

Application for Fund Switch / Investment Allocation Change

General Information

Policy Number	Name of Life Insured (Last, First, Middle)
Email Address	Mobile Number (Country Code, Area Code, Telephone Number)

Fund Switch Details Indicate the name of funds and the units/percentage to be switched in the "existing fund" and in the desired "new fund".

From (Name of Existing Fund)	Units/Percentage	To (Name of New Fund)	Units/Percentage
Total			Total

Note: For funds with income payouts please fill out income payout form for GTIF/APPI

Change of Investment Allocation of Premium

Indicate the Name of funds and the percentage of the desired change of investment allocation of premium.

To (Name of New Fund)	Units/Percentage
Total	

Declaration and Agreement

By signing this form, I confirm that the information I provided is complete and true. I also allow Manulife to update my records based on the information in this form. Once these changes are affected, I agree to receive a copy of the changes in the policy requested in this form.

 Policyowner Signature Over Printed Name
 Date: _____ Place: _____

 Irrevocable Beneficiary/ies (if any) Signature over Printed Name
 Date: _____ Place: _____

 Financial Advisor as Witness Signature over Printed Name
 Date: _____ FA Code: _____

For Manulife use only

Valid IDs: Type: _____ ID# _____ Documents Presented: _____
 Documents received and validated by: _____
Name of CSO
Branch
Date (mm/dd/yyyy)