

Payor Information Form

IMPORTANT: This form is only required if the Payor is other than the Account Owner.

Account Name	Account No.
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If Payor is an Individual

Name of Payor* (Last)		(First)		(MI)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (mm/dd/yyyy)
*Must be an immediate family member of the Account Owner (Spouse, Grandparent, Parent, Child, Grand child or Sibling)						
City/Municipality of Birth	Country of Birth	Nationality/Citizenship/s (indicate all)		Relationship to the Account Owner:		
Present Address		Permanent Address		Same as Present Address? <input type="checkbox"/> Yes <input type="checkbox"/> No		Business Address
Floor/No., Building/Street, Subdivision / Village		Floor/No., Building/Street, Subdivision / Village				Floor/No., Building/Street, Subdivision / Village
Barangay/District, Town/City		Barangay/District, Town/City				Barangay/District, Town/City
Province/State, Country, Zip Code		Province/State, Country, Zip Code				Province/State, Country, Zip Code
Contact Number (specify area code)	Mobile	Residence		Business/Office Phone No.		
Occupation		Nature of Business/Industry		Name of Employer		
Tax Identification No. (TIN)	SSS / GSIS No.		If Payor is a foreign national Passport No. _____ or ACR No. _____			

If Payor is a Corporation or Entity

Name of Corporation/Entity		Relationship to the Account Owner:				
Date of Incorporation (mm/dd/yyyy)	Place of Incorporation (City/Town and Country)			Registration No.		
Principal Business Address		Other Business Address			Contact Numbers (area code) phone number	
Floor/No., Building/Street, Subdivision / Village		Floor/No., Building/Street, Subdivision / Village			Business () _____	
Barangay/District, Town/City		Barangay/District, Town/City			Fax () _____	
Province/State, Country, Zip Code		Province/State, Country, Zip Code			Mobile, if any () _____	
Name of Authorized Representative		Date and Place of Birth (City/Town and Country)		Nationality/Citizenship/s (indicate all)		
Present Address		Permanent Address		Same as Present Address? <input type="checkbox"/> Yes <input type="checkbox"/> No		Business Address
Floor/No., Building/Street, Subdivision / Village		Floor/No., Building/Street, Subdivision / Village				Floor/No., Building/Street, Subdivision / Village
Barangay/District, Town/City		Barangay/District, Town/City				Barangay/District, Town/City
Province/State, Country, Zip Code		Province/State, Country, Zip Code				Province/State, Country, Zip Code
Position/Job Title held by Authorized Representative		Contact No. of Authorized Representative		If Authorized Representative is a foreign national Passport No. _____ or ACR No. _____		

Additional Information

Does anyone other than the Account Owner have control on this account? Yes No
If YES, identify (Name: _____ | Address: _____ | Date of Birth (mm/dd/yyyy): _____)

What are the sources of funds that are being or will be deposited into this account? (indicate all that apply)

- Salary Gift / Inheritance Asset Sale Proceeds from sale/transfer/disposition/lease of assets
 Savings Business Income Remittance from (Country: _____) Others: (please specify) _____
 Rental Income Investments or investment income (e.g. interest, dividends, royalty, etc.)

Payor Certification and Authorization

I hereby certify that all information given in this Client Information Sheet are true, complete and correct to the best of my personal knowledge, and I agree to update Manulife Asset Management and Trust Corporation (the "Company") within 30 calendar days of any change in the information supplied in this form. I have read and agree to be governed by the terms and conditions relative to this Account, as well as by the rules and regulations of the Bangko Sentral ng Pilipinas, the Anti-Money Laundering Act as amended, the Bureau of Internal Revenue, the Securities and Exchange Commission, and other applicable Philippine laws and regulations, as well as the United States Foreign Account Tax Compliance Act and the regulations of the United States Internal Revenue Services as may be amended from time to time, and other appropriate Philippine and/or foreign governmental agencies.

