

The Manufacturers Life Insurance Co. (Phils.), Inc.
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Authorization to Debit Account

In this form, "you", "your" and "the Company" mean the Manufacturers Life Insurance Co. (Phils.). "We", "us", "our", "I", "me" and "my" mean the Policyowner.

This is to authorize the Company to debit from my bank, _____
Current/Savings Account No. _____ under the name of (ACCOUNT NAME)
_____ the scheduled premiums for Policy No. _____
on my chosen debit date corresponding to the policy due date and every due date thereof without prior notice.

In the event there is insufficient balance on debit date, I authorize the Company at its sole discretion and without prior notice to initiate debit charges again to my bank account until successful. If no payment was debited from the above account due to insufficient balance, termination/cancellation of account or any other reason, the Company will not consider that premium for my policy to have been paid and I will have to pay the premium directly to the Company to keep the policy in force.

I understand that this authorization shall also cover any change in premium/installment amount due to policy mode change or increase in policy premium/installment due.

I understand that this authorization to debit my account may only be extended when I am paying for the following:

- a. Policy/policies of my immediate family members (spouse, parent, child, or sibling)
Note: This is also applicable to Insurance Advisor's spouse, parent, child or sibling
- b. Policy/policies where I am the beneficiary/part of the beneficiaries
- c. Policy/policies of my employee
- d. Policy/policies of my family members up to 3rd degree of affinity and consanguinity (grandparent, parent-in-law, son/daughter-in-law, grandchild, uncle/aunt) as indicated in the latest Third Party Payment guidelines of the Company.

I further understand and agree that I may withdraw this authorization effective 30 days after receipt by Manulife and the bank of a written notice of withdrawal.

By signing this form, I allow the Company, including its affiliates, subsidiaries, service providers or any member of the Manulife Financial Group to process, collect, store, use, share or transfer all personal data I have provided for the purposes stated in the Company's Customer Privacy Policy found in your website, <https://www.manulife.com.ph/Customer-Privacy-Policy>. I confirm that the information I provided is complete 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. 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.

Very truly yours,

Account Holder's or Account Owner's Signature over Printed Name

Date Signed (mm/dd/yy)

Place Signed

DEBIT DATE

Depending on fund availability, please elect a debit date from the schedule below. In the event that the initial attempt to debit the account fails, another attempt will be done on the next debit date.

- [] every 1st day of the month
- [] every 11th day of the month
- [] every 16th day of the month
- [] every 26th day of the month

Important Reminders:

- Should be submitted together with duly filled out **Auto Debit Arrangement Form**
- Please allow 2-3 weeks for the Company to process the application. When approved, the account will be debited on the elected debit date. In case of unsuccessful debit, the Company's Insurance Advisor will notify the Policyowner.
- If the debit falls on a weekend or a holiday, the account will be debited on the banking day nearest to the elected debit date.
- Please ensure that there are sufficient funds in the designated account on the payment due date for **Auto Debit Arrangement**.