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Policy Number:

Please answer completely and legibly. Please use black ink and CAPITAL LETTERS. Please countersign on any corrections/erasures.

Basic Information

Name of Policyowner: _____ Policy Number: _____
 Email Address: _____ Mobile Number: _____

Loan Details

Currency: Peso (Php) Dollar (USD)
 Amount in words: _____ Amount in figures: _____

Deposit to Account

Bank: China Bank China Bank Savings Currency: PHP USD
 Account Name: _____ Account Number: _____

Declaration and Agreement

- I understand that this policy will be assigned to the Company as security for the loan and interest under the terms of this agreement.
- I understand that the Interest rate is determined by the Company from time to time but will not exceed the rate stated in the policy, if any. Any overdue interest will be added to the loan and bear the same interest rate as the loan.
- If the loan, interest, and other indebtedness of this policy exceed the cash value, the policy and its benefits will end.
- Any policy issued as a replacement of this policy, including any additions or accumulations, will be subject to the provisions contained in this agreement.
- I am fully aware that loaning from my policy may cancel the Self-Liquidating Policy Option (if applicable) should the loan balance exceed its cash value.
- The Company collects and uses my personal and sensitive information to operate an insurance business. By signing this form and continuing to avail of the company's products and services, I agree that the information I provided can be processed, shared, disclosed, transferred or used by the company, including its entity shareholders, directors and employees, its affiliates, subsidiaries, business partners, any member of the Manulife Group of Companies (including those located overseas), advisors, representatives, industry associations and databases, local and foreign authorities having jurisdiction over companies within the Manulife Group of

- Companies (including those located overseas), external auditors/counselors, and its third party service providers (whether within or outside the Philippines) (subject to requisite contractual confidentiality obligations) within the rules set by 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.com/Privacy-Policy for purposes of:
- underwriting and approving my application;
 - administering, serving and reinsuring my policy;
 - marketing, promoting, getting feedback on our products and services, and measuring client satisfaction;
 - conducting data analytics and doing automated data processing;
 - preventing money laundering or terrorist financing activities;
 - complying with any reportorial and regulatory requirements, legal and contractual obligations of the Company as a member company of the Manulife Financial Group to both local and foreign regulatory and tax authorities, supervisory or enforcement agencies, courts or quasi-judicial bodies;
 - 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.

Signatures over printed names:

Policyowner Irrevocable Beneficiary (if any) Irrevocable Beneficiary (if any)

 Assignee (if any) Date signed: _____ Place Signed: _____

For Manulife Use Only

Documents presented: Policy Contract Valid IDs Type: _____ ID #: _____
 Authorization Valid IDs Type: _____ ID #: _____
 Other Documents: _____

Documents received and witnessed by:

 Name and Signature of FSA Branch Date