

**Important Notes:**

1. The form must be completed in ink. Any amendments must be countersigned. Signature must be consistent with our record. Names should be written as they appear in NRIC/Passport. Please submit photocopies of NRIC or Passport as documentary evidence if the name per our record is different from the name per your NRIC or passport.
2. For Policy purchased using CPF or SRS monies, the net amount payable on surrender will automatically be credited into the Owner’s CPFIS-OA Investment A/C, CPFIS-SA or SRS Investment A/C.
3. For surrender of Policy, Policy contract and photocopy(ies) of NRIC/PP/BC (both sides) of Policy Owner(s), Assignee, Trustee(s) and Life Insured(s) should be submitted with this form.
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).

**Please read carefully before making a decision on your insurance policy**

We wish to highlight to you that an insurance policy is intended to meet your long-term financial needs. Therefore, in surrendering your policy (fully or partially) before its maturity date, you are losing valuable benefits, and it may not be possible for you to obtain a similar level of protection on the same terms in the future.

- **Additional Fees/Charges**  
 If you surrender your policy, fully or partially and then buy a new policy or other investment product, you will incur new charges. These may include:
  - (i) Distribution Fee  
 Commission is paid to Agents/Financial Representatives on all new insurance policies/investment products.
  - (ii) Policy Fee  
 A policy fee is usually incurred for each policy.
- **Other Options**  
 If your policy has acquired a cash value, you may choose to:
  - (i) Apply for a cash loan to meet short term financial needs; OR
  - (ii) Convert to a reduced paid up insurance.
- **Change in Terms and Conditions**  
 Surrendering your insurance policy for another policy could result in higher premiums and loss of specific policy features due to changes in age or health.

**Owner/Assignee/Trustee’s Completion**

I/We\* apply for the following transaction(s):

- |   |   |
|---|---|
| <input type="checkbox"/> Full withdrawal of Reversionary Bonus<br><input type="checkbox"/> Reduction in Face Amount <sup>&amp;</sup><br><input type="checkbox"/> Termination of Policy<br><input type="checkbox"/> Change in Life Insured | <input type="checkbox"/> Termination of JH Super Reversionary Rider<br><input type="checkbox"/> Termination of JH Guaranteed Endowment Rider<br><input type="checkbox"/> Termination of JH Single Premium Rider<br><input type="checkbox"/> |
|---|---|

<sup>&</sup> Please also complete Section III of the **Application for Change in Policy Form** to indicate the amount of reduction.

My/Our\* reason(s) is/are\*:

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**Please provide answers to the question below:**

Were you advised by a Representative to apply for the above requested transaction(s)?  Yes<sup>#</sup>  No  
<sup>#</sup>*[If your answer is “Yes”, please ask your Representative to complete the “Representative’s Acknowledgement” below.]*

| Representative’s Acknowledgement <sup>#</sup>  | Representative’s Manager Review  |
|--|--|
| <p>“I have explained to the above Policyowner/Assignee/Trustee the alternative options available and the implications of the requested transaction(s). I have recommended the transaction(s) for the following reasons:</p> <hr/> <hr/> <hr/> <p>Signature of Representative</p> <hr/> <p>Name: _____<br/>           Code: _____ Date: _____</p> | <p><input type="checkbox"/> I agree with Representative’s recommendation for the requested transaction(s).<br/> <input type="checkbox"/> I disagree with Representative’s recommendation for the requested transaction(s). The following actions have been taken to rectify the situation:</p> <hr/> <hr/> <hr/> <p>Signature of Representative’s Manager</p> <hr/> <p>Name: _____<br/>           Branch/Unit: _____ Date: _____</p> |

**Policyowner/Assignee/Trustee/Beneficiaries' Declaration**

I/We\* declare that:

