Manulife | Chinabank

LIFE ASSURANCE CORPORATION

Manulife China Bank Life Assurance Corporation
Head 10th Floor NEX Tower, 6786 Ayala Avenue, Makati City, 1229, Philippines
Customer Care: +632 8884 7000
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Claimant's Statement (Death Claim)

Please Print Clearly. Use Black Ink.

General Information

Policy Number/s	Name of Claimant (Last, First), (Middle Name ☐ Do not know / not applicable)	Date of Birth (MM-DD-YYYY)	Sex (M/F)

Mobile No. of Claimant	Email Address	Place/Country of Birth	Nationality/Citizenship (Indicate all)

Address

Credit to Account Details

Bank: ☐ BPI ☐ BDO ☐ China Bank ☐ Union Bank ☐ China Bank Savings ☐ Others _____

Currency: ☐ PHP ☐ USD Bank Branch _____

Account No. _____ Account Name _____

- Please make sure that your bank account details are updated and accurate to avoid unnecessary delay in funds disbursement. Charges may apply for other banks.

Pay a Policy

Policy No. _____ Name _____ Amount _____

Note: If different policy owners, should be a valid Third Party Payer (TPP) and should accomplish a Personal Information Form (PIF)

Declarations and Details of Claim

Name of Deceased Insured (Last, First), (Middle Name ☐ Do not know / not applicable)	Date of Death (mm/dd/yyyy)	Place of Death	Cause of Death

Place of Interment	Date of Interment (mm/dd/yyyy)	Give indications

State Deceased's insurance with other companies

Name of Company	Policy No.	Face Amount

In what capacity do you claim the insurance?
☐ Named Beneficiary ☐ Trustee of Minor Beneficiary
☐ Assignee
☐ Others

I am the Deceased's (state your relationship to the Deceased) _____

Are you 18 years old or over?
☐ Yes ☐ No
If not, give Date of Birth _____ (mm/dd/yyyy)

If you are filling this claim in behalf of minor beneficiary/ies, If yes, please sign an affidavit of paternity/ custody and submit other documents required by Claims Department. ☐ Yes ☐ No

If an individual claimant, 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

If an entity claimant, does this policy have beneficial owner? ☐ Yes, please submit Beneficial Owner form ☐ No

Is the Claimant a United States citizen, resident or a resident alien (US Green Card Holder)? ☐ Yes to any, please submit W-9 form if not yet submitted ☐ No

Or was the Claimant born in the US and renounced his US Citizenship?
☐ Yes, please submit W8-BEN form and US Bureau of Consular Affairs Certificate of Loss of Nationality in the US form if not yet submitted ☐ No

Does the Claimant have a United States Taxpayer Identification Number (SSN/TIN), address and/or telephone number?
☐ Yes, please provide W8-BEN form if not yet submitted ☐ No

Choose from the Settlement Options below for payment of benefits. Refer to reverse side for details of below options.
☐ Lump Sum ☐ Fixed Installments ☐ Fixed Period ☐ Others
☐ Interest Payments ☐ Leave on Deposit ☐ Life Annuity with Period Certain _____

Names and Addresses of All Physicians Who Attended to the Deceased

Name	Address	Date (mm/dd/yyyy)	Reason/treatment

Names and Locations of All Hospitals/Clinics Where the Deceased was Treated

Hospital/Clinic	Address	Date (mm/dd/yyyy)	Diagnosis

Settlement

If the benefits/proceeds of the policy or policies are payable in a single sum, you can have us pay the whole or any portion of such proceeds with any of the following Settlement Options:

Option 1, Leave on Deposit: The proceeds will be left with us as a deposit to accumulate at interest subject to your withdrawal from time to time but not more frequently than monthly until all the proceeds with interest are exhausted.

Option 2, Interest Payments: You may withdraw the interest earned on the proceeds left with us from time to time but not more frequently than monthly. Interest left with us will be added to the principal and included in computing interest.

Option 3, Fixed Period: We will pay equal installments for a period you specify until the proceeds with interest are exhausted. The period during which the installments will be payable must not be less than one year and not more than 30 years.

Option 4, Fixed Installments: We will pay specified amount of installments until the proceeds with interest are exhausted.

Option 5, Life Annuity with Period Certain: We will pay equal installments, during your lifetime. If you die before we have paid installments for 10 or 20 years, we will pay installments for the remainder of that period as they fall due. You specify the certain period when choosing this option.

