

1. General Information	Name of Life Insured/Plan Holder (Last, First, MI)		Birthday (MM/DD/YYYY)	Place of Birth
	Name of Policy Owner/Plan Owner (if different from the Life Insured/Plan Holder (Last, First, MI)		Birthday (MM/DD/YYYY)	Place of Birth
	Policy Number(s)	Occupation	Citizenship	
	Mailing Address			
	Address Abroad (if applicable)			
	Telephone No.	Mobile No.	Email Address	
2. Declarations and Details of Claim	All the following answers and statements are true, complete & correct according to my personal knowledge and belief. I understand that the furnishing of this claim form and other forms by the Company does not constitute an admission that there is any insurance in force nor any liability for payment of the benefits provided in the plan agreement.			
	Date of Death:		Place of Death:	
	Cause Of Death:		Date and Place of Interment:	
	Place and Date of Interment:			
	Give indications:			
	State Deceased's Insurance With Other Companies			In What Capacity Do You Claim The Insurance
	Name of Company	Policy No.	Face Amount	<input type="radio"/> Named Beneficiary <input type="radio"/> Assignee <input type="radio"/> Others _____
	State Your Relationship To The Deceased _____			
	Are You 18 Years Old or Over? <input type="radio"/> Yes <input type="radio"/> No If Not, Give Date Of Birth _____			
	If you are filing this claim in behalf of minor beneficiary/ies, have you been disqualified by court of law from exercising the right to administer the property of such minor? <input type="radio"/> Yes <input type="radio"/> No			
Choose from the Settlement Options below for payment of benefits. Refer to reverse side for details of below options.				
<input type="radio"/> Lump Sum	<input type="radio"/> Fixed Installments	<input type="radio"/> Fixed Period		
<input type="radio"/> Interest Payments	<input type="radio"/> Leave On Deposit	<input type="radio"/> Life Annuity with Period Certain		
<input type="radio"/> Others _____				
NAMES AND ADDRESSES OF ALL PHYSICIANS WHO ATTENDED THE DECEASED				
Name	Address	Date	Reason/Treatment	
NAMES AND LOCATIONS OF ALL HOSPITALS/CLINICS WHERE THE DECEASED WAS TREATED				
Hospital/Clinic	City/Town	Date	Diagnosis	
3. Signatures	CLAIMANT'S AUTHORIZATION			
	I authorize any physician, medical practitioner, hospital, clinic, other medical or medically related facility, record custodian, medical secretary, insurance or reinsuring company, the Medical Information Bureau, Inc., consumer reporting agency, entity or employer, having information available as to diagnosis, treatment and prognosis, with respect to any physical or mental examination or condition of treatment of _____ to give to MANULIFE or its legal representative, any and such all information.			
	I agree that a photographic copy of this Authorization shall be valid as the original. This authorization discharges you or any authorized member of your staff from any responsibility or obligation in connection with the release of such record or information.			
	Date Signed	Place Signed		
Name of Claimant	Signature		X	
Name of FSA/Witness	FSA's Code	Signature	X	

Manulife Chinabank Life Assurance Corporation
 24/F LKG Tower, 6801 Ayala Avenue, Makati City 1226 Philippines
 Tel. No: (63-2) 88-4-LIFE (884-5433) • Customer Care: (63-2) 884-7000 • 1-800-1-888-6268 (Toll Free)
 Fax: (63-2) 845-1296 • Email: phccustomer@manulife.com
 www.manulife-chinabank.com.ph

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SETTLEMENT OPTIONS

If the benefits/proceeds of the policy or policies are payable in a single sum, you can have us pay the whole or any portion of such proceeds with any of the following Settlement Options:

OPTION 1, Leave on Deposit: The proceeds will be left with us as a deposit to accumulate at interest subject to your withdrawal from time to time but not more frequently than monthly until all the proceeds with interest are exhausted.

OPTION 2, Interest Payments: You may withdraw the interest earned on the proceeds left with us from time to time but not more frequently than monthly. Interest left with us will be added to the principal and included in computing interest.

OPTION 3, Fixed Period: We will pay equal installments for a period you specify until the proceeds with interest are exhausted. The period during which the installments will be payable must not be less than one year and not more than 30 years.

OPTION 4, Fixed Installments: We will pay specified amount of installments until the proceeds with interest are exhausted.

Option 5, Life Annuity with Period Certain: We will pay equal installments, during your lifetime. If you die before we have paid installments for 10 or 20 years, we will pay installments for the remainder of that period as they fall due. You specify the certain period when choosing this option.