

<p>Important Notes:</p> <ol style="list-style-type: none"> 1. Please use one form per policy. This form must be completed in ink. Any amendments must be countersigned. The signature(s) must be consistent with our records. 2. Please tick in the boxes accordingly. 3. Application is subject to our approval and administrative requirements. 4. For company-owned policy, please provide a list of signatories authorized to sign this form. This form must bear the company stamp. Please also submit a photocopy of the NRIC/PP of the authorized signatory and a copy of the ACRA business profile (extracted not more than 3 months from the date of submission of this form).
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Policy Number	Name of Owner/Assignee	Name of Life Insured (if different from Owner/Assignee)

WARNING: PURSANT TO SECTION 25(5) OF THE INSURANCE ACT CAP. 142, YOU ARE TO DISCLOSE IN RESPECT OF THIS APPLICATION, FULLY AND FAITHFULLY, ALL FACTS YOU KNOW OR OUGHT TO KNOW, OTHERWISE THE POLICY ISSUED MAY BE VOID

Owner/Assignee/Trustee's Completion	
I/We wish to apply for the following transaction(s):	
1.	<input type="checkbox"/> Change of Death Benefit (DB) Option Please indicate your change: <input type="checkbox"/> From: <u>1 – Level Death Benefit</u> To: <u>2 - Increasing Death Benefit</u> <input type="checkbox"/> From: <u>2 – Increasing Death Benefit</u> To: <u>1 - Level Death Benefit</u> <u>Note:</u> <ul style="list-style-type: none"> ▪ The request may be subject to current underwriting requirements. ▪ The request if approved by Us will take effect at the beginning of the policy month following the date of Our approval. ▪ The Face Amount and Death Benefit of the Policy may be adjusted after the change is effected depending on the option chosen. ▪ Pro-rata surrender charges may be incurred. ▪ The request is subject to the terms and conditions of the Policy.
2.	<input type="checkbox"/> Face Amount Change From US\$ _____ (current amount) to US\$ _____ (new amount). If your request is to decrease the Face Amount of your policy and you wish to withdraw the surrender value (if any) of the decrease in Face Amount, please tick the box below. <input type="checkbox"/> I/We confirm that I/we wish to withdraw the surrender value (if any) of the decrease in Face Amount. <u>Note:</u> <ul style="list-style-type: none"> ▪ Face amount increase is subject to current underwriting. Please complete and submit the Heritage Application Form. ▪ The request if approved by Us will take effect at the beginning of the policy month following the date of Our approval. ▪ When there is an increase after a decrease, the oldest layers are reinstated first (FIFO basis). ▪ Pro-rata surrender charges apply to face amount decrease. ▪ Death Benefit Protection feature will be terminated at time of face amount increase. ▪ The request is subject to the terms and conditions of the Policy.

Manulife (Singapore) Pte Ltd Reg. No. 198002116D
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3. Change of Planned Premium

Please effect change as follows:

On Policy Anniversary		Planned Premium (US\$)
From (DD/MM/YYYY)	To (DD/MM/YYYY)	
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. Change Smoking Class (Please indicate the appropriate change)

4.1 Life Insured has quit smoking for 12 consecutive months and is applying for a change to Standard Non-Smoker class. The policy is within 36 months of the policy issue date.

Please submit your urinalysis results from your medical examiner together with this request form.

(Life Insured) – Answer “Yes” or “No” to the following question and provide details if necessary.

- a) Have you ever used tobacco or nicotine products in any form (including cigarettes, cigars, cigarillos, pipe, chewing tobacco, nicotine patches or gum)? Yes No
 If yes, please provide details below.

Product	Amount/ Frequency	Current	Past	Date Last Used
Cigarettes				
Cigar				
Others (please specify)				

4.2 Life Insured has quit smoking for 24 consecutive months and is applying for a change to Preferred Non-Smoker class. The policy is within 36 months of the policy issue date

We also require the following to be submitted together with this request for our underwriting:

- a) Please complete Section E Part 2 & 3, Section J & Section K of the Heritage Application Form
 b) Your current comprehensive APS that includes exam and lab (including cotinine) results

4.3 Life Insured has quit smoking for 12 consecutive months and is applying for a change to Standard Non-Smoker class. The policy is beyond 36 months of the policy issue date.

