

Change of Servicing Representative

**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 a copy of the latest ACRA business profile (or its equivalent for foreign corporations) extracted not more than 3 months from the submission date of this form

1 Policy Information

Policy Owner: _____

NRIC/Passport No./UEN or Business Registration No.: _____

Email: _____ Contact No.: _____

2 Details of Change

New Representative's Name: _____

Code: _____ Branch: _____

Please tick (✓) the appropriate box:

- This change will apply to all my existing in force policies
- This change will apply to these policies: _____

NOTE: If none of the options were selected, the change will be applied to all of your in-force policies.Remarks (if any): _____

3 Declaration and Authorisation by Policy Owner

- I/We understand the contents of this form and confirm that I/we wish to perform the transaction stated above.
- Applicable for submission via Facsimile/Electronic mail ("Electronic Services")**
I/We hereby authorise Manulife to carry out the above-mentioned request received via Electronic Services. I/We acknowledge that Manulife is not responsible for verifying the authenticity of the instructions given by me/us or purported to be given by me/us. Manulife reserves the right to withhold or disallow the execution of instructions for verification or other purposes and shall not be liable for any losses incurred in consequence. I/We agree that Manulife shall not be liable for any losses arising from instructions lost in transmission whether due to breakdown in the system or otherwise. Manulife retains full authority and discretion to amend the terms and manner of use of the Electronic Services (including terminating the use of such Electronic Services) at all times.
Please note the transmission of instructions via Electronic Services shall be evidenced by the receipt of a successful transmission report (in the case of facsimile) or message (in the case of electronic mail).

Internal Use - for RepresentativeSubmitted by: Servicing Rep Others _____ (Code)**Internal Use - for Staff**

Doc ID: PA030



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3 Declaration and Authorisation by Policy Owner (continued)

- I/We agree to indemnify and hold harmless Manulife from and against any and all demands, claims, actions, damages, suits, proceedings, assessments, judgments, costs, losses (whether direct, indirect, special or consequential) including legal costs, and other expenses arising from or in connection with Manulife accepting and acting on these instructions (including where relevant, the use of the Electronic Services).
- I/We am/are aware that this form will not be effective until it is formally accepted by Manulife.
- I/We confirm that the above information is true and correct, and I/we authorise Manulife to effect the request on my/our policy(ies).
- I/We agree that the personal data collected in this form will be used by Manulife for the purpose of complying with my/our request and other related purposes only.
- I/We further confirm that I/we have read and understood Manulife Statement of Personal Data Protection which may be amended by Manulife from time to time ("Manulife Statement"), and I/we hereby consent to collection, use, disclosure and processing of personal data in accordance with Manulife Statement and agree to be bound by Manulife Statement. I/We have obtained a hard copy of the Manulife Statement from Manulife and/or downloaded a soft copy of the Manulife Statement from www.manulife.com.sg.

Signature of Owner

Date signed (DD/MM/YYYY)

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

Section 73 (Conveyancing & Law of Property Act)

Who to sign:

All Trustee(s) of the Policy

Signature of Trustee/Beneficiary

Name: _____

Date: _____ NRIC No.: _____

Contact No.: _____

Signature of Trustee/Beneficiary

Name: _____

Date: _____ NRIC No.: _____

Contact No.: _____



Need help?

Please contact your **Financial Representative** for further assistance. Alternatively, you may email us at service@manulife.com or call us at **6833 8188** during service hours.



Completed?

You may submit the completed and signed form with all relevant documents to us through any of the following modes:

Mail - 8 Cross Street #15-01, Manulife Tower, Singapore 048424

Email - forms@manulife.com