

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

For the purpose of establishing the loss or destruction of the above numbered policy and inducing The Manufacturer's Life Insurance Company (Philippines), Inc. (hereinafter called the Company) to issue a duplicate policy, the undersigned hereby makes the following declarations:

1. The policy was lost/destroyed while in possession of _____ and on or about _____ under the following circumstances:

2. The policy has not been assigned, transferred or pledged for any purpose to any other person and no person other than the undersigned has any claim against the policy except:

3. The undersigned have made diligent search and inquiry and the policy cannot be found, and it is not in the possession or control of any other person to the best of the knowledge of the undersigned.

4. The undersigned requests that a duplicate policy be issued and in consideration thereof agree that

- that the issue of the duplicate policy shall in no way alter or affect the rights and liabilities arising out of the original policy
- to return the duplicate policy immediately to the Company if the original is found
- to indemnify the Company against any loss that it may sustain as a result of its issuing a duplicate policy.

Requirements:

1. Notarized Declaration of Loss of Policy Form
2. Payment
3. Photocopy of Two (2) Valid IDs

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

4. Notary Public

Subscribed and sworn to before me this _____ day of _____, _____ affiant exhibiting to the Driver's License/Passport/SSS/PRC/Company with ID number _____.

Doc No. _____
Page No. _____
Book No. _____

Manulife Chinabank Life Assurance Corporation

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3. Declarations

IT IS DECLARED AND AGREED THAT:

(1) On the date specified in item 5, the insurance being converted will be cancelled and, except as provided in item 5 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.*

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.