

# Income Payout Form

In this form, "you", "your" and "the Company" mean the Manulife-China Bank Life. "We", "us", "our", "I", "me" and "my" mean the Policyowner.

## General Information

Policy No.	Name of Policyowner (Last Name, First Name, Middle Name <input type="checkbox"/> Do not know / Not applicable)
Email Address	Mobile Number (Country Code, Area Code, Telephone Number)
Current Office Address (Floor/No., Building/Street, Subdivision/Village, Barangay/District, Town/City, Province/State, Country, Zip Code) (for Institutional Policyowner)	

## Request Details

Income Payout Method ☐ Credit To Account ☐ Reinvest

If Credit to Account (Choose one for each)

Payout Frequency: ☐ Annual ☐ Semi-Annual ☐ Quarterly ☐ Monthly

Payout Start Date: ☐ Earliest ☐ Specify Date (mm/yyyy) \_\_\_\_\_

Note: Some funds have fixed payout frequencies and start dates. Additionally, income payouts may be reinvested automatically depending on the product availed. Please consult with your Financial Advisor or Customer Service Officer for more information.

### Bank Account Details

Currency: ☐ Peso ☐ Dollar

Account Type: ☐ Current ☐ Savings

Bank Name: \_\_\_\_\_

Branch: \_\_\_\_\_

Account Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

Swift Code (For Dollar currency): \_\_\_\_\_

Note: Please submit a proof of bank account ownership for verification purposes. Ensure that your bank account is updated, accurate and not an AND account to avoid any delays in funds disbursement. Note that your bank may charge convenience fee.

Special Instructions: \_\_\_\_\_

## Declaration and Agreement

By signing this form, I allow the Company, including its affiliates, subsidiaries, service providers or any member of the Manulife China Bank Life 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>.

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.

I have read the above questions, statements and answers and I certify that the information provided above is true, correct and complete based on my personal knowledge and official records. If signing for the legal entity identified above, I certify that I have the capacity to sign for such legal entity. I understand that this will form part of the owner's insurance with the Company. This Form supersedes the Income Fund Payout Options section of the Application Form.

\_\_\_\_\_  
Policyowner Signature over Printed Name

\_\_\_\_\_  
Date Signed (mm/dd/yyyy)

\_\_\_\_\_  
Place Signed

\_\_\_\_\_  
Financial Sales Associate as Witness Signature over Printed Name

\_\_\_\_\_  
Financial Sales Associate Code