




**Remember to**

-  Countersign any amendments
- ☒ Ensure appropriate boxes are checked
-  Note that submission cut-off time is 3pm

**For Corporate Policies**

- ✓ Enclose photocopies of NRIC/Passport of authorised signatories
- ✓ Enclose copy of the latest ACRA business profile extracted or relevant record from the Registry of Societies that is not more than 6 months from submission date

For individual customers who passed the CKA and do not wish to receive advice, please submit your fund switch/premium redirection/automatic fund rebalancing instructions on our customer portal, MyManulife, at [www.mymanulife.com.sg](http://www.mymanulife.com.sg). These requests submitted via non-digital modes like post and/or email from this group of customers are no longer accepted.

## 1 POLICY INFORMATION

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

## 2 ADVICE

**IMPORTANT NOTE 1:** It is important that you have the knowledge or experience to transact in an unlisted Specified Investment Product before doing so. As such, we recommend that you consult with your Representative before completing this Application. For updated information of the fund(s) before your transaction(s), please refer to our website [www.manulife.com.sg](http://www.manulife.com.sg) on Fund Summary(ies)/Prospectus(es), Product Highlight Sheet(s) and Fund Fact Sheet(s).

**IMPORTANT NOTE 2:** You may incur fees and charges as a result of (i) the disposal of, or reduction in interest in, an existing investment product/fund, and (ii) the acquisition of, or increase in interest in, a new investment product/fund. Before switching from one investment product/fund to another, you should find out whether you are entitled to free switching and consider carefully whether any fees, charges or disadvantages that may arise from a switch would outweigh any potential benefits. Some of the disadvantages associated with switching include the following:

- (i) You may incur transaction costs without gaining any real benefit from the switch;
- (ii) The new investment product/fund may offer a lower level of benefit at a higher cost or same costs, or offer the same level of benefit at a higher cost;
- (iii) You may incur penalties for terminating the existing investment product/fund; and
- (iv) The new investment product/fund may be less suitable for you.

You should seek the advice of your financial adviser/Representative when in doubt or if you require further clarification.

Choose only one option from below. If **Option C** is selected, please complete its acknowledgement.

Option	Acknowledgement
A <input type="radio"/>	I/We did not meet with a Representative and <b>do not wish</b> to be referred to a Representative for advice before submitting this Application
B <input type="radio"/>	I/We did not meet with a Representative but <b>wish</b> to be referred to a Representative for advice before submitting this Application
C <input type="radio"/>	<div> <div>My policy is serviced by a <b>Manulife</b> Representative and I/we met him/her for advice</div> <div> <p>When meeting your Representative, we encourage you to undergo a financial needs analysis if your current financial situation, needs or goals have changed since your last financial needs analysis.</p> <p>Do you want your Manulife Representative to perform a full review of your finances, needs and goals, i.e. Financial Needs Analysis (FNA)?</p> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Yes           <input type="checkbox"/> No         </div> <p>If Yes, complete Sections 5, 6 and 8 only and submit <b>Plan Right Discovery &amp; Solution form</b> with completion of Customer Knowledge Assessment (CKA) &amp; Investment Risk Profile Questionnaire (IRPQ).</p> <p>If No, complete Sections 3, 4, 5, 6 and 8 only.</p> </div> </div>
D <input type="radio"/>	My policy is serviced by a <b>non-Manulife</b> Representative and I/we met him/her for advice

**INTERNAL USE - FOR REPRESENTATIVE**

Submitted by ☐ Others \_\_\_\_\_ (Code)

**INTERNAL USE - FOR STAFF**

Doc ID ☐ PA035 ☐ \_\_\_\_\_

### 3 CUSTOMER KNOWLEDGE ASSESSMENT (CKA)

1. If you wish to proceed with this Application or make any future transaction in an Investment-Linked Policy (ILP), it is important that you possess the required knowledge or experience in such a product. Please ensure that the following are completed:

- Section 3A - Your CKA
- Section 3B - Your CKA Outcome
- Section 3C - Your Acknowledgement on CKA Outcome and Advisory Decision

**Any inaccurate or incomplete information provided can affect the outcome of the assessment.**

2. Where the policy is under Trust, Sections 3A to C must be completed by:

- Any Trustee who is not the Owner OR all Beneficiaries 18 years old and above for Section 132 under the Insurance Act 1966.
- All Trustees of the policy under Section 73 of the Conveyancing & Law of Property Act 1886.
- If there is more than one Trustee or Beneficiary, please attach the complete set of Section 3A to C for each additional Trustee or Beneficiary.

