

1. Life Insured General Information		Name of Life Insured (Last, First, MI)		Gender <input type="checkbox"/> M <input type="checkbox"/> F	Birthday (MM DD YYYY)	Place of Birth
		Name of Policy Owner, if different from Life Insured, (Last, First, MI)			Birthday (MM DD YYYY)	Place of Birth
Old Policy Number	New Policy Number	Occupation	Nature of Business	Employer/Business Address		
Mailing Address			Address Abroad (If applicable)			
Telephone No./Mobile	Email Address	Citizenship	TIN			

2. Policy Owner General Information		Name of Policy Owner (Last, First, MI)		Gender <input type="checkbox"/> M <input type="checkbox"/> F	Birthday (MM DD YYYY)	Place of Birth
Occupation	Nature of Business	Employer/Business Address				
Mailing Address			Address Abroad (If applicable)			
Telephone No./Mobile	Email Address	Citizenship	TIN			

3. Details of Conversion		THE INSURANCE BEING CONVERTED IS CONTAINED IN			<input type="checkbox"/> Full <input type="checkbox"/> Partial IF PARTIAL CONVERSION Unconverted amount _____ <input type="checkbox"/> Retain <input type="checkbox"/> Drop	
<input type="checkbox"/> Individual Term Policy <input type="checkbox"/> Supplemental Term Benefit Provision <input type="checkbox"/> Family Income Benefit Provision		<input type="checkbox"/> Group Term Policy (Please complete below) (a) Employer or policyholder's full name _____ (b) Certificate number _____ (c) Date of termination of employment or membership _____ <input type="checkbox"/> Others _____				

New policy details	1. Face Amount _____	2. Plan _____	<input type="checkbox"/> Par <input type="checkbox"/> Non Par
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3. Supplementary benefits desired		
<input type="checkbox"/> Total Disability Premium Waiver <small>(It is agreed that the life insured is not totally disabled)</small>	Others (Describe fully) <input type="checkbox"/> _____	Amount _____
<input type="checkbox"/> Accidental Death Benefit _____	<input type="checkbox"/> _____	_____
	<input type="checkbox"/> _____	_____

4. The Policy is to date from _____ Date should correspond with the Premium Due Date of the original policy.

5. Premium Mode	<input type="checkbox"/> Annual <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly Amount _____	If Monthly, please choose payment scheme <input type="checkbox"/> PDC <input type="checkbox"/> ADA <input type="checkbox"/> Others <input type="checkbox"/> Credit Card _____
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6. Deposit paid <input type="checkbox"/> Cash Amount _____ <input type="checkbox"/> Check PR No. _____ Date _____	7. Will the new policy be owned by the Life Insured? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>If no, state new Owner's full name and relationship to Life Insured.</small>
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8. Dividend option elected, if participating

<input type="checkbox"/> Leave on Deposit at Interest	<input type="checkbox"/> Purchase Paid-up Additions	<input type="checkbox"/> Pay in cash
<input type="checkbox"/> Towards Premium Payment	<input type="checkbox"/> Bonus Protection	<input type="checkbox"/> Others _____

9. In case of premium default, apply cash surrender value to any of the following options: Premium Loan Reduced Paid-Up Insurance Enhanced Term Insurance

Beneficiary/ies										<small>Place a checkmark</small>			
Name	Citizenship	Relationship to Insured	Birthday	Age	Designation	Primary	Contingent	Irrevocable	Revocable				
Trustee for minor beneficiary/ies					Relationship of Trustee to Minor Beneficiary								
Address of beneficiaries													

10. Is the policy being converted presently assigned or is any assignment or release of assignment presently being processed? *If Yes, give date and details*
 Yes No

11. Has the Insured/Owner or any direct relative of either person ever held a senior position in the government, a political party, the military, any tribunal or government-owned corporation? Yes No

4. Declarations

IT IS DECLARED AND AGREED THAT:

(1) On the date specified in item 4, the insurance being converted will be cancelled and, except as provided in item 4 of this agreement, the new policy will become effective. (2) Any assignment now in force relating to the insurance being converted will apply in like manner to the new policy. (3) Acceptance of any policy issued in response to this application will constitute agreement to its terms and conditions and ratification of any changes specified by the Company in the policy. (4) Subject to the provisions of the policy, the Owner, without the consent of beneficiary, can change the beneficiary designation, receive every benefit, assign the policy and exercise every right and privilege conferred by the policy or allowed by the Company. If any supplementary benefit requiring evidence of insurability is applied for, IT IS DECLARED ALSO THAT: (5) The supplementary benefit will not become effective until the new policy is delivered to and accepted by the Owner and the first premium is paid, during the life insured's lifetime and continued insurability under the Company's rules.

