ANNEX D

Manulife

Individual Application for Group Credit Life Insurance

MCGL No 0 0 0 0 0 - 0 0

THE MANUFACTURERS LIFE INSURANCE CO. (PHILS.), INC.
Head Office: LKG Tower, 6801 Ayala Avenue, Makati City, 1226 Philippines
Tel. Nos. 88-4-LIFE (884-5433) / 884-7000 • Fax: 885-7412

Please answer completely and accurately. If possible use black ink. Any change should be initialled by proposed insured and/or owner/payor.

Policyholder	[ ] Principal Borrower [ ] Co-Borrower

BORROWER'S INFORMATION

Name *(Title)* *(Last)* *(First)* *(Middle)*

Date of Birth *(YYYY/MM/DD)*	Sex [ ] Male [ ] Female	Civil Status [ ] Single [ ] Married [ ] Separated [ ] Widowed	Height	Weight	Place of Birth

Residence Address *(Number, Street, City & Province)*	Office Address *(Number, Street, City & Province)*
Zip Code [ ]	Zip Code [ ]

Contact Numbers *(specify area code)*	Residence	Office	Mobile	Email

Occupation	TIN or SSS/GSIS	Nationality

Amount of Loan	Term of Loan	Maturity Date

STATEMENT OF HEALTH (Please use back portion if spaces provided below are not sufficient)

1	Have you ever been declined, postponed, charged higher than standard premium rates, or offered modified benefits for life, critical illness, disability, or health insurance?	[ ] Yes [ ] No
2	Have you ever had, been told that you have, had symptoms of or been treated for cancer, growth of any kind, diabetes, raised blood pressure, chest pain, heart attack, stroke, Transient Ischemic Attack (TIA), Hepatitis B or C (including Hepatitis B carrier), mental illness, rheumatoid arthritis, HIV or AIDS, alcoholism and/or drug addiction, any disease or disorder of the heart, arteries, or veins, brain or nervous system, lungs, blood, kidney(s), liver, bowel, stomach, pancreas, or any other major illness or disorder?	[ ] Yes [ ] No
3	During the past 5 years, have you attended or are you currently attending or do you plan to attend any hospital, clinic, or doctor for any illness or injury, medical advice, operation, or treatment and/or for any diagnostic test (e.g. ECG, Xray, blood test, etc.) not mentioned, (exclude minor ailments like common colds, flu, minor accidental injuries which you have recovered, routine health check up with normal results) and/or are you taking medication on a regular or ongoing basis?	[ ] Yes [ ] No
4	Do you currently have any signs or symptoms of illness or disease for which you have not sought medical advice? • Heart disease, stroke, elevated blood pressure, chest pain or other cardiovascular diseases? • Cancer, leukemia, Hodgkin's disease, tumor or other malignancies?	[ ] Yes [ ] No
	Please use space provided to provide full details on any "YES" answers to questions #s 1 to 4	
5	Do you engage in aviation, racing (automobile, go-kart, cycle, boat or snowmobile), or diving (skiing, scuba or sky) activities? *If yes, please give details as to type, location and frequency:*	[ ] Yes [ ] No
6	Secondary Beneficiary:	Relationship to Applicant:

I declare that I have not reached ____ years of age. I possess sound health and am able to perform the normal activities in the pursuit of my livelihood. I understand and agree that the insurance issued on this application is based on the truth of the foregoing representations and is subject to the provisions of the GROUP CREDIT LIFE INSURANCE MASTER POLICY issued by The Manufacturers Life Insurance Company who reserves the right to reject the application or rescind the insurance if there was failure on my part, whether intentional or unintentional, to disclose material information pertinent to the insurance applied for.

I hereby authorize any licensed physician, medical practitioner, hospital, clinic or other medical or medically related facility, insurance company, the Medical Information Bureau, my employer, or other organization, institution or person, that has any knowledge of me or my health, to give The Manufacturers Life Insurance Company any such information. A photographic copy of this authorization shall be as valid as the original.

Signature of Applicant: _____ Date_____ Place of Signing _____

_____
Witness (Signature over printed name) :