

**Manulife China Bank Life Assurance Corporation**

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# Credit to Account Instruction Form Health Insurance

Please print clearly. In this form, "the Company" means the Manulife Chinabank Life Assurance Corp. "We", "us", "our", "I", "me" and "my" mean the Policyowner.

**General Information**Name of Policyowner (Last Name), (First Name), (Middle Name) ☐ Do not know / not applicable

Email Address

Mobile Number

Nationality/Citizenship (Indicate all)

Address

Have you or any of your immediate family members or close relationships and associates been entrusted with prominent public position/s in (a) the Philippines with substantial authority over policy, operations or the use or allocation of government-owned resources; (b) a foreign State; or (c) an international organization?

☐ Yes ☐ No

Are you a United States citizen, resident or a resident alien (US Green Card Holder)?

☐ Yes to any, please submit W-9 form if not yet submitted and skip question below. ☐ No

Do you have a United States Taxpayer Identification Number (SSN/TIN), address and/or telephone number?

☐ Yes, please submit W8-BEN form if not yet submitted ☐ No

Were you born in the US and did you renounce your US citizenship? (Skip this question if you were not born in the US.)

☐ Yes, please submit W8-BEN form and US Bureau of Consular Affairs' Certificate of Loss of Nationality of the US form if not yet submitted☐ No, please provide W-9 form if not yet submitted**INSTRUCTION FOR:**☐ Single policy

Policy No. \_\_\_\_\_

☐ Multiple policies

(List down all policy numbers)

_____	_____	_____
_____	_____	_____
_____	_____	_____

**Credit to Account Instruction**

I, the Policyowner, hereby authorize the Company to credit proceeds due for the above policy/ies to my bank account with the following details:

Bank: ☐ China Bank ☐ Others: \_\_\_\_\_Currency: ☐ Peso

Account No. \_\_\_\_\_ Account Name \_\_\_\_\_

Bank Address \_\_\_\_\_

Please make sure that your bank account details are correct, updated and accurate and you are ready to present valid proofs of account to avoid unnecessary delay in funds disbursement. Charges may apply for other banks.

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.

I further allow the Company or its service providers to process and use all personal data provided for servicing the account, marketing of products and services of the Company, its affiliates, subsidiaries or business partners or for getting customer feedback in accordance with the Data Privacy Act of 2012, its rules and the Company's Privacy Policy and Notice found in <https://www.manulife-chinabank.com.ph/Customer-Privacy-Policy>. I certify that the Policyowner is the Account Owner of the aforementioned bank account number. I acknowledge that the credit to said account number to be made by the Company shall release it from any liabilities involving said amount. I further certify to the correctness of the information I provided to the Company and understand that any discrepancy may result to delay in crediting the proceeds to the said account. I undertake to inform the Company of any changes to the information I provided within fourteen (14) days of such change.

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.

By instructing the Company to credit the claims proceeds to my bank account and by accepting payment from the Company pursuant to this claim, I for myself and on behalf of my heirs, relatives, assigns and successors-in-interest, hereby absolutely, fully, and completely release, discharge and hold free and harmless the Company and its directors, officers, employees, and duly authorized representatives from any and all liabilities, responsibilities, demands, claims, expenses, and causes of action, in law or in equity, as may arise in connection with this claim or any payment related thereto. I further acknowledge that in the event that an action, demand, complaint, suit, claim or grievance is brought against the Company, its directors, officers, employees, and authorized representatives in connection with this claim and payment, this declaration shall be presented in any court or administrative agency to cause the immediate dismissal and that I shall defend the Company and fully answer all costs and expenses, including attorney's fees, interests, penalties and other damages arising from such litigation, or suit to which the Company may be entitled, including all other persons having interests therein or thereby.

Section 251 of the Insurance Code, as amended, imposes a fine not exceeding twice the amount claimed and/or imprisonment of two (2) years, or both, at the discretion of the court, to any person who presents or causes to be presented any fraudulent claim for the payment of a loss under a contract of insurance, and who fraudulently prepares, makes or subscribes any writing with intent to present or use the same, or to allow it to be presented in support of any claim.

I warrant that I have read and fully understand the foregoing statements and I voluntarily executed this Declaration with release, waiver and quitclaim as my own free act and deed without any oral representation, statements or inducements apart from the foregoing have been made, and no duress or intimidation on the part of any person.

Policyowner's Signature over Printed Name	Date signed (mm/dd/yyyy)	Place signed
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**For Manulife China Bank Use Only**

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

Documents received and validated by: \_\_\_\_\_  
Name of CSO Branch Date (mm/dd/yyyy)