records. If signing for the legal entity identified above, I certify that I have the capacity to sign for such legal entity.

As Third Party Payor, I understand and agree that:

a. This will form part of the Owner's application form and/or insurance with the Company, and that the reason in paying for the policy is subject to verification and to the refusal by the Company to accept third party payments/deposits.

b. I am not the Policyowner and as such, have no ownership rights over the policy and the premiums I may have paid. I have no right to cancel, surrender, receive the proceeds, demand to make any changes on the policy and any other ownership right over the policy.

c. The Company collects and uses my personal and sensitive information to operate an insurance business.

d. The information I provided (including the information of third parties) and any subsequent changes to it can be processed, shared, disclosed, transferred or used 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-chinabank.com.ph/Customer-Privacy-Policy](http://www.manulife-chinabank.com.ph/Customer-Privacy-Policy).

Payor's signature over printed name

Date signed (mm/dd/yyyy)

Place signed