

1. General Information		Name of Life Insured (Last, First, MI)	Place of birth	Citizenship
		Name of Policy Owner, if different from Life Insured, (Last, First, MI)	Place of birth	Citizenship
		Mailing Address	Policy Number	
		Address Abroad (if applicable)	Email Address	
		Telephone No./Mobile	Telephone No. Abroad (if applicable)	TIN / Civil Status
2. Details of Change				
Name		From	To	
Reason for change <input type="checkbox"/> Marriage to _____ <input type="checkbox"/> Annulment <input type="checkbox"/> Religion <input type="checkbox"/> Correction <input type="checkbox"/> Others (Please specify) _____				
Contact Details		New primary eMail Address	Alternate eMail Address	
		New primary landline (Country code, Area Code, phone no.)	Alternate landline (Country code, Area Code, phone no.)	
		New primary mobile number (Country code, Area Code, phone no.)	Alternate mobile number (Country code, Area Code, phone no.)	
		New office number (Country code, Area Code, phone no.)	Alternate office number (Country code, Area Code, phone no.)	
Address		Please send all correspondences and notices to <input type="checkbox"/> Residence <input type="checkbox"/> Business		Update other existing policies Considered Yes if unanswered <input type="checkbox"/> Yes <input type="checkbox"/> No
New residence address No., Street, Municipality				
City		Province	Country	Zip Code
New business address No., Street, Municipality				
City		Province	Country	Zip Code
Change in Citizenship		From	To	
Date of birth/Age/Gender		From	To	
Update of signature				
Specimen signatures		1.	2.	3.
<p>Requirements needed</p> <ol style="list-style-type: none"> Duly filled out Personal Details Change form Photocopy of Two (2) Valid IDs Birth Certificate, if applicable Marriage Certificate, if applicable Legal documents for annulment or legal separation, if applicable 				
3. Signatures		Date signed	Place signed	Name and signature of Life Insured
		Name and signature of Policyowner/Payor	Name and signature of FSA/Witness	Agent's Code

Manulife Chinabank Life Assurance Corporation

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