Reminders:

It is usually disadvantageous to replace existing life insurance policy/ies with a new one. By doing so:

- You may have to pay a higher premium in view of higher age; or
- You may lose financial benefits accumulated over the years.

5. Privacy & Self-Declarations

Check the box that applies

- I acknowledge that I am NOT a United States Citizen, United States Permanent Resident Alien (Green Card Holder) or a United States Resident.
 I acknowledge that I am a United States Citizen, United States Permanent Resident Alien (Green Card Holder) or a United States Resident.

We, Manulife Philippines (the Company), value and protect our clients' privacy as we understand that the use of your personal information is important to you. The collection and use of information is fundamental to our business as it allows us to evaluate, issue and administer the policy you have applied for.

By signing below and submitting this application, you agree that:

- You understand that the Company is a member company of the Manulife Financial Group and it may have obligations to meet the requirements of both local and foreign regulatory authorities (including local and foreign tax authorities such as the U.S Internal Revenue Service) as well as other legal obligations from time to time relating to information sharing and tax reporting from time to time ("regulatory and legal requirements").
- You consent to the use of information provided to the Company and you will provide us with information that we request from time to time and allow us to share/report such information with our local and foreign authorities (including local and foreign tax authorities) to meet said regulatory and legal requirement.
- You will notify us as soon as possible of any change in the information that you have provided to us, including any circumstances such as a change in your residence, address, telephone number and citizenship.
- You hereby waive any rights you may have that would prevent us from meeting reporting requirement mentioned above.

A. SIGNATURES NEEDED

1. The signature of the present policyowner is needed for all conversions except Group Term. N.B. - The policyowner is (a) the life insured under a Two Party policy which has not been absolutely assigned, or (b) the Owner(s) under a Third Party policy has not been absolutely assigned or (c) the assignee if the policy has been absolutely assigned. N.B. The life insured does not need to sign if he is not the policyowner unless the risk is being increased by the addition of supplementary benefits. For a group term conversion, the signature of the insured employee is required.
2. The signature of the Owner of the new policy is required. (i.e. if other than the Owner of the insurance being converted.)
3. The collateral assignee's signature is also needed, if the policy has been assigned as "Collateral Security", e.g. to a bank.
4. Irrevocable beneficiaries must sign for any reduction of the face amount or for cancellation of some Family Income, Decreasing Term (Mortgage Redemption), Supplemental Term, etc., unless the amount dropped is being fully converted for their benefit. N.B. - In a change to "Endowment" or "Life Income", any "Irrevocable" beneficiary must join with the policyowner in designating to whom the proceeds are to be paid both before and on the endowment date.

B. COMPLETING THE APPLICATION IF THE OWNER IS OTHER THAN THE LIFE INSURED

See instructions in the Rate Manual.

C. BENEFITS

1. **DISABILITY.** If the original policy included Disability Waiver, this benefit can be included in the new policy without evidence of insurability provided the new policy is a Life plan with premiums payable for 25 or more years, and the life insured is not then totally disabled. If the original policy did not include this benefit, and in the case of a Group Term policy, evidence of insurability will be required.
2. **ACCIDENTAL DEATH.** If the Individual Term policy included Accidental Death for the same amount, it can be included in the new policy without evidence of insurability. In any other case, including a Group Term conversion, evidence of insurability is required.
3. **OTHER BENEFITS.** If any other benefit is added at conversion, evidence of insurability will be required.

6. Signatures

Date signed

Place signed

Name and signature of Life Insured

Name and signature of Original Owner

Name and signature of New Policy Owner/Payor

Name and signature of Assignee, if any

Name and signature of Irrevocable Beneficiary

Name and signature of FSA/Witness

Agent's Code

Manulife China Bank Life Assurance Corporation

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