

Withdrawal/Surrender Form

In this form, "the Company" means the 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) | | |

Details of Withdrawal

| | |
|---|--|
| <p>1. Withdraw Dividends of my Traditional Policy</p> <p><input type="checkbox"/> withdraw 100% of my dividends</p> <p><input type="checkbox"/> withdraw partial amount of my dividends: *Please indicate amount for withdrawal</p> | <p>Amount in Words: _____</p> <p>Amount in Figures: _____</p> |
| <p>2. Withdraw Funds from my Variable Life Funds</p> <p>a. Fund Name: _____</p> <p><input type="checkbox"/> Withdraw 100% of Fund Balance</p> <p>b. Fund Name: _____</p> <p><input type="checkbox"/> Withdraw 100% of Fund Balance</p> <p>c. Fund Name: _____</p> <p><input type="checkbox"/> Withdraw 100% of Fund Balance</p> | <p>Partial Withdrawal of Fund, please specify</p> <p><input type="checkbox"/> Amount: _____</p> <p><input type="checkbox"/> Units: _____</p> <p><input type="checkbox"/> Excess of fund maintaining balance</p> <p>Partial Withdrawal of Fund, please specify</p> <p><input type="checkbox"/> Amount: _____</p> <p><input type="checkbox"/> Units: _____</p> <p><input type="checkbox"/> Excess of fund maintaining balance</p> <p>Partial Withdrawal of Fund, please specify</p> <p><input type="checkbox"/> Amount: _____</p> <p><input type="checkbox"/> Units: _____</p> <p><input type="checkbox"/> Excess of fund maintaining balance</p> |

3. Surrender/Termination of policy
- Surrender of my traditional policy
 - Surrender of my Paid-Up Addition (PUA)
 - Full withdrawal of my variable life policy

4. Reason for surrender/termination of policy

Withdrawal/Surrender Form

Release Instructions

| | | |
|--|---|---|
| <p>Pay for <input type="checkbox"/> NB application</p> <p>Policy No. _____ Amount for transfer: _____</p> <p>Pay for <input type="checkbox"/> Premium</p> <p>Policy No. _____ Amount for transfer: _____</p> <p>Pay for <input type="checkbox"/> Policy Loan</p> <p>Policy No. _____ Amount for transfer: _____</p> | <p>Deposit to my Account</p> <p>Currency</p> <p><input type="checkbox"/> Peso (Php) <input type="checkbox"/> Dollar (USD)</p> | <p>Account Name: _____</p> <p>Account Number: _____</p> <p>Bank Name: _____</p> <p>Bank Branch: _____</p> <p><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)</p> |
| <p>* Please make sure that your bank account details are updated and accurate to avoid unnecessary 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.</p> <p>* Charges may apply for other banks.</p> | | |

Additional Financial Questions

- 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
- Is the Policyowner 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 and skip Question Numbers 3 and 4 below No
- Does the Policyowner have a United States Taxpayer Identification Number (SSN/TIN), address and/ or telephone number?
 Yes to any, please submit W8-BEN for individual claimant or a W8-BEN-E for an entity claimant if not yet submitted No
- Or was the Policyowner 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 this policy have a Beneficial Owner?
 Yes, please submit Beneficial Owner form No

Reminders

- Your Manulife policy is intended to secure your financial needs over the long term. If you surrender your policy, you will lose benefits in terms of price and other features of your policy. If you have a traditional life policy, you may consider applying for a policy loan or conversion instead, if applicable. We strongly encourage you to consult your Financial Advisor or any of our Customer Service Officers before you proceed.
- Withdrawal depends on the type of policy you have. Withdrawal from Dividends and Paid-up addition will be applicable to traditional life products, while the Withdrawal from variable life funds will be used for variable life products.
- Partial withdrawals may have the minimum withdrawal amounts or maintaining balance requirements, depending on the product.
- For Fund Withdrawals, please indicate the fund name and choose if you want to withdraw by percentage, units or amount.
- Unit will be cancelled at the bid prices applicable on the next valuation date provided this request is received on or before the cut-off schedule.
- If your product has a Level Death Benefit Option (Type II), your Death Benefit may be reduced by at most 125% of the amount of your withdrawal.

