

Manulife China Bank Life Assurance Corporation
Head 10th Floor NEX Tower, 6786 Ayala Avenue, Makati City, 1229, Philippines
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Domestic Toll-Free: 1 800 1 888 6268
Website: www.manulife-chinabank.com.ph
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Credit Card Authorization Form

Cardholder's Details

Cardholder's Name (Last Name, First Name), (Middle Name ☐ Do not know / not applicable)

Mailing Address

Mobile Number (Country Code, Area Code, Telephone Number)

Email Address

Credit Card Company

Card Expiry Date

(MM/YYYY)

 /

Credit Card Number

 - - -

Account Type: ☐ VISA ☐ MASTERCARD
☐ JCB ☐ AMERICAN EXPRESS
☐ CHINA UNION PAY (CUP)*

*CUP - valid for Over-the-Counter (OTC) payment only

Charging Option (Please select only one option)

A. One Time Charge

- ☐ Single / One-time Payment Transaction*
☐ Current Premium Amount Due
☐ Outstanding Premium Due

- ☐ Mode Change to Monthly | Quarterly | Semi Annually | Annually
☐ Reinstatement

Amount:

* If SINGLE PAYMENT TRANSACTION is elected, failure to pay succeeding premiums within the grace period shall be governed by the grace period provision of the policy.

Note: Please indicate the amount to be charged if other than the **current premium**.

Policyowner's
Name

(LAST, FIRST, MIDDLE NAME)

Policy
Number

B. Auto Pay / Recurring Payment

- ☐ Auto Pay Enrollment**

Policy Owner (LAST, FIRST, MIDDLE NAME)	The Policy Owner is the Cardholder's:	Policy No.

**This enrolls the above policy(ies)/plan(s) to Manulife China Bank Life Assurance Corporation's credit card AUTO PAY facility and authorizes Manulife China Bank Life Assurance Corporation to charge my premium/installment amount to the abovementioned credit card on the due date stated and every due date thereof without prior notice.

**Submit this form together with a photocopy of cardholder's credit card, front and back, make sure to mask out the CVV.

In this form, "I", "me", "my" and/or the "Cardholder" refer to the Policyowner/Plan holder/Account Owner and /or the person indicated on the credit card, whichever is applicable, while "the Company" and "your" refer to Manulife China Bank Life Assurance Corporation.

By signing: 1) I fully understand that if I have no available credit or a debit cannot be effected for any other reason, it is my personal responsibility to pay any premium/installment due not later than the grace period allowed by the policy/plan/account and any late payment shall be considered only as deposit; 2) I agree that the information I provided (including the information of third parties) and any subsequent changes to it 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, representatives, industry associations, local and foreign authorities) and by any of its service provider(s) (regardless of where they are located or registered) for the purposes for which they were collected, other purposes I consent to or as required or permitted by law, including the processing and/or approving the payment(s) made for and administering the above policy(ies)/plan(s)/account(s) and for the purposes stated in the Company's Customer Privacy Policy found in your website, <https://www.manulife-chinabank.com.ph/Customer-Privacy-Policy>.

3) I understand that upon my written request and subject to designated office hours of the Company, I will be provided with reasonable access to my personal and sensitive personal information provided to the Company to verify the accuracy and completeness of my information and request for its amendment, if appropriate.

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.

Conforme:

Cardholder's signature over printed name

Policy Owner's signature over printed name
(if Policy Owner is different from Cardholder)

Date Signed (mm/dd/yyyy)

Date Signed (mm/dd/yyyy)

For Billing and Collection use only	For New Business use only	PYD	Policy / Plan No.	Premium / Installment
Credit Card Validation <input type="checkbox"/> Approved				
Date Received <input type="checkbox"/> Declined				
Remarks	FSA's Code:		Total	
Processed by:	Processed by:			