The Company collects and uses my personal and sensitive information to carry on its trust and fiduciary business. By signing this form and continuing to avail of the Company's products and services, I agree that the information I provided and any subsequent changes to it can be processed, shared, disclosed, transferred or used by the Company, including its shareholders, directors, and employees, affiliates, subsidiaries, business partners, any member of the Manulife Financial Group (including those located overseas), advisors, representatives, industry associations and databases, local and foreign authorities having jurisdiction over companies within the Manulife Financial Group, external auditors/counsels, and its third party service providers (whether within or outside the Philippines) within the rules set by the Data Privacy Act of 2012, as may be amended from time to time, relevant regulations and the Company's privacy policy available at assetmanagement.manulife.com.ph/Customer-Privacy-Policy for purposes of:

- approving my application;
- administering and servicing the account;
- marketing (including marketing of products and services offered by any member of the Manulife Financial Group and those of our business partners), promoting, getting feedback on our products and services, and measuring client satisfaction;
- conducting data analytics and doing automated data processing;
- preventing money laundering or terrorist financing activities;
- complying with reportorial and regulatory requirements of both local and foreign regulatory authorities (including local and foreign tax authorities and stock exchanges) as well as other legal, regulatory or contractual obligations of any member within the Manulife Financial Group, relating to information sharing, tax reporting or otherwise;
- the Company's internal purposes such as governance, risk, compliance, and reporting; and
- for other reasonable purposes related to the services provided.

I will not unreasonably cancel my consent which could result to the Company or any member of the Manulife Financial Group violating any law, rules, regulations or guidelines or its obligation under any contract or commitment with local or foreign regulators, governmental bodies or industry recognized bodies (whether within or outside the Philippines).

For my personal and sensitive information I provided to the Company, I am allowing the Company to keep them in line with its records retention policy. I will not hold the Company responsible for any claim, loss, liability and cost as a result of using such information for valid purposes.

Payor's Signature over Printed Name

Date Signed (mm/dd/yyyy)

Valid ID with Photo and Signature Presented:

ID Type: _____ ID Number: _____

IMPORTANT NOTE: Acceptable Valid IDs include those issued by any of the following official authorities: 1) The Philippine Government, including its political subdivisions, agencies, and instrumentalities; 2) Government-Owned or -Controlled Corporations (GOCCs); 3) Private entities or institutions registered with and supervised or regulated either by the Bangko Sentral ng Pilipinas (BSP), Securities and Exchange Commission (SEC) or Insurance Commission (IC); 4) For Filipino students, School ID signed by the school principal or head of the educational institution.

Verified by:

Sales Personnel/Wealth Specialist's Signature over Printed Name

Date Signed (mm/dd/yyyy)

Unit Investment Trust Funds are NOT DEPOSIT products and are not insured by the Philippine Deposit Insurance Corporation (PDIC) or by Manulife Asset Management and Trust Corporation, its parent company or its affiliates. These products have no guaranteed returns/yields. The performances of the funds and their underlying securities are not guaranteed and the value of funds may fluctuate and could be less than the capital invested. Any loss/income arising from market fluctuations and price volatility, even if invested in government securities, is for the account of the client/investor. Past performance, when presented, is purely for reference purposes and is not indicative of similar future result. Manulife Asset Management and Trust Corporation is not liable for losses except for gross negligence, willful fraud or bad faith of its officers, employees, or authorized representatives. Prospective investors are advised to read the Declaration of Trust for the Fund, which may be obtained from the office of the Trustee, before proceeding with the investment.

Manulife Asset Management and Trust Corporation, its products and services are regulated and governed by the Bangko Sentral ng Pilipinas (BSP) with telephone number (02) 708-7087 and email address consumeraffairs@bsp.gov.ph. For inquiries or complaints relating to our products and services, you may call our Customer Care Hotline at (02) 884-7000 or send an email to phcustomer@manulife.com. To know your rights under BSP Circular No. 857 (Regulations on Financial Consumer Protection), please access a copy at the BSP website (www.bsp.gov.ph).

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