Declaration and Agreement

By signing this form, I/we declare and agree that:

- The undersigned persons who will sign this form below are all of legal age.
- I confirm that the information I provided, including bank details, if applicable, are accurate and up to date. I will not hold the Company responsible for any delay, loss or liability resulting from the information I provided in this form.
- I am not an undischarged bankrupt nor have committed any act of bankruptcy within the last twelve (12) months. No receiving order or adjudication order in bankruptcy, made against me, is currently pending during the same period.
- I/we agree that this transaction will be an amendment to the policy and will form part of the original application.
- I am fully aware that partially withdrawing dividends may cancel the Self-Liquidating Policy Option (if applicable) should the dividends become insufficient to pay for premium due.
- I authorize the Company to correct or complete this request should there be errors or omissions discovered by it. I accept the changes to the Policy/Agreement based on these corrections, which are stated in the space below.
- I acknowledge and declare that the withdrawal proceeds once deposited to the account above mentioned shall be equivalent to payment to me of the same, and I am therefore releasing Manulife, its successors-in-interest and assigns, including its directors, officers, employees, and agents from further claim, demand, liability, or action whatsoever, which in law and equity I ever had, now have, or which I, my successors and assigns may have under the said application and/or policy.

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Customer Care (+63) 288-847-000
Domestic Toll-Free 1-800-1-888-6268
Website www.manulife-chinabank.com.ph
Email phcustomercare@manulife.com

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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.

9. 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 its business partners), promoting, getting feedback on its 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.

10. 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

11. 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.

Signatures over printed names:

Policyowner's Signature Over Printed Name

Date: _____ Place: _____
(mm/dd/yyyy)

Irrevocable Beneficiary/ies (if any) Signature Over Printed Name

Date: _____ Place: _____
(mm/dd/yyyy)

Signature of Authorized Signatory/Signatories
(for Institutions) over printed name

FSA as Witness Signature Over Printed Name

Date: _____ FSA Code: _____
(mm/dd/yyyy)

For MCBL use only

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

Documents received and validated by: _____
Name of CSO Branch Date (mm/dd/yyyy)

Withdrawal/Surrender Form

Discharge Form

I, _____, of legal age, Filipino, and presently residing at _____, for and in consideration of the sum of Philippine Pesos/US Dollar: _____ (Php/USD _____), receipt and sufficiency of which is hereby acknowledged, and after having been duly sworn in accordance with law hereby depose and state that:

1. I am the policy owner ("PO")/duly authorized representative of the PO in the Life Insurance Policy issued by **MANULIFE PHILIPPINES** ("Manulife") on the life of _____ [state the name of Life Insured]. The Life Insurance Policy ("the Policy") is more specifically described as follows:

Policy No: _____
Issue Date: _____

2. In consideration of the aforementioned sum of money which represents the full settlement of the account value/cash value of the Policy, I release, waive, protect, defend, indemnify, hold free and harmless, and forever discharge Manulife, its successors-in-interest, directors, officers, and duly authorized representatives, from any action, sum of money claims and demands, losses, damages, of every kind whatsoever, which in law or in equity, I, my successors and assigns, including the insured's relatives have, ever had, now have, or which may have upon or by reason of any matter, cause or thing whatsoever, up to the time of these presents, the intention hereof being to completely and absolutely release Manulife, successors-in-interest, its directors, officers, and duly authorized representatives, from any and all demands, costs, and/or liabilities, if any, arising wholly or partially, from the Policy, any matter related thereto, cause that may arise in the future, or any collateral issue pertaining to such transaction with Manulife.

3. The aforesaid sum represents all amounts that is due me under the Policy, and if hereafter I may be found to be entitled to any other amount, for any reason, arising out of, or related to the Policy, the receipt of the above stated amount shall constitute as full and final satisfaction of any such demand or action which I, my heirs or the insured's heirs/representatives may have commenced before any office, court, bureau or regulatory agency against Manulife and its representatives. Such action or demand shall be considered voluntary withdrawn as of the date indicated below.

4. I further agree that this Discharge Form may be pleaded in bar of any suit or proceedings which either I, or my successors and/or assigns, may have against Manulife in connection with the said Policy.

5. Finally, I declare that I have read, understood, and willingly signed this document with full knowledge of my rights under the law.

IN WITNESS WHEREOF, I have hereunto set our hand on this ____ day of _____, 20__ at _____.

**Policy Owner's/Authorized Representative's
Signature Over Printed Name**

Signed in the Presence of:

Date Signed

Date Signed

ACKNOWLEDGMENT

BEFORE ME, a Notary Public, on this ____ day of _____, at _____ personally appeared the following person/s, exhibiting to me their valid and current identification documents with their pictures and signatures appearing thereon:

| Name/s | Competent Evidence of Identity | Date and Place Issued |
|--------|--------------------------------|-----------------------|
| | | |
| | | |

known to me and to me known to be the same person/s who executed the foregoing document and they acknowledged to me that the same is their true and voluntary act and deed.

WITNESS MY HAND AND SEAL, on the date and at the place above written.

Doc. No. ____;
Page No. ____;
Book No. ____;
Series of ____.