#### A. Your CKA

*The CKA serves as a tool to assess your knowledge and/or investment experience in Investment-Linked Policies (ILPs), and Collective Investment Schemes (CIS) so that appropriate advice and recommendation can be provided. Any inaccurate or incomplete information disclosed by you can potentially affect the outcome of the assessment and hence, the suitability of the advice/recommendations made (if any).*

**Please tick the applicable box(es) and provide details.**

#### Educational / Professional Finance-related Qualifications

☐ 1. I have Diploma or higher qualification in at least one of the following.

- |   |   |                         |
|---|---|-------------------------|
| ▪ Accountancy   | ▪ Capital Markets                                       | ▪ Financial Engineering |
| ▪ Actuarial Science   | ▪ Commerce  | ▪ Financial Planning    |
| ▪ Business/Business Administration/<br>Business Management/Business Studies | ▪ Economics   | ▪ Computational Finance |
| ▪ Associate Financial Planner (AFP)   | ▪ Finance   | ▪ Insurance             |
| ▪ Associate Financial Consultant (AFC)                                      | ▪ Diploma in Life Insurance                             |                         |
| ▪ Chartered Financial Analyst (CFA)   | ▪ Diploma in Financial Planning                         |                         |
|   | ▪ Association of Chartered Certified Accountants (ACCA) |                         |

Type of Qualification: .....

#### Investment Experience

☐ 2. In the past 3 years, I have performed at least 6 transactions<sup>^</sup> in sub-funds of Investment-Linked Policies (ILPs) and/or Collective Investment Schemes (CIS) which qualify as transactions in unlisted Specific Investment Products (SIPs).

<sup>^</sup>Examples of transactions are:

- |   |                         |
|---|-------------------------|
| ▪ New ILP purchase or unit subscription               | ▪ Single premium top up |
| ▪ Premium re-direction into a new ILP sub-fund        | ▪ Partial withdrawal    |
| ▪ Full surrender of ILP/Full redemption of unit trust | ▪ Fund switch           |

Type of Investment: ☐ Unit trust ☐ ILP

Type of Distributor ☐ Bank ☐ Insurance Company ☐ Online Brokerage ☐ Others .....

#### Work Experience

☐ 3. I have a minimum of 3 consecutive years of working experience in the past 10 years in at least one of the following.

- (i) the development/structuring/management/sales/trading/research on and analysis of investment products
- (ii) the provision of training in investment products
- (iii) accountancy, actuarial science, treasury or financial risk management activities
- (iv) the provision of legal advice or legal expertise in the areas listed (i) to (iii) above.

**Please note that general support functions such as operations, human resources, corporate services and information technology will not be considered as relevant experience.**

Company(ies): .....

Job Nature: ☐ (i) ☐ (ii) ☐ (iii) ☐ (iv)

## B. Your CKA Outcome

**If you have ticked at least one category under Section 3A, you have met the passing requirement of CKA. However, if none of the three categories under Section 3A applies to you, you have not fulfilled the passing requirement of CKA.**

Based on the information provided, I/we understand that I am/we are assessed:

- ☐ **To have** knowledge and/or experience in Investment-Linked Policies and/or Collective Investment Schemes. (PASSED CKA)
- ☐ **Not to have** knowledge and/or experience in Investment-Linked Policies and/or Collective Investment Schemes. (DID NOT PASS CKA)

*Please approach your Representative for advice.*

## C. Your Acknowledgement on CKA Outcome and Advisory Decision

### PASSED CKA

I/We understand that I/We have passed the CKA. I/We am/are deemed to have knowledge or experience for transactions in Investment-Linked Policies and/or Collective Investment Schemes.

