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 Domestic Toll-Free: 1 800 1 888 6268  
 Website: www.manulife-chinabank.com.ph  
 Email: phcustomer@manulife.com

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 ( <input type="checkbox"/> Do not know / not applicable), Suffix	Policy Number
Name of Insured: Last Name, First Name, Middle Name ( <input type="checkbox"/> Do not know / not applicable), Suffix	Update Information/Details of: <input type="checkbox"/> Owner <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> Same as Present Address	Preferred Mailing Address (Any printed correspondence will be sent to your preferred mailing address.) <input type="checkbox"/> Present <input type="checkbox"/> Permanent <input type="checkbox"/> Office
Floor/No., Building/Street, Subdivision/Village	Apply the address changes to all policies I own? <input type="checkbox"/> Yes <input type="checkbox"/> 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 ( <input type="checkbox"/> Do not know / not applicable), Suffix			<input type="checkbox"/> Correction <input type="checkbox"/> Death of Spouse <input type="checkbox"/> Religion <input type="checkbox"/> Nullity / Annulment of Marriage / Divorce <input type="checkbox"/> Marriage to: _____

# Identification Document

For Philippine Nationals: Provide 1 Primary or 2 Secondary IDs

<b>Primary ID:</b> (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	<input type="checkbox"/> SSS <input type="checkbox"/> Passport <input type="checkbox"/> TIN <input type="checkbox"/> Phil ID <input type="checkbox"/> License to Own and Possess <input type="checkbox"/> Philpost or Postal (digitized) <input type="checkbox"/> UMID <input type="checkbox"/> Firearm (LTOPF) License <input type="checkbox"/> Barangay <input type="checkbox"/> GSIS <input type="checkbox"/> Voter's <input type="checkbox"/> Integrated Bar of the Phils. <input type="checkbox"/> HDMF (Pag - ibig)  <input type="checkbox"/> School ID (students only) <input type="checkbox"/> Birth Certificate issued by the Philippine Statistics Authority (students only)
	ID Number: _____ Expiration Date (mm/dd/yyyy) (if any): _____
<b>Secondary IDs:</b> (if no Primary, choose 2)	<input type="checkbox"/> GOCC <input type="checkbox"/> Company ID <input type="checkbox"/> Police Clearance ID/Card <input type="checkbox"/> PhilHealth (not digitized) <input type="checkbox"/> Seaman's Book
	ID Number: _____ Expiration Date (mm/dd/yyyy) (if any): _____ ID Number: _____ Expiration Date (mm/dd/yyyy) (if any): _____
<b>For Foreign Nationals:</b> (choose 1) For passport, must include both data and signature page	<input type="checkbox"/> Phil ID (for resident aliens) <input type="checkbox"/> Passport <input type="checkbox"/> Alien Certificate of Registration <input type="checkbox"/> 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): _____
<b>Specimen Signatures:</b>	_____ _____ _____

## To be answered by the Policyowner only

Are you a United States citizen, resident, or a resident alien (US Green card holder)?  <input type="checkbox"/> Yes to any, please submit W9 form, skip question on the right <input type="checkbox"/> 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?  <input type="checkbox"/> Yes, please provide W8-BEN form <input type="checkbox"/> No
If the Owner was born in the US, did he/she renounce his/her US Citizenship? <input type="checkbox"/> Yes, please provide W8-BEN form and US Bureau of Consular Affairs' Certificate of Loss Nationality in the US form <input type="checkbox"/> 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](http://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 <small>(If other than the Proposed Insured)</small>	Date & Place Signed	Insured's Signature over Printed Name <small>(Signature is required if the Insured is 18 years old and above)</small>	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
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