

Group Life Insurance Individual Application ESP NEL and Below

Please answer completely and accurately and in block letters. Use black ink. Answer all fields, put "N/A" if not applicable. Any change should be counter-signed by proposed insured and/or owner/payor.

Name of Policyholder	(Middle Name) <input type="checkbox"/> Do not know / not applicable	Policy No.
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Proposed Insured's Information

1. Full Name (Last Name, First Name) (Middle Name) <input type="checkbox"/> Do not know / not applicable		2. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	3. Civil Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Other:
4. Date of Birth (mm/dd/yyyy)	5. Country of Birth <input type="checkbox"/> Philippines <input type="checkbox"/> Other:	6. Nationality / Citizenship/s (indicate all)	
7. Permanent Residence Address			
Floor/No., Building/Street, Subdivision/Village		Barangay/District, Town/City	Province/State, Country, Zip Code
8. Office Address			
Floor/No., Building/Street, Subdivision/Village		Barangay/District, Town/City	Province/State, Country, Zip Code
9. For Foreign Nationals (please provide any of the following) <input type="checkbox"/> Phil ID for resident aliens or <input type="checkbox"/> ACR number or <input type="checkbox"/> SIRV/SRRV number Expiry Date (mm/dd/yyyy):		10. Email Address	
11. For Philippine Nationals (please provide both) <input type="checkbox"/> Phil ID or <input type="checkbox"/> SSS or <input type="checkbox"/> GSIS and Tax Identification Number		12. <input type="checkbox"/> I am <input type="checkbox"/> I am not a Citizen, Permanent Resident (Green Card holder) or a Resident of the United States	
13. Occupation	14. Sources of Funds <input type="checkbox"/> Salary <input type="checkbox"/> Business <input type="checkbox"/> Savings <input type="checkbox"/> Remittances (country): <input type="checkbox"/> Other:		15. Nature of Business
16. Contact Nos. (Area Code) Phone No. Residence () Office () Mobile, if any ()			
17. Amount of Insurance:		18. Effective Date of Insurance (mm/dd/yyyy): 19. Date of Employment (mm/dd/yyyy):	

Beneficiary Information

Name (Last Name, First Name) (Middle Name) <input type="checkbox"/> Do not know / not applicable	Address (No., Street, Village, City/Municipality, Province/State, Country, Zip Code)	Contact Number Mobile: (Country Code + Mobile No.)	Relationship to Proposed Insured (PI)	Date of Birth (mm/dd/yyyy)	Sex (M/F)	Citizenship/Nationality (indicate all)	Place/Country of Birth	Irrevocable? Yes No
Primary								<input type="checkbox"/> <input type="checkbox"/>
								<input type="checkbox"/> <input type="checkbox"/>
Contingent								<input type="checkbox"/> <input type="checkbox"/>
								<input type="checkbox"/> <input type="checkbox"/>
Trustee to Minor Beneficiary/ies								<input type="checkbox"/> <input type="checkbox"/>

Note: Beneficiary is revocable unless specified.

Declaration and Agreement

I confirm that my answers in this form and any extra forms attached are complete and true. I also understand and agree to the following:

1. The Manufacturers Life Insurance Co. (Phils.), Inc. (the "Company") collects and uses my personal and sensitive information to operate an insurance business. By signing this form and continuing to avail of the Company's products and services, I agree that the information I provided (including the information of third parties) and any subsequent changes to it can be processed, shared, disclosed, transferred or used by the Company, including its shareholders, directors and employees, affiliates, subsidiaries, business partners, any member of the Manulife Financial Group (including those located overseas), advisors, representatives, industry associations and databases, local and foreign authorities having jurisdiction over companies within the Manulife Financial Group, external auditors/counselors, and its third party service providers (whether within or outside the Philippines) within the rules set by the Data Privacy Act of 2012, as may be amended from time to time, relevant regulations and the Company's privacy policy available at www.manulife.com.ph/Customer-Privacy-Policy for purposes of:
 - underwriting and approving my application;
 - administering, serving and reinsuring my policy;
 - marketing of products and services offered by the Company, any member of the Manulife Financial Group and those of its business partners; promoting, getting feedback on its products and services, and measuring client satisfaction;
 - conducting data analytics and doing automated data processing;
 - preventing money laundering or terrorist financing activities;
 - complying with reportorial and regulatory requirements of both local and foreign regulatory authorities (including local and foreign tax authorities and stock exchanges) as well as other legal, regulatory or contractual obligations of any member within the Manulife Financial Group, relating to information sharing, tax reporting or otherwise;
 - the Company's internal purposes such as governance, risk, actuarial, claims and underwriting management, and reporting; and
 - for other reasonable purposes related to the services provided.
2. I will not unreasonably cancel the consent, authorization and other declarations given herein which could result to the Company or any

member of the Manulife Financial Group violating any law, rules, regulations or guidelines or its obligation under any contract or commitment with local or foreign regulators, governmental bodies or industry recognized bodies (whether within or outside the Philippines).

3. Disclosure:

In accordance with the Insurance Commission's Circular Letter No. 2016-54, as may be amended from time to time, your (Insured) medical information will be uploaded to a Medical Information Database accessible to life insurance companies for the purpose of enhancing risk assessment and preventing fraud. Once uploaded, all life insurance companies will only have limited access to your information in order to protect your right to privacy in accordance with law. A copy of Circular Letter No. 2016-54 may be accessed at the Insurance Commission's website at www.insurance.gov.ph.

For the information I gave:

- I am allowing the Company to keep them in line with their records retention policy;
 - I will inform the Company of any changes in them as soon as possible; and
 - I will not hold the Company responsible for any claims, loss, liability and cost as a result of using them for valid purposes.
4. During the effectivity of the contract/policy, I agree to the following: in case the Company is unable to comply with relevant customer due diligence (CDD) measures, as required under the Anti-Money Laundering Act, as amended and relevant issuances, due to my fault, the Company may apply the following: (a) measures to restrict the services available or prohibit any further transactions on the contract/policy until full and proper CDD measures have been successfully conducted; and (b) in case the foregoing is unsuccessful, terminate business relationship, which shall only entitle me to receive the unused portions of premium or withdrawal value, if any, whichever is applicable. I also agree to be bound by obligations set out in relevant United Nations Security Council Resolutions relating to the prevention and suppression of proliferation financing of weapons of mass destruction, including the freezing and unfreezing actions as well as prohibitions from conducting transactions with designated persons and entities.

I hereby agree to be covered under the GROUP INSURANCE POLICY issued by the Company. If contributions are required from me under the terms of my coverage, I hereby authorize that they be deducted from my pay.

Applicant Signature over Printed Name

Place Signed

Date Signed (mm/dd/yyyy) -

Witness Signature over Printed Name

Place Signed

Date Signed (mm/dd/yyyy)