- ☐ I/We wish to receive advice from my/our Representative for the requested transaction(s).

*Please complete Sections 4, 5, 6 and 8*

- ☐ I/We do not wish to receive advice from my/our representative for the requested transaction(s). Hence, I/We am/are making my/our own decision for the requested transaction(s) and I/we understand that by choosing not to receive advice:

(a) it is my/our responsibility to ensure the suitability of the requested transaction(s); and

(b) I/we will not be able to rely on section 36 of the Financial Advisers Act 2001 to file a civil claim against Manulife (Singapore) Pte. Ltd. in the event of a loss.

*Please complete Sections 4, 6 and 8*

### DID NOT PASS CKA

- ☐ I/We understand that I/we did not pass the CKA. I am/We are deemed not to have knowledge or experience for transactions in Investment-Linked Policies and/or Collective Investment Schemes. I/We understand that if I/we wish to proceed with the requested transaction(s), I/we must receive advice from my/our Representative.

*Please complete Sections 4, 5, 6 and 8*

## 4 INVESTMENT RISK PROFILE

### A. Investment Risk Profile Questionnaire (IRPQ)

		Selection (Tick)	Score	Maximum Risk Profile
Q1	<b>In general, what is the time period intended for your financial investment?</b> (a) Less than 1 year (b) 1 year to less than 3 years (c) 3 years to less than 5 years (d) 5 years to less than 8 years (e) 8 years or above	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 3 4 6	
Q2	<b>How many years of investment experience in financial markets (excluding mandatory pension scheme if any) do you have?</b> (a) No experience [Note: Your answer to question 3 will deem to be (f) even if you did not make any selection or have selected other options] (b) Less than 1 year (c) 1 year to less than 3 years (d) 3 years to less than 5 years (e) 5 years or above	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	0 1 2 3 4	
Q3	<b>Which of the following investment products have you invested in during the past 3 years? (Tick one or more, if applicable. Your answer with the highest score is final)</b> (a) Principal-protected products / Investment-grade bonds (b) Foreign currencies / Gold (c) Balanced funds / Mixed allocation funds (d) Stocks / ETFs / Equity funds (e) High yield bond funds / Hedge funds / Derivatives / Leveraged products. (f) None of above	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 3 5 7 0	

		Selection (Tick)	Score	Maximum Risk Profile
Q4	<b>Which of the following best describes your current stage of life?</b> (a) Actively working with little financial burden and not above 45 years old (b) Actively working with some financial burden and not above 45 years old (c) Actively working with little financial burden and above 45 years old (d) Actively working with some financial burden and above 45 years old (e) Retired or nearing retirement with little financial burden (f) Retired or nearing retirement with some financial burden	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	5 3 6 4 2 1	Balanced
Q5	<b>What is the price fluctuation on financial investment you can tolerate within one year?</b> (a) Around 5% (b) Around 10% (c) Around 15% (d) Around 25% (e) More than 25%	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 3 5 7	Moderately Conservative Balanced
Q6	<b>Which of the following best describes your overall investment objective?</b> (a) Capital preservation - keep investment loss at a minimum with little concern on returns (b) Income orientation - earn stable income or beat inflation (c) Income-and-growth - achieve returns on the balance of modest income and capital appreciation (d) Growth orientation - aim at returns with focus on capital appreciation. (e) Aggressive growth - look for maximum returns possibly from high-risk financial investments.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 3 4 5	Moderately Conservative Balanced

Risk Profile	Score Range
Conservative	4-9
Moderately Conservative	10-15
balanced	16-22
Growth	23-29
Aggressive	30-35

Total Score	Maximum Risk Profile (Lowest from Q4 to 6)
Total Score Risk Profile	

<b>Final Risk Profile</b> (Lower of <b>Total Score Risk Profile</b> & <b>Maximum Risk Profile</b> )

