Manulife

The Manufacturers Life Insurance Co. (Phils.), Inc.
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Credit to Account Instruction Form

Please print clearly. In this form, "the Company" means the Manufacturers Life Insurance Co. (Phils.)."We", "us", "our", "I", "me" and "my" mean the Policyowner, claimant, and/or Authorized Representative as may be applicable.

General Information

Name of Policyowner (Last Name), (First Name), (Middle Name) ☐ Do not know / not applicable

Email Address	Mobile Number	Nationality/Citizenship (Indicate all)
Address		

If an individual claimant, have you or any of your immediate family members or close relationships and associates been entrusted with prominent public position/s in (a) the Philippines with substantial authority over policy, operations or the use or allocation of government-owned resources; (b) a foreign State; or (c) an international organization? ☐ Yes ☐ No

Is the claimant a United States citizen, resident or a resident alien (US Green Card Holder)?

☐ Yes to any, please submit W-9 form if not yet submitted ☐ No

Was the claimant born in the US and renounced his US citizenship?

☐ Yes, please submit W8-BEN form and US Bureau of Consular Affairs' Certificate of Loss of Nationality in the US form if not yet submitted ☐ No

INSTRUCTION FOR:

☐ Single policy Policy No. _____

☐ Multiple policies (List down all policy number.)

_____ _____ _____

_____ _____ _____

_____ _____ _____

Credit to Account Instruction

I, as Policyowner/claimant/Authorized Representative of the Policyowner, hereby authorize Manulife to credit proceeds due for the above policy/ies to my/the Policyowner's bank account with the following details:

Bank: ☐ BPI ☐ BDO ☐ China Bank ☐ Union Bank ☐ Metrobank ☐ PNB ☐ Landbank ☐ DBP
☐ Security Bank ☐ RCBC ☐ Citibank ☐ HSBC ☐ Others: _____

Currency: ☐ Peso ☐ US Dollar ☐ Others, please specify* _____

Account No. _____ **Account Name** _____

Bank Address* _____ **Swift Code*** _____

*Required for wire transfer. Currency subject to availability in the bank.

*Please make sure that your bank account details are updated and accurate to avoid unnecessary delay in funds disbursement. Charges may apply for other banks.

Other Release Instructions

☐ **Pay for New Business Application**
(Initial Premium Payment)
Policy No. _____
Amount to transfer: _____

Note: If your benefit payout is higher than the initial premium needed for your new insurance application, we'll refund the excess amount to your nominated bank account. Please provide your account details in the "Credit to Account Instruction" section above so we can process your refund.

☐ **Pay For Existing Policy Premium**
Policy No. _____
Amount to transfer: _____

☐ **Pay for Policy Loan**
Policy No. _____
Amount to transfer: _____

Option to Invest in Manulife Investment Management UITFs (only for non-US Persons)

I hereby authorize the Company to credit the proceeds from the above policy/ies to my application for investment in the following unit investment trust fund/s (UITF/s) of Manulife Investment Management and Trust Corporation (MIMTC), a wholly owned subsidiary of the Company. I certify that I understand and agree that UITFs are not insurance products, my application to invest in the UITFs is subject to the approval of MIMTC, and all investment decisions related to my application are made based on my own judgment. I authorize the Company to disclose the details above and any of my information to MIMTC as necessary to implement this request.

☐ Manulife Money Market Fund (PhP) Amount _____

☐ Manulife Global Money Market Fund (USD) Amount _____

☐ Other MIMTC UITF/s Amount _____

CIF No. _____

Note: UITFs are regulated by the Bangko Sentral ng Pilipinas (BSP). To know more about MIMTC UITFs, please visit www.manulifeim.com.ph and go to Our funds > Unit Investment Trust Fund. Please indicate your CIF No. in the space provided if you already have a MIMTC UITF account. Otherwise, you may leave it blank and a MIMTC Wealth Sales Officer or Wealth Specialist will contact you to provide all the information you need about investing in MIMTC UITFs and guide you through the account opening process.

Declarations

By signing this form, I confirm that the information I provided is complete, accurate and true. I also allow the Company to update my records based on the information found in this form and to use such to administer and service my policy.

I further allow Manulife or its service providers to process and use all personal data provided for servicing the account, marketing of products and services of Manulife, its affiliates, subsidiaries or business partners or for getting customer feedback in accordance with the Data Privacy Act of 2012, its rules and the Company's Customer Privacy Policy found in https://www.manulife.com.ph/Customer-Privacy-Policy. I certify that the Policyowner/Authorized Representative is the Account Owner of the aforementioned bank account number. I acknowledge that the credit to said account number to be made by Manulife shall release it from any liabilities involving said amount. I further certify to the correctness of the information I provided to Manulife and understand that any discrepancy may result to delay in crediting the proceeds to the said account. I undertake to inform Manulife of any changes to the information I provided within fourteen (14) days of such change.

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.

By instructing The Manufacturers Life Insurance Co. Phils, Inc. ("Manulife Philippines") to credit the claims proceeds to my bank account or policy or to my application for investment in MIMTC UITFs and by accepting payment from Manulife Philippines pursuant to this claim, I for myself and on behalf of my heirs, relatives, assigns and successors-in-interest, hereby absolutely, fully, and completely release, discharge and hold free and harmless Manulife Philippines and its directors, officers, employees, and duly authorized representatives from any and all liabilities, responsibilities, demands, claims, expenses, and causes of action, in law or in equity, as may arise in connection with this claim or any payment related thereto. I further acknowledge that in the event that an action, demand, complaint, suit, claim or grievance is brought against Manulife Philippines, its directors, officers, authorized representatives and employees in connection with this claim and payment, this declaration shall be presented in any court or administrative agency to cause the immediate dismissal and that I shall defend Manulife Philippines and fully answer all costs and expenses, including attorney's fees, interests, penalties and other damages arising from such litigation, or suit to which Manulife Philippines may be entitled, including all other persons having interests therein or thereby.

Section 251 of the Insurance Code, as amended, imposes a fine not exceeding twice the amount claimed and/or imprisonment of two (2) years, or both, at the discretion of the court, to any person who presents or causes to be presented any fraudulent claim for the payment of a loss under a contract of insurance, and who fraudulently prepares, makes or subscribes any writing with intent to present or use the same, or to allow it to be presented in support of any claim.

I warrant that I have read and fully understand the foregoing statements and I voluntarily executed this Declaration with release, waiver and quitclaim as my own free act and deed without any oral representation, statements or inducements apart from the foregoing have been made, and no duress or intimidation on the part of any person.

Signature

Policyowner's Signature over Printed Name	Date signed (mm/dd/yyyy)	Place signed
Authorized Signatory's Signature over Printed Name	Date signed (mm/dd/yyyy)	Place signed

For Manulife use only

Valid IDs: Type: _____ ID#: _____ ☐ Documents Presented: _____

Documents received and validated by: _____ _____ _____

Name of CSO | Branch | Date (mm/dd/yyyy)