

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 <input type="checkbox"/> Male <input type="checkbox"/> Female Civil Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Widowed
Height <input type="text"/> cm <input type="text"/> ft/in	Weight <input type="text"/> lbs <input type="text"/> 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			<input type="checkbox"/>	<input type="checkbox"/>		
Contingent			<input type="checkbox"/>	<input type="checkbox"/>		
Trustee to Minor Beneficiary/ies			<input type="checkbox"/>	<input type="checkbox"/>		

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

Signed at _____


 By _____
 Signature of Applicant

Date _____

Witness _____
 Signature over Printed Name