## 5 REVIEW & ACKNOWLEDGEMENT BY CLIENT, MANULIFE REPRESENTATIVE & SUPERVISOR

### A. Manulife Representative's Review & Advice

#### 1. Reason(s) for requested transaction(s)

- ☐ Change in risk profile
 ☐ Change in time horizon
 ☐ For re-balancing purposes  
☐ Investment risk concentration
 ☐ Change in investment objective
 ☐ Other reason(s): \_\_\_\_\_

#### 2. Representative's Declaration & Advice

I have recommended Target Funds that are **equal or lower** than the client's risk profile. The funds recommended are in line with the client's investment objectives, financial situation and particular needs based on the completed IRPQ/ Plan Right document (as may be relevant), as well as the outcome of the CKA. I have explained whether the client is entitled to a free fund switch, the features and risks (including any possible disadvantages associated with the switch(es)), and have provided the client a copy of the applicable Fund Summary(ies)/ Prospectus(es) and Product Highlights Sheet(s) as part of my advice on the Target Funds I have recommended as stated in the table below.

Recommended Target Fund Name	Fund Code	Risk Rating

- ☐ My client failed CKA and I have highlighted to the client that he/she needs to accept my recommendation in order to proceed with the requested transaction.
- ☐ My client passed CKA and he/she has accepted my recommendation.
- ☐ My client passed CKA and he/she has exercised his/her right not to accept my recommendation and to choose fund(s) of his/her own preference. In exercising this right to choose fund(s) of his/her own preference, I have highlighted to the client that it is his/her responsibility to ensure the suitability of the fund selected and that the client will not be able to rely on the safeguards from section 36 of the Financial Advisers Act 2001 to file a civil claim against Manulife (Singapore) Pte. Ltd. in the event of a loss.

B. Client's Response

PASSED CKA

- ☐ I/We agree with the recommendation by the Manulife Representative on the selected Target Fund(s) that are **equal or lower** than my/our risk profile. These selected fund(s) are as stated in **Section 6**. In making this decision to accept the recommendations by the Manulife Representative, I have been advised by the Manulife Representative on (a) whether I am entitled to free switching, (b) possible risk and/or disadvantage associated with the switch, and (c) **IMPORTANT NOTE 2**.
- ☐ I/We have made my/our own selection and have selected Target Fund(s) that are either **higher** than my risk profile, or are **not recommended** by the Manulife Representative. My/Our selected funds are as stated in **Section 6**. I/We understand that (a) it is my/our responsibility to ensure the suitability of the requested transaction; and (b) I/We will not be able to rely on section 36 of the Financial Advisers Act 2001 to file a civil claim against Manulife (Singapore) Pte. Ltd. in the event of a loss.

DID NOT PASS CKA

- ☐ I/We agree with the recommendation by the Manulife Representative on the selected Target Fund(s) that are **equal or lower** than my/our risk profile. These selected funds are as stated in **Section 6**. In making this decision to accept the recommendations by the Manulife Representative, I have been advised by the Manulife Representative on (a) whether I am entitled to free switching, (b) possible risk and/or disadvantage associated with the switch, and (c) **IMPORTANT NOTE 2**.
- ☐ I/We **DO NOT** agree with the recommendation by the Manulife Representative and I/we confirm that I/we understand that Manulife (Singapore) Pte. Ltd. will **NOT** proceed with the requested transaction(s).

### C. Representative's Supervisor Review

Having reviewed the Representative's recommendation, the declaration and acknowledgement by both the Representative and the Client and the following factors:

- (a) Whether the client suffers any penalty for terminating the original product/fund;
- (b) Whether the client will incur any transaction cost without gaining any real benefit from the switch;
- (c) Whether the replacement product/fund confers a lower level of benefit at a higher cost; and
- (d) Whether the replacement product/fund is less suitable for the client,

☐ I agree with the Representative's recommendation.

☐ I disagree with the Representative's recommendation. The following actions have been taken:

.....

### D. Acknowledgement

.....  
Client's Signature

Client's Name .....

Date ..... / ..... / .....  
Day Month Year

.....  
Manulife Representative's Signature

Manulife Representative's Name .....

Date ..... / ..... / .....  
Day Month Year

.....  
Supervisor's Signature

Supervisor's Name .....

