



**Health Declaration**  
 Statement of Insurability of the Life Insured to be completed by the Life Insured. However, if the Life Insured is under 16 years old, the Owner will complete the declaration. Since the above-mentioned policy was applied,

1. Has there been any change in the Life Insured's health?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. Has the Life Insured had any signs or symptoms of illness or disease?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If the answer is yes, (i) and the Life Insured had sought medical advice, please provide the details of the medical advice; (ii) and the Life Insured had not sought medical advice, please provide the details and let us know why medical advice was not sought.		
3. Has the Life Insured been recommended for any operation, treatment, hospital care, medical investigations not of a routine nature or is the Life Insured currently under any medication?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4. Has any insurance on the Life Insured been declined, postponed or offered with restricted benefits or offered other than standard rates by other Company?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5. Has the Life Insured changed occupation, country of residence, involved in aviation, racing (automobile, go-kart, cycle, boat), or diving (skin, scuba or sky) activities? If yes, please contact your Representative or our Client Services Officers for the appropriate supplementary questionnaire to be completed.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6. Has the Life Insured gone abroad other than for holidays during the last 2 years? If yes, please indicate purpose, frequency per year, length of stay and destinations.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
_____		
7. Please provide the Life Insured's current height and weight.	Height <input style="width:50px;" type="text"/>	Weight <input style="width:50px;" type="text"/>
8. Has the Life Insured ever made a claim against any insurance company in respect of any life, accident or health insurance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If the answer is "Yes", please provide details below.		

If "Yes" to any of the above questions (1) through (5), please provide details below:

CONDITION	YEAR	TESTS DONE	RESULTS/NAME & ADDRESS OF CLINIC/HOSPITAL

If the answer to question (8) is "Yes", please provide details below:

INSURANCE COMPANY	TYPE OF INSURANCE	DESCRIPTION OF CLAIM	DATE OF CLAIM	CLAIM AMOUNT

- ^By signing this form, the policy owner/assignee is making the following declaration:
- I/We declare that no material facts, that is, facts likely to influence the assessment of this Application for Single Premium Top-Up have been withheld and to the best of my/our knowledge and belief the information given herein is true and complete.
  - I agree to inform Manulife if there is any change in the state of health, occupation or activity of the Insured between the date of this application or medical examination and the issue of the above benefit. On receiving the information of any change, Manulife is entitled to accept or reject my application.
  - I/We have read the Section 25(5) of the Insurance Act (Cap 142) warning stated on this Form.

1.	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):		
	<b>Signature of Policy Owner/Assignee ^:</b>	<b>Signature of Life Insured (if different from Policy Owner/Assignee):</b>	<b>*Representative to sign if submission through Representative</b>
	Name: NRIC/PP Contact No.: Date:		

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).

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: NRIC/PP: Contact No.: Date:	Name: NRIC/PP: Contact No.: Date:	Name: NRIC/PP: Contact No.: Date:	Name: NRIC/PP No.: Contact No.: Date:
	<b>+Signature of Beneficiary/ Parent/Guardian:</b>	<b>+Signature of Beneficiary/ Parent/Guardian:</b>	<b>+Signature of Beneficiary/ Parent/Guardian:</b>	<b>* Representative to sign if submission through representative</b>
	Name: NRIC/PP: Contact No.: Date:	Name: NRIC/PP: Contact No.: Date:	Name: NRIC/PP: Contact No.: Date:	Name: Branch Code: Contact No.: 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.

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: NRIC/PP: Contact No.: Date:	Name: NRIC/PP: Contact No.: Date:	Name: NRIC/PP: Contact No.: Date:	Name: Branch Code: Contact No.: Date:

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