Requirements

1. Claimant's Statement (Death Claim) Form
2. Valid government photo-bearing Identification Documents of Claimant with 3 specimen signatures
3. Certified True Copy of Death Certificate of the Deceased
4. Attending Physician's Statement (only applicable if contestable or accidental/violent death)
5. Certified True Copy of Marriage Certificate from Philippine Statistics Authority (if the designated beneficiary is the Spouse)
6. Certified True Copy of Birth Certificate of Beneficiaries from Philippine Statistics Authority (if the designated beneficiary is Minor)
7. Proof of account (can be a picture of passbook or screen snapshot of online banking account indicating the complete bank account name and account number)

NOTES: (1) The issue of this form or any other form(s) does not represent any admission of liability by the Manulife China Bank Life Assurance Corporation. (2) This form should be completed by the Claimant. (3) If contestable or cause of death is accidental or violent death, contestable period is within 2 years from policy issue or last Reinstatement. (4) The fee for completing the Attending Physician's Statement shall be at the expense of the Claimant. (5) If you are asking another party to handle the claim process on your behalf, an authorization letter is required. (6) Additional requirements may be requested depending on the circumstances/cause of death and evaluation of our Claims Department. (7) All claims documents may be submitted online through Manulife Public Website (https://www.manulife.com.ph/en/individual/services/claims-inquiry.html), through your Financial Sales Associate or may be sent directly to any Manulife Branch nationwide. (8) If you need assistance, please contact our Customer Care Hotline at (632) 8884 7000 or 1-800-1-888-6268 (Domestic Toll-Free).

Declaration and Authorization

All the answers and statements herein are true, complete and correct according to my personal knowledge and based on available documents. I understand that the furnishing of this claim form and other forms by the Company does not constitute an admission that there is any insurance in force nor any liability for payment of the benefits provided in the plan agreement.

I authorize any physician, medical practitioner, hospital, clinic, other medical or medically related facility, record custodian, medical secretary, insurance or reinsuring company, the industry association database, consumer reporting agency, entity or employer, having information available as to diagnosis, treatment and prognosis, with respect to any physical or mental examination or condition or treatment of _____to give Manulife China Bank Life Assurance Corporation or its duly authorized representatives, any and such all information.

I agree that a photographic copy of this Authorization shall be valid as the original. This authorization discharges you or any authorized member of your staff from any responsibility or obligation in connection with the release of such record or information.

Section 251 of the Insurance Code, as amended, imposes a fine not exceeding twice the amount claimed and/or imprisonment of two (2) years, or both, at the discretion of the court, to any person who presents or causes to be presented any fraudulent claim for the payment of a loss under a contract of insurance, and who fraudulently prepares, makes or subscribes any writing with intent to present or use the same, or to allow it to be presented in support of any claim.

By instructing Manulife China Bank Life Assurance Corporation to credit the claims proceeds to my bank account or policy and by accepting payment from Manulife Philippines pursuant to this claim, I for myself and on behalf of my heirs, relatives, assigns and successors-in-interest, hereby absolutely, fully, and completely release, discharge and hold free and harmless Manulife China Bank and its directors, officers and duly authorized representatives from any and all liabilities, responsibilities, demands, claims, expenses, and causes of action, in law or in equity, as may arise in connection with this claim or any payment related thereto. I further acknowledge that in the event that an action, demand, complaint, suit, claim or grievance is brought against Manulife China Bank, its directors, officers, authorized representatives and employees in connection with this claim and payment, this declaration shall be presented in any court or administrative agency to cause immediate dismissal and that I shall defend Manulife China Bank and fully answer all costs and expenses, including attorney's fee, insterest, penalities and other damages arising from such litigation, or suit to which Manulife China Bank may be entitled, including all other persons having interests therein or thereby.

I warrant that I fully understand the foregoing statements and I voluntarily executed this release, waiver and quitclaim as my own free act and deed without any duress or intimidation on the part of any person.

Manulife China Bank collects and uses 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), with the consent of the data subject concerned, can be processed, shared, disclosed, transferred or used by the company, including its entity shareholders, directors and employees, its 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 Companys privacy policy available at https://www.manulife-chinabank.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 ordered by any member of the Manulife Financial Group and those of our business partners), promoting, ge¸ing feedback on our 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.

_____	_____	_____
Claimant's Signature over Printed Name	Date Signed (mm/dd/yyyy)	Place Signed

_____	_____	_____	_____
Financial Sales Associate/Witness Signature over Printed Name	Financial Sales Associate Code	Date Signed (mm/dd/yyyy)	Place Signed

For Manulife China Bank Use Only

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

Documents received and validated by: _____ _____ _____

Name of FSA | Branch | Date (mm/dd/yyyy)