

1. General Information		Name of Life Insured (Last, First, MI)	Place of birth	Citizenship
		Name of Policy Owner, if different from Life Insured, (Last, First, MI)	Place of birth	Citizenship
		Mailing Address	Policy Number	
		Address Abroad (if applicable)	Email Address	
		Telephone No.	Telephone No. Abroad (if applicable)	TIN
				TIN

2. Details of Withdrawal

I wish to withdraw the amount of _____
(Amount in words)
(Php _____) from the Fund Accumulator balance of the above policy/ies.

I also instruct Manulife Philippines to pay the amount in accordance with the following:

Apply to premium due on Policy Number/s
Policy Number _____ Policy Owner _____

Apply to loan balance on Policy Number/s
Policy Number _____ Policy Owner _____

Purchase additional coverage or supplementary benefits to Policy Number/s:

Please deposit to my Chinabank Bank Account:

Bank branch: _____

Account: _____

Swift Code (Dollar): _____

Other instructions _____

3. Signatures	Date signed	Place signed	Name and signature of Life Insured
	Name and signature of Plan Owner		Name and signature of Assignee, if any
	Name and signature of Irrevocable beneficiary		Name and signature of FSA/Witness
			Agent's Code

4. Fund Management Services use only	Remarks for disapproved request:	Special instruction:
	<input type="checkbox"/> Insufficient fund balance <input type="checkbox"/> Invalid Signature <input type="checkbox"/> Uncleared fund <input type="checkbox"/> Others: _____	<input type="checkbox"/> Untagged PDF by Billing <input type="checkbox"/> Date informed _____ <input type="checkbox"/> Others _____
Processed by	Approved by	