

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)	Occupation	TIN	
2. Details of Top-Up		Payment Mode <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> From another policy			
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		_____			
Details specific to Peso Target Income Fund/Peso Target Distribution Fund Income Payout Option <input type="checkbox"/> Cash <input type="checkbox"/> Reinvestment Payout Frequency <input type="checkbox"/> Annual <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly Payout Start Date Start of the _____ policy month					
3. Declaration of Insurability		1. Will anyone other than the Insured/Owner be paying for this policy? <input type="checkbox"/> Yes <input type="checkbox"/> No			
2. Has the Insured/Owner or any direct relative of either person ever held a senior position in the government, a political party, the military, any tribunal or government-owned corporation? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Source of Income			Estimated Net Worth		
4. Declaration					
1. I/We represent that the foregoing statements are true and complete and that all exceptions have been stated. 2. I/We authorize the Company to deduct any bank and transaction charges in addition to loading fees from top-up premium prior to investment. 3. I/We agree that the investment to US Dollar Variable Life fund for cheque payments will take effect on the later of 30 days after payment or when cheque payment has been cleared. 4. 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. 5. I/We agree that this request and any evidence of insurability which may be required in connection with the change requested shall be considered an amendment and supplement to the original application and shall form a part of the Policy, that if evidence of insurability is required, the change requested shall not be effective until it has been approved at the Home Office and the required additional premium has been paid. 6. 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 ratification of any correction in addition to this request made by the said Company in the space provided for. 7. I/We confirm that the Insured is not older than 70 years old, is in good health and with no sign or symptom of any illness or disease; has neither been hospitalized, consulted any doctor, undergone any diagnostic test, nor received any treatment including medication for any illness in the past twelve (12) months; and has no life insurance applications or reinstatements which are pending, deferred or postponed, or declined. If you do not agree with any part of this declaration no. 7, please provide details: _____					
Understanding of Guaranteed Insurability Offer (GIO) Notwithstanding any Policy provisions to the contrary, it is hereby agreed and understood that: Guaranteed Insurability Offer (GIO) is program designed to provide insurance protection, with no medical examination required, subject to certain issue limits and underwriting guidelines. The product is offered under Guaranteed Insurability Offer (GIO) subject to limits set by the Company. Should the total insurance coverage of the Proposed Insured under GIO with the Company exceed such limit, the Company will decline this application under the GIO. In such event, the Proposed Insured can apply for the insurance coverage exceeding the GIO limits using the Application for Variable Life Insurance and undergo the Company's regular underwriting process. GIO does not mean guaranteed approval of this application. This application may be declined for underwriting reasons such as but not limited to the following:					
1. The Proposed Insured has exceeded the GIO limits set by the Company, 2. The Owner has not submitted the complete Anti-Money Laundering Act (AMLA) requirements, 3. The Owner has not provided complete information in this GIO application form, 4. The health declaration is not acceptable according to the Company's underwriting guidelines, 5. The Proposed Insured has previous application with Manulife Philippines or other life insurance companies which was deferred, postponed OR declined through regular underwriting or simplified issue, regardless of reason.					
Note: 1. The minimum top-up amount per policy is: Affluence Gold Php 30,000 for Peso VL and USD500 for US Dollar VL Affluence Max Gold Php 30,000 for Peso VL and USD600 for US Dollar VL. 2. The top-up premium less bank transaction charges, if any, will be used to purchase units at the applicable unit price of the fund(s) selected. 3. Top-up premium will increase the death benefit.			Requirements: 1. Duly filled out Top-up form 2. Photocopy of Two (2) Valid IDs		
5. 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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