Date ..... / ..... / .....  
Day Month Year

# 6 FUND SWITCH / AUTOMATIC FUND REBALANCING / CHANGE PREMIUM ALLOCATION

## A. Fund Switch

- Please note that any existing automatic fund rebalancing arrangement will cease upon this fund switching application. To continue this feature, please indicate in Section 6B.
- For individual customers who passed the CKA and do not wish to receive advice, please submit your fund switch/ premium redirection/ automatic fund rebalancing instructions on our customer portal, MyManulife, at [www.mymanulife.com.sg](http://www.mymanulife.com.sg). These requests submitted via non-digital modes like mail and email from this group of customers are no longer accepted.

	All Unit-linked Plans*	Signature Series & Fusion Plans
Maximum no. of funds per policy	Fortune Accumulator: 3 All Others: 10	4
Minimum Switch Out amount per fund	\$500 or entire fund value whichever lower	\$1,000 or entire fund value whichever lower
Minimum Switch In amount per fund	NA	NA
Minimum Remaining Balance (per fund)	NA	NA
Switch Fee	Golden Fund Series and E-Series, Regular Premium Unit-linked & Single Premium Unit-linked: Free first 2 switches per policy year, \$50 thereafter  All others: Free	Free 2 switches per policy year, \$25 thereafter

\* Does not include Variable Annuity, Signature Series and Fusion Plans

- For updated information of the fund(s), please refer to our website [www.manulife.com.sg](http://www.manulife.com.sg) on Fund Summary/Prospectus, Product Highlights Sheet, Fund Fact Sheet and risk classification of the fund(s)
- For submission before 3pm on a business day, fund switch transaction will be completed 2 to 5 business days from the submission date, depending on the type of funds.
- In the event of a fund holiday, or monthiversary activities, the transaction time will be lengthened.
- For submission after 3pm on a business day, it will be treated as submission on the next business day.

Source Funds		
Fund Name	Fund Code	Percentage to switch out (whole number)
		%
		%
		%
		%
		%
		%
		%
		%
		%
		%

Target Funds			Distribution Payout Method (only for dividend paying funds)	
Fund Name	Fund Code	Percentage of Target Funds (whole number)	Paid out directly	Reinvest to purchase units
		%	<input type="text"/>	<input type="text"/>
		%	<input type="text"/>	<input type="text"/>
		%	<input type="text"/>	<input type="text"/>
		%	<input type="text"/>	<input type="text"/>
		%	<input type="text"/>	<input type="text"/>
		%	<input type="text"/>	<input type="text"/>
		%	<input type="text"/>	<input type="text"/>
		%	<input type="text"/>	<input type="text"/>
		%	<input type="text"/>	<input type="text"/>
		%	<input type="text"/>	<input type="text"/>
Total:		100 %		

- *Total allocation of Target Funds must add up to 100%.*
- *Fund switch applies to the existing units and does not affect the allocation of future premiums. If you want to change the allocation of future premiums, please indicate in Section 6B.*
- *Dividend payouts are subject to our prevailing terms and conditions. Dividends will be reinvested into the fund by default if (a) no selection is made; (b) dividend amount is below minimum of S\$40/US\$40; or (c) policy is funded with SRS monies.*
- *Any subsequent fund switch from any target fund will be processed the business day after completion of current fund switch.*



## B. Automatic Fund Rebalancing & Change Allocation of Future Premiums

### ■ For Regular Premium or Recurrent Single Premium policies

- If you decide to exercise Automatic Fund Rebalancing at your policy anniversary, it will follow the exact same fund and percentage allocation as what you have specified for your future premium allocation.
- Automatic Fund Rebalancing feature is available from policy year 2. It re-balances your holdings in the range of funds according to your pre-specified fund allocations at each policy anniversary when the portfolio's variance from the pre-specified allocation exceeds 5%. Administrative fee of \$20 may be charged each time this transaction is executed. Refer to your policy terms and conditions..
- If you want to change the fund and percentage allocation for your next/subsequent premiums, this request must reach us at least 7 business days before their next premium due date.

