Manulife Financial

PERSONAL DETAILS UPDATE

Please remember to...
- Countersign any amendments
- ☑ Ensure that the appropriate boxes are checked

And for Corporate Policies...
- ✓ Enclose photocopies of NRIC/Passport of authorised signatories
- ✓ Enclose copy of the latest ACRA business profile not more than 3 months from submission date
- ✓ Enclose list of latest Authorised Signatories for Update of Signature(s) request

1 POLICY INFORMATION

Full Name of Owner ..... NRIC/Passport No. .....

Full Name of Life Insured (if different from Owner) .....

2 UPDATE OF PERSONAL DETAILS

A. Update of Personal Details

☐ Owner/Assignee ☐ Life Insured ☐ Payor

New Name ..... New ID .....

New Birthdate ..... DD/MM/YYYY Old ID .....

Please attach copy of NRIC/Passport/Birth certificate. In addition, please attach Deed Poll for update of Name

B. Update of CPF Account Number (CPF-OA Policies only)

New CPF Account No. .....

As premium and refund will be processed through the Agent Bank, please ensure that the above is consistent with your Agent Bank's records

C. Update of Contact Details

New Email Address ..... New Home No. .....

New Mobile No. ..... New Office No. .....

New Mailing Address .....

..... Postal Code .....

The above mailing address is applicable to ☐All Policies I own ☐All Unit Trust Accounts I own

☐ **Only these Policy Number(s) / Unit Trust Account(s)** .....

D. Update of Signature (Please select I or II only)

☐ Owner/Assignee ☐ Trustee (Name _____ ID No. _____ Contact No._____)

I) ☐ I cannot recall my current Signature as per Manulife's record. The necessary witnessing is as follows.

....

Witness Signature of your Representative / Client Services Officer **New Signature**

Witness Name .....

Please approach your Representative or visit our Client Service Centre to witness

II) ☐ I can recall my current Signature as per Manulife's record.

....

Current Signature **New Signature**

3 DECLARATION AND AUTHORISATION BY OWNER/ASSIGNEE

I confirm that the above information is true and correct, and I authorise the company to effect the update(s) requested on my policy(ies).

Contact No. .....

Date .....

Signature of Owner/Assignee

FORM VERSION 1111

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

Completed? For Update of Signature, please mail this form to **51 Bras Basah Road #09-00 Manulife Centre Singapore 189554**
For Other Requests, you may also submit this form via **Email** **forms@manulife.com** or **Fax** **67322714**

INTERNAL USE - FOR REPRESENTATIVE

Update is for ☐New Business ☐Client Services

Submitted by ☐Servicing Rep ☐Others _____(Code)

INTERNAL USE - FOR STAFF

Client No. ☐☐☐☐☐☐☐☐☐☐

Policy No.(s) _____

Doc ID ☐PA016 ☐PA028 ☐PA043 ☐PA044