Manulife | Chinabank

LIFE ASSURANCE CORPORATION

Head Office: 10th Floor NEX Tower, 6786 Ayala Avenue, Makati City, 1229 Philippines
Customer Care: +632 8884 7000
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Website: www.manulife-chinabank.com.ph
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Customer Information Update

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. 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 Number
Name of Insured: Last Name, First Name, Middle Name (□ Do not know / not applicable), Suffix	Update Information/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** □ Same as Present 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 □ Same as Present 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	To	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

Primary ID: (choose 1)

Passport copy must include both data and signature page.

For student school ID, must be signed by the principal or head of the institution

☐ SSS ☐ Passport ☐ TIN ☐ Driver's License ☐ NCWDP Certificate
☐ Phil ID ☐ License to Own and Possess Firearm (LTOPF) License ☐ Philpost or Postal (digitized) ☐ PRC
☐ UMID ☐ Barangay ☐ AFP ☐ PWD
☐ GSIS ☐ Voter's ☐ Integrated Bar of the Phils. ☐ Senior Citizen ☐ OFW
☐ HDMF (Pag - ibig) ☐ OWWA

☐ School ID (students only) ☐ Birth Certificate issued by the Philippine Statistics Authority (students only)

ID Number: _____ Expiration Date (mm/dd/yyyy) (if any): _____

Secondary IDs:
(if no Primary, choose 2)

□ GOCC □ Company ID □ Police Clearance ID/Card □ PhilHealth (not digitized) □ Seaman's Book

ID Number: _____ Expiration Date (mm/dd/yyyy) (if any): _____

ID Number: _____ Expiration Date (mm/dd/yyyy) (if any): _____

For Foreign Nationals: (choose 1)

For passport, must include both data and signature page

□ Phil ID (for resident aliens) □ Passport □ Alien Certificate of Registration
□ Other identification documents issued by the Government of the Republic of the Philippines, including its political subdivisions, agencies and instrumentalities (digitized, with photo)

ID Number: _____Expiration Date (mm/dd/yyyy) (if any): _____

Specimen Signatures:

To be answered by the Policyowner only

Are you a United States citizen, resident, or a resident alien (US Green card holder)?

☐ Yes to any, please submit W9 form, skip question on the right ☐ No

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 telephone number?

☐ Yes, please provide W8-BEN form ☐ No

If the Owner was born in the US, did he/she renounce his/her US Citizenship?

☐ Yes, please provide W8-BEN form and US Bureau of Consular Affairs' Certificate of Loss Nationality in the US form

☐ No, please provide W9 form with SSN

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 policy/ies.

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-chinabank.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.

Policyowner's Signature Over Printed Name (If other than the Proposed Insured)	Date & Place Signed	Insured's Signature over Printed Name (Signature is required if the Insured is 18 years old and above)	Date & Place Signed

Financial Sales Associate Signature Over Printed Name	Financial Sales Associate Code	Date & Place Signed

For Manulife China Bank Use Only

Documents Presented: _____

Documents received and validated by:

CSO signature over printed name	Branch	Date