

Contact Information Change Form

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.

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| Policy No. | Name of Policyowner (Last Name, First Name, Middle Name <input type="checkbox"/> Do not know / not applicable) |
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Contact Information to be Changed

Update the information of Insured Policyowner
 Apply changes to all policies I own. Yes No

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| Mobile Number <input type="checkbox"/> I agree to receive marketing promotions via SMS. Country code, Area code, Telephone Number Present Address Floor/No., Building/Street, Subdivision/Village Barangay/District, Town/City Province/State, Country, Zip Code | Landline Number <input type="checkbox"/> Home <input type="checkbox"/> Office/Business Country code, Area code, Telephone Number Permanent Address <input type="checkbox"/> Same as Present Address Floor/No., Building/Street, Subdivision/Village Barangay/District, Town/City Province/State, Country, Zip Code |
| Office Address <input type="checkbox"/> Same as Present Address Floor/No., Building/Street, Subdivision/Village Barangay/District, Town/City Province/State, Country, Zip Code | Preferred Mailing Address <input type="checkbox"/> Present Address <input type="checkbox"/> Permanent Address <input type="checkbox"/> Office Address Email Address <input type="checkbox"/> I want to change my primary email address. From: _____ To: _____ <input type="checkbox"/> I want to change my alternate email address. From: _____ To: _____ <input type="checkbox"/> I agree to receive marketing promotions via my primary email address. |
| Current Office Address (Floor/No., Building/Street, Subdivision/Village, Barangay/District, Town/City, Province/State, Country, Zip Code) (for Institutional Policyowner) | |

Declarations and Signatures

By signing this form, I allow the Company, including its affiliates, subsidiaries, service providers or any member of the Manulife Financial Group to process, collect, store, use, share or transfer all personal data I have provided for the purposes stated in the Company's Customer Privacy Policy found in your website, <https://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.

I/we have read the above questions, statements and answers and certify that the information provided above is true, correct and complete based on my/our personal knowledge and official records. I/we also 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. If signing for the legal entity identified above, I/we certify that I/we have the capacity to sign for such legal entity.

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| Insured's Signature over Printed Name | Signed date (MM/DD/YYYY) | Place signed | Policyowner's Signature over Printed Name |
| Financial Sales Associate (as Witness) Signature over Printed Name / FSA Code | | | |

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| Signature of Authorized Signatory #1 (for Institutions) over printed name | Signature of Authorized Signatory #2 (for Institutions) over printed name |
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For Manulife China Bank Use Only

Valid IDs: Type: _____ ID#: _____ Documents Presented: _____

Documents received and validated by: _____
 Name of FSA _____ Branch _____ Date (mm/dd/yyyy) _____