

E. Change Insured Person

- Life Replacement Option Keyman Replacement Option

F. Change Occupation Details of Insured

1. New Occupation Title
 2. Effective Date of New Occupation
 3. Description of Job Duties
- Please note that we may request further information for underwriting purposes.*

G. Other Policy-Related

1. Freelook Cancellation of Policy Reason:
- Can only be exercised within 14 days from date of receipt of the policy contract by the Owner.
Contract is deemed received within 7 days after date of postage.*
2. Convert to Reduced Paid-Up
 3. Other Changes

3 DECLARATION & AUTHORISATION

1. I/We/The beneficiaries are not undischarged bankrupt(s). There are currently no actual or pending bankruptcy proceedings against me/us.
2. Save as provided in this form, information provided on the Life Insured's health, occupation and engagement of hazardous activities is complete and remains accurate.
3. I/We agree to provide the Company with information of any change to the Life Insured's health, occupation or engagement of hazardous activities.
4. I confirm that the above information is true and correct, and I authorise the company to effect the change(s) requested on my policy(ies).

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Signature of Owner/Assignee

Name

Contact No. Date .. / .. / ..

Additional Authorisation for Policy under a Trust

Section 49L (Insurance Act)

- Who to sign:
Any Trustee of the policy who is not the Owner
OR all Beneficiaries 18 years and above
Trustee can be appointed by the Owner via Nomination of Beneficiary Form 3
- Proceeds payable to:
Trustee(s) **OR** All Beneficiary(ies)

Section 73 (Conveyancing & Law of Property Act)

- Who to sign:
All Trustee(s) of the Policy
- Proceeds payable to:
Trustee(s) for the benefit of the Beneficiary(ies)

.....
Signature of Trustee/Beneficiary

Name

NRIC No. Contact No. Date .. / .. / ..

.....
Signature of Trustee/Beneficiary

Name

NRIC No. Contact No. Date .. / .. / ..

.....
Signature of Trustee/Beneficiary

Name

NRIC No. Contact No. Date .. / .. / ..

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Signature of Trustee/Beneficiary

Name

NRIC No. Contact No. Date .. / .. / ..

Need Help? Please contact our Client Service Centre at ☎ **6833 8188** or your Financial Representative for further assistance.

FORM VERSION 1111a

Completed?

For ■ Increase Sum Insured for Basic Plan ■ Increase Sum Insured for Rider(s)/Supp. Benefit(s) and ■ Addition of Rider(s)/Supp. Benefit(s), please Mail this form with the Regular Premium Application Form to 📬 **51 Bras Basah Road #09-00 Manulife Centre Singapore 189554**
For Other Requests, you may also submit this form via Email at ✉ **forms@manulife.com** or Fax at 📠 **67322714**