- **I/We\* have read and understood the statements above. I/We\* am/are\* aware that should I/we wish to buy a similar policy in future I/we\* may incur additional charges and may not be able to secure similar terms and conditions.**
- The net amount payable on the termination of the Policy/rider, withdrawal of bonus, change of life insured and/or reduction in face amount is calculated with reference to the date of receipt of this application by the Company. I/We\* understand that this amount may be zero. If the application is submitted to the Company by a representative, the application is deemed received by the Company when the representative submits the application to the Company.
- 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.
- Where I/We\* have applied to withdraw the bonus, change life insured and/or reduce the face amount, I/We agree that receipt of the monies (including receipt in the CPFIS-OA/ CPFIS-SA/SRS Account) shall be full and final settlement of any and/or all of the Company's obligations to-date under the Policy/Rider (as the case may be) with respect to bonus, change of life insured and/or the amount to be paid with respect to reduction in face amount and I/We hereby waive all my/our claim(s) which I/We may have under the Policy/Rider to date with respect to bonus, change of life insured and/or amount to be paid with respect to reduction in face amount.
- Where I/We\* have applied to terminate the Policy or the rider, I/We agree that receipt of the monies (including receipt in the CPFIS-OA/CPFIS-SA/SRS Account) shall be full and final settlement of any and/or all of the Company's obligations to-date under the Policy/Rider (as the case may be) and I/We hereby waive all my/our claim(s) which I/We may have under the Policy/Rider.
- I/We\* understand that termination of the Policy will also result in the termination of any rider(s)/supplementary benefit(s) attached to it.

|   |  |  |   |       |       |              |              |              |              |       |       |
|---|--|--|---|-------|-------|--------------|--------------|--------------|--------------|-------|-------|
| 1.  | <p>This section is applicable for policies <b>NOT</b> under section 49L Insurance Act or section 73 Conveyancing and Law of Property Act (including company-owned policy):</p> |  |   |       |       |              |              |              |              |       |       |
| <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><b>Signature of Policy Owner/Assignee:</b></td> <td style="width: 50%; border: none;"><b>*Representative to sign if submission through Representative</b></td> </tr> <tr> <td style="border: none;">Name:</td> <td style="border: none;">Name:</td> </tr> <tr> <td style="border: none;">NRIC/PP No.:</td> <td style="border: none;">Branch Code:</td> </tr> <tr> <td style="border: none;">Contact No.:</td> <td style="border: none;">Contact No.:</td> </tr> <tr> <td style="border: none;">Date:</td> <td style="border: none;">Date:</td> </tr> </table> |  | <b>Signature of Policy Owner/Assignee:</b> | <b>*Representative to sign if submission through Representative</b> | Name: | Name: | NRIC/PP No.: | Branch Code: | Contact No.: | Contact No.: | Date: | Date: |
| <b>Signature of Policy Owner/Assignee:</b>  | <b>*Representative to sign if submission through Representative</b>  |  |   |       |       |              |              |              |              |       |       |
| Name:   | Name:  |  |   |       |       |              |              |              |              |       |       |
| NRIC/PP No.:  | Branch Code:   |  |   |       |       |              |              |              |              |       |       |
| Contact No.:  | Contact No.:   |  |   |       |       |              |              |              |              |       |       |
| Date:   | Date:  |  |   |       |       |              |              |              |              |       |       |

Policy proceeds are payable to policyowner/assignee.

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| 2.  | This section is applicable for policies which are under <b>section 49L Insurance Act:</b> |   |   |   |
| <b>Signature Policy Owner:</b>                    |   | <b>#Signature of Trustee:</b>                     | <b>+Signature of Beneficiary/Parent/Guardian:</b>                   | <b>+Signature of Beneficiary/Parent/Guardian:</b> |
| 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:   |   |
| <b>+Signature of Beneficiary/Parent/Guardian:</b> |   | <b>+Signature of Beneficiary/Parent/Guardian:</b> | <b>*Representative to sign if submission through representative</b> |   |
| 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](http://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.

Policy proceeds are payable to the trustee signing this form. If the beneficiary/parent/guardian signs the form, we will issue a cheque to each beneficiary/parent/guardian for the beneficiary's share.

|    |   |  |  |  |
|----|---|--|--|--|
| 3. | This section is applicable for policies which are under <b>section 73 Conveyancing and Law of Property Act:</b> |  |  |  |
|    | <b>Signature of Policy Owner:</b>   | <b>Signature of Trustee:</b>                   | <b>Signature of Trustee:</b>                   | <b>*Representative to sign if submission through representative:</b> |
|    | Name:<br>NRIC/PP No.:<br>Contact No.:<br>Date:  | Name:<br>NRIC/PP No.:<br>Contact No.:<br>Date: | Name:<br>NRIC/PP No.:<br>Contact No.:<br>Date: | Name:<br>Branch Code:<br>Contact No.:<br>Date:                       |

<sup>&</sup>If there is more than 1 trustee, all the trustees must sign.

Policy proceeds are payable to the trustee. If there is more than 1 trustee, we will issue a cheque in the name of all the trustees.