We also require the following to be submitted together with this request for our underwriting:

- a) Complete Section E Part 2 & 3, Section J & Section K of the Heritage Application Form
 b) Your current comprehensive APS that includes exam and lab (including cotinine) results

5. Rating Reconsideration (Please indicate the appropriate change)
- 5.1 Remove or reduce a policy rating
Please complete and submit the **Heritage Application Form** together with this request for our underwriting.
- 5.2 Change to a better risk class
Please complete and submit the **Heritage Application Form** together with this request for our underwriting.
6. Residency Reclassification
- Is there a change in the residency classification? Yes No
If yes, please complete and submit the Nationality Questionnaire for our underwriting.

AUTHORISATION AND DECLARATION BY POLICYOWNER/ASSIGNEE/TRUSTEE/BENEFICIARIES

I/We declare that:

- This Policy is not assigned to any other party.
- I/We am/are not an undischarged bankrupt(s), in winding up, receivership or judicial management. There are currently no pending bankruptcy proceedings, winding up proceedings, receivership or judicial management proceedings against me/us.
- To the best of my/our knowledge, the beneficiary(ies) is/are not an undischarged bankrupt(s), in winding up, receivership or judicial management. There are currently no bankruptcy proceedings, winding up proceedings, receivership or judicial management proceedings against him/her/them.
- I/We understand and agree that policy proceeds made payable to Trustee(s) are for the benefit of beneficiary(ies).
- I/We agree to indemnify and hold harmless the Company from and against all demands, claims, actions, damages, suits, proceedings, assessments, judgements, costs and legal and other expenses arising as a result of the Company acting in accordance with these instructions.
- I/We declare that no material facts, that is, facts likely to influence the assessment of this application for change have been withheld and to the best of my/our knowledge and belief the information given here is true and complete.
- I/We agree to inform the Company in writing of any change in health, occupation or activity of the Life Insured where such change(s) occurs between the date of this application or medical examination and the approval of the application for change. On receiving the information of any change, the Company is entitled to accept or reject my application for change.
- I/We agree that the Company may enquire about and/or verify with any medical source, insurance office or organization any relevant information about me and/or the Life Insured. The Company may release any information about me to any of the aforementioned organizations in connection with this application.
- I/We have read Section 25(5) Insurance Act Cap. 142 warning stated on the front of the Application for Change form.

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1. This section is applicable for policies (including company owned policies) which are not under section 49L Insurance Act:		
Signature of Policy Owner/Assignee:	Signature of Life Insured (if different from Owner/Assignee)	*Representative to sign if submission through Representative
Name:	Name:	Name:
NRIC/PP No.:	NRIC/PP No.:	Branch Code:
Contact No.:	Contact No.:	Contact No.:
Date:	Date:	Date:

2. This section is applicable for policies which are under section 49L Insurance Act:			
Signature Policy Owner:	#Signature of Trustee:	+Signature of Beneficiary/ Parent/Guardian:	+Signature of Beneficiary/ Parent/Guardian:
Name:	Name:	Name:	Name:
NRIC/PP No.:	NRIC/PP No.:	NRIC/PP No.:	NRIC/PP No.:
Contact No.:	Contact No.:	Contact No.:	Contact No.:
Date:	Date:	Date:	Date:
+Signature of Beneficiary/ Parent/Guardian:	+Signature of Beneficiary/ Parent/Guardian:	+Signature of Beneficiary/ Parent/Guardian:	*Representative to sign if submission through representative
Name:	Name:	Name:	Name:
NRIC/PP No.:	NRIC/PP No.:	NRIC/PP No.:	Branch Code:
Contact No.:	Contact No.:	Contact No.:	Contact No.:
Date:	Date:	Date:	Date:

The policy owner must get the consent of:

- (i) #any of the trustees but he/she cannot be the policy owner. If there is only 1 trustee and he/she is the policy owner, the policy owner can re-appoint another trustee using a prescribed form which can be obtained from www.manulife.com.sg, the representative or our Customer Service.; OR
- (ii) +all of the beneficiaries. Each beneficiary must be at least 18 years old. For beneficiary who is below 18 years old, the parent/guardian (who is not also the policy owner) will sign on behalf of the beneficiary. If parent/guardian signing, please submit proof of relationship.

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