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

2. Partial Withdrawal I/We wish to apply for partial withdrawal as indicated below:

| Fund Allocation | Amount/Percentage | Fund Allocation | Amount/Percentage |
|---|-------------------|---------------------------------|-------------------|
| Peso Bond Fund / Peso Secure Fund | _____ | USD Bond Fund / USD Secure Fund | _____ |
| Peso Stable Fund / Peso Diversified Value Fund | _____ | USD Asia Pacific Bond Fund | _____ |
| Peso Balanced Fund / Peso Dynamic Allocation Fund | _____ | USD ASEAN Growth Fund | _____ |
| Peso Equity Fund / Peso Growth Fund | _____ | USD Global Target Income Fund | _____ |
| Peso Target Income Fund / Peso Target Distribution Fund | _____ | Others | _____ |
| Others | _____ | | TOTAL _____ |
| | TOTAL _____ | | |

3. Full Withdrawal I/We wish to apply to fully withdraw my/our policy and discharge Manulife from all liabilities on my/our policy.

- This request for partial/full withdrawal will not be accepted unless the following conditions are met:
 - Minimum amount to be withdrawn is the lower of Php 10,000.00 for Peso Variable Life (including **Enrich Gold**); Php 30,000.00 for **Platinum Invest Elite** and USD 200.00 for US Dollar Variable life (including **Enrich Gold**); USD 600.00 for **Platinum Invest** or the entire value of the fund.
 - Using bid prices prior to the receipt of this request as a basis, the minimum fund balance after partial withdrawal is Php 20,000.00 for Peso Variable Life; Php 15,000.00 for **Enrich Gold**; Php 60,000.00 for **Platinum Invest Elite**; USD 400.00 for US Dollar Variable Life; USD 300.00 for **Enrich Gold** and USD 1,000.00 for **Platinum Invest Elite**.
- Units will be cancelled at the bid prices applicable on the next valuation date provided this request is received by Client Services Dept. on or before the cut-off schedule. If the maximum amount is to be withdrawn from a fund, please indicate "entire balance" against that fund.
- For **Platinum Invest Elite**, withdrawal during the first five (5) years is subject to withdrawal fees. For **Affluence Gold**, the first withdrawal in each policy year is free. Thereafter, withdrawal fee is Php 200.00 for Peso Variable Life and USD 5.00 for US Dollar Variable Life.
- Indicate if the value is in absolute amount or percentage.
- If Level Death Benefit Option (Type II), the Face Amount shall be decreased by the amount of the withdrawal.

Please indicate your reason(s) for withdrawing (fully/partially) this policy.

4. Payment Instructions Please deposit to my Chinabank Bank Account:

Bank branch: _____ Other instructions _____

Account: _____

Swift Code (Dollar): _____

5. Declarations

- I/We represent that the foregoing statements are true and complete and that all exceptions have been stated.
- I/We declare that the policy has no existing collateral assignment at the time of withdrawal/surrender.
- I/We am/are not an undischarged bankrupt(s) nor have committed any act of bankruptcy within the last twelve (12) months and that no receiving order or adjudication order in bankruptcy has been made against me/us are currently pending against me/us during that period.
- I/We, further agree that the above transaction shall be an amendment to and form part of the original application of the Policy issued thereunder. If any, and that they shall be binding on any person who shall have or claim any interest under such Policy/Agreement.
- In case of apparent errors or omissions discovered by the Company in the foregoing request, I/We hereby authorize Manulife Philippines to correct or complete this request for amendment for Policy and I/We agree that if the Policy/Agreement is changed in accordance with such amended request, my/our acceptance of any Policy/Agreement so amended or reissued will constitute my/our conformity to and any correction in or addition to this request made by the said Company in the space provided for.

6. Signatures

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