

**Manulife China Bank Life Assurance Corporation**  
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# Policy Loan Form

In this form, "the Company" means Manulife China Bank Life Assurance Corporation. "We", "us", "our", "I", "me" and "my" mean the Policyowner and/or the Life Insured as may be applicable.

## General Information

Policy No.	Name of Policyowner (Last Name, First Name, Middle Name <input type="checkbox"/> Do not know /not applicable)
Email Address	Mobile Number (Country Code, Area Code, Telephone Number)
Current Office Address (for Institutional client)	

## Loan Details

Currency <input type="checkbox"/> Peso (Php) <input type="checkbox"/> Dollar (USD)	Amount in Words: _____ Amount In Figures: _____
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## Release Instructions

Pay for <input type="checkbox"/> NB application  Policy No. _____ Amount for transfer: _____  Pay for <input type="checkbox"/> Premium Policy No. _____ Amount for transfer: _____  Pay for <input type="checkbox"/> Policy Loan Policy No. _____ Amount for transfer: _____	<b>Deposit to my Account</b>  Currency <input type="checkbox"/> Peso (Php) <input type="checkbox"/> Dollar (USD)	Account Name: _____ Account Number: _____ Bank Name: _____ Bank Branch: _____ <input type="checkbox"/> Bank Address (for Dollar Account) <input type="checkbox"/> Swift Code (for overseas and Dollar Account) <input type="checkbox"/> Currency of Account (for Dollar Account)
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\* Please make sure that your bank account details are updated and accurate to avoid unnecessary of delay in funds disbursement. Provide 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.  
\* Charges may apply for other banks.

## Declaration and Agreement

- I understand that this policy will be assigned to the Company as security for the loan and interest under the terms of this agreement.
- I understand that the interest rate is determined by the Company from time to time but will not exceed the rate stated in the policy, if any. Any overdue interest will be added to the loan and bear the same interest rate as the loan.
- If the loan, interest, and other indebtedness of this policy exceed the cash value, the policy and its benefits will end.
- Any policy issued as a replacement of this policy, including any additions or accumulations, will be subject to the provisions contained in this agreement.
- I am fully aware that loaning from my policy may cancel the Self-Liquidating Policy Option (if applicable) should the loan balance exceed its cash value.
- I/We agree to receive or access my 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. 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.
- By signing this form, I confirm that the information I provided is complete and true. I also allow the Company to update my records based on the information found in this form and to use such to administer and service my 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.

\_\_\_\_\_  
Policyowner Signature Over Printed Name  
Date: \_\_\_\_\_ Place: \_\_\_\_\_

\_\_\_\_\_  
Irrevocable Beneficiary/ies (if any) Signature over Printed Name  
Date: \_\_\_\_\_ Place: \_\_\_\_\_

\_\_\_\_\_  
FSA as Witness Signature over Printed Name  
Date: \_\_\_\_\_

## For MCBL use only

Valid IDs: Type: \_\_\_\_\_ ID# \_\_\_\_\_  Documents Presented: \_\_\_\_\_  
 Documents received and validated by: \_\_\_\_\_  
 Name of FSA \_\_\_\_\_ Branch \_\_\_\_\_ Date (mm/dd/yyyy) \_\_\_\_\_