

The Manufacturers Life Insurance Co. (Phils.), Inc.
Head Office: 10th Floor NEX Tower, 6786 Ayala Avenue, Makati City, 1229 Philippines
Customer Care: (02) 884-7000
Domestic Toll-Free: 1-800-1-888-6268
Website: www.manulife.com.ph Email: phcustomercare@manulife.com

Please answer completely and accurately. If possible use black ink. Any change should be initialled by proposed insured and/or owner/payor.

Employer / Policyholder	Policy Number
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INSURED MEMBER'S INFORMATION

Name	(Title)	(Last)	(First)	(Middle)				
Date of Birth (YYYY/MM/DD)	Sex	[] Male [] Female	Civil Status	[] Single [] Married [] Separated [] Widowed	Height	[] cm [] ft/in	Weight	[] lbs [] kls

Place of Birth

Permanent Residence Address (Number, Street, City & Province)

Zip Code []

Office Address (Number, Street, City & Province)

Zip Code []

Beneficiary/ies	Date of Birth (YYYY/MM/DD)	Place of Birth	Revocable	Irrevocable	Citizenship	Relationship of Applicant
Primary			[]	[]		
Contingent			[]	[]		
Trustee to Minor Beneficiary/ies			[]	[]		

Note : All designated beneficiary/ies are deemed revocable unless stated otherwise.

Signed at _____ By _____
Signature of Applicant

Date _____ Witness _____
Signature over Printed Name