

**1. General Information**

Name of Life Insured (Last, First, MI)

Name of Policy Owner, if different from Life Insured, (Last, First, MI)

Policy Number/s

Telephone No.

Mobile No.

Email Address

**2. Details of request**

*The undersigned hereby requests the Company to advance by way of a loan, in accordance with the terms of the above numbered policy, the amount below:*

Currency ☐ Peso (Php) ☐ Dollar (USD)

Amount in words *in words* \_\_\_\_\_  
*in figures* \_\_\_\_\_

☐ Apply to premium due on Policy Number(s) \_\_\_\_\_

☐ Apply to outstanding loan on Policy Number(s) \_\_\_\_\_

☐ Issue check in full/for the balance in favor, and:

☐ mail to the address stated in this form

☐ course through my agent \_\_\_\_\_

☐ I will pick up the check personally

☐ BPI/BPI Family Bank Pick-Up Anywhere

☐ I will send my authorized representative

☐ please deposit to my Savings/Current Account no. \_\_\_\_\_

Name of Bank and branch

☐ other instructions \_\_\_\_\_

And in consideration thereof it is agreed as follows:

1. The said policy is hereby assigned to the Company as security for the said loan and interest under the terms of this agreement.
2. Interest at the rate per annum is determined by the Company from time to time not more than once a year, but not in excess of the policy loan interest rate, if any, stated in the policy, will be due and payable on the said loan on the \_\_\_\_\_ day of \_\_\_\_\_ and annually thereafter until the loan has been fully repaid. Any overdue interest will be added to the loan and bear interest at the same rate as the loan.
3. If the loan and interest thereon, together with all other indebtedness under the said policy, at any time exceed the cash value thereof, all liability of the Company under the said policy will immediately terminate, subject to any right of reinstatement provided in the policy. Cash value is defined as tabular cash value plus any dividend credits of the said policy.
4. Any policy issued in lieu of the policy referred to above and all accumulations and additions thereto will be subject to the provisions herein contained.
5. The undersigned hereby certify that they are each of legal age.

**3. Signatures**

Date signed

Place signed

Name and signature of Life Insured/Planholder

Name and signature of Policyowner/Payor

Name and signature of Collateral Assignee

Name and signature of Irrevocable Beneficiary

Name and signature of Agent/Witness

Agent's Code

**4. For Company use only**

Original documents presented

☐ Policy Contract

☐ Valid ID(s)

Documents received/Signature verified by:

Branch

Date

Please send check to: *branch*

BOA name

**The Manufacturers Life Insurance Co. (Phils.) Inc.**

LKG Tower, 6801 Ayala Avenue, Makati City 1226 Philippines

Tel. No.: (63-2) 88-4-LIFE (884-5433) • Customer Care: (63-2) 884-7000 • 1-800-1-888-6268 (Toll Free) • Fax: (63-2) 844-2558 • Email: phcustomercare@manulife.com

**A Manulife Financial Company, Corporate Headquarters in Toronto, Canada.**

Manulife and the block design are registered service marks and trademarks of the Manufacturers Life Insurance Company and are used by it and its affiliate including Manulife Financial Corporation.