

Manulife China Bank Life Assurance Corporation Head Office: 10th Floor NEX Tower, 6786 Ayala Avenue, Makati City, 1229 Philippines

Customer Care: (02) 8884-7000 Domestic Toll-Free: 1-800-1-888-6268 Website: www.manulife-chinabank.com.ph

Privacy Consent Form

☐ Documents Presented: _____

Date (mm/dd/yyyy)

Branch

Email:phcustomercare@manulife.com	Policy No.
Please answer completely and accurately and use black ink. In this form, "the Company" means the Manulife China Bank Life Assurance Corporation. "We", "us", "o	our", "I", "me" and "my" mean the Policyowner and/or the Life Insured as may be applicable.
Proposed Insured	Owner/Payor (if different from Proposed Insured)
Name (Last, First Name), (Middle Name) \square Do not know $/$ not applicable	Name (Last, First Name), (Middle Name) ☐ Do not know / not applicable
Mobile Number (Country Code, Area Code, Telephone Number)	Mobile Number (Country Code, Area Code, Telephone Number)
Email Address	Email Address
Have you changed your address since you last updated Manulife? ☐ Yes ☐ No If yes, please submit Contact Information Update form.	Have you changed your address since you last updated Manulife? ☐ Yes ☐ No If yes, please submit Contact Information Update form.
Citizenship/s (indicate all) Nationality (if other than Citizenship)	Citizenship/s (indicate all) Nationality (if other than Citizenship)
For Philippine Nationals (please provide both) ☐SSS or ☐ UMID or ☐ GSIS TIN	For Philippine Nationals (please provide both) SSS or UMID or GSIS TIN
or Foreign Nationals ACR Number or Passport with SIRV / SRRV	For Foreign Nationals
To be answered by Policyowner only	
Are you a United States citizen, resident, or a resident alien (US Green card holder)?	If you answered "No" to the question on the left, then does the Owner have a United States Taxpayer Identification Number (SSN/TIN), address and/or telephone number?
☐ Yes to any, please submit W9 form, skip question on the right ☐ No	Yes, please provide W8-BEN form No
If the Owner was born in the US, did he/she renounce his/her US Citized Yes, please provide W8-BEN form and US Bureau of Consular Affairs' Certificate of Loss	·
Does this policy have a Beneficial Owner?	eneficial Owner form
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	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. 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
Proposed Insured Signature over Printed Name Place Signed Date Signed (mm/dd/yyy	yy) Owner/Payor Signature over Printed Name Place Signed Date Signed (mm/dd/yyyy)
Financial Sales Associate (as Witness) Signature over Printed Name / Place Signed FA Code	Date Signed (mm/dd/yyyy)
For MCBL use only	

Documents received and validated by: _

Valid IDs: Type: _____ ID#: ____

Name of CSO