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| 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. | Telephone No. Abroad (if applicable) | Mobile No. |
| | | | | TIN |

2. Declarations

This is to confirm that I have been fully informed and that I fully understand that in designating my beneficiary/ies as irrevocable under the above numbered policy/ies, I cannot exercise any of the options under the policy/ies such as drawing loans, surrendering the policy for cash, taking paid-up policy, changing the plan, changing the face amount, adding and deleting benefits, changing the method of applying the dividends and other ownership rights under the policy without consent of the irrevocable beneficiaries.

I also understand that while beneficiary/ies is/are minor/s no changes or transactions can be effected without the consent of his/her/their guardian/s duly appointed by court and that a court order specifically authorizing such guardian/s to act in behalf of the minor/s in the particular transaction is required.

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|----------------------|--|--|-----------------------------------|------------------------------------|
| 3. Signatures | | Date signed | Place signed | Name and signature of Life Insured |
| | | Name and signature of Policy Owner/Payor | Name and signature of FSA/Witness | Agent's Code |

Manulife Chinabank Life Assurance Corporation

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