#### Step 1: Select one of these options A, B, C or D

- Option A - Exercise Automatic Fund Rebalancing at policy anniversary and Change/Confirm the allocation of your future premiums
- Option B - Exercise Automatic Fund Rebalancing at policy anniversary only as your policy is a single premium policy
- Option C - Do not exercise Automatic Fund Rebalancing at policy anniversary but Change/Confirm the allocation of your future premiums
- Option D - De-activate Automatic Fund Rebalancing at policy anniversary, without changing the allocation of your future premiums

Option	To exercise Automatic Fund Rebalancing at policy anniversary	To change or confirm allocation of future premiums	Notes
A <input type="radio"/>	Yes	Yes	Proceed to <b>Step 2</b> to confirm your preferred funds & their percentage allocation.
B <input type="radio"/>	Yes	Not applicable	This Option is applicable only for single premium policies. Proceed to <b>Step 2</b> to confirm your preferred funds & their percentage allocation.
C <input type="radio"/>	No	Yes	Proceed to <b>Step 2</b> to confirm your preferred funds & their percentage allocation for your future premiums.
D <input type="radio"/>	No	No	Skip <b>Step 2</b> .

#### Step 2: This step is only necessary if you have chosen Option A, B or C. Indicate your preferred funds & their percentage allocation

Target Funds			Distribution Payout Method (only for dividend paying funds)	
Fund Name	Fund Code	*Percentage of Target Funds (whole number)	Paid out directly	Reinvest to purchase units
1.		%	<input type="checkbox"/>	<input type="checkbox"/>
2.		%	<input type="checkbox"/>	<input type="checkbox"/>
3.		%	<input type="checkbox"/>	<input type="checkbox"/>
4.		%	<input type="checkbox"/>	<input type="checkbox"/>
5.		%	<input type="checkbox"/>	<input type="checkbox"/>
6.		%	<input type="checkbox"/>	<input type="checkbox"/>
7.		%	<input type="checkbox"/>	<input type="checkbox"/>
8.		%	<input type="checkbox"/>	<input type="checkbox"/>
9.		%	<input type="checkbox"/>	<input type="checkbox"/>
10.		%	<input type="checkbox"/>	<input type="checkbox"/>
		100 %		

- Total allocation must add up to 100%.
- For Signature Series and Fusion Plans, the minimum fund allocation per fund is 20%. For all other plans, this is 10%.

#### Important note for CPFIS Policy

The Cash Fund is recommended to be used as a short term holding fund and not as a form of long term investment as the Cash Fund may not yield returns that are higher than the prevailing CPF interest rates. If you need further clarification, you should consult your Representative.

## 7 ACKNOWLEDGEMENT BY NON-MANULIFE REPRESENTATIVE

This client has obtained advice from the Non-Manulife Representative and confirm to proceed with the requested transaction(s).

Client's Signature .....

Non-Manulife Representative's Signature .....

Client's Name .....

Non-Manulife Representative's Name .....

Date ..... / ..... / .....  
Day Month Year

Non-Manulife Representative's Code .....

Date ..... / ..... / .....  
Day Month Year

## 8 DECLARATION & AUTHORISATION

### 1. Applicable for submission via Facsimile / Electronic mail (Electronic Services) -

I/We hereby authorise the Company to carry out the above-mentioned policy transaction(s) on my/our Policy received via Electronic Services.

I/We acknowledge that the Company is not responsible for verifying the authenticity of the instructions given by me/us or purported to be given by me/us. The Company 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. The Company 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).*

- I/We agree to indemnify and hold harmless the Company against any and all losses (whether direct, indirect, special or consequential) suffered by me/us or any third party arising from or in connection with the Company accepting and acting on my/our instructions (including where relevant, the use of the Electronic Services) except where such loss is attributable to the Company's gross negligence or wilful default.
- 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 and hereby consent to the collection, use, disclosure and processing of my/our personal data in accordance with and agree to be bound by Manulife's Statement of Personal Data Protection, as may be amended by Manulife from time to time. I/we have obtained a copy of Manulife / Statement of Personal Data Protection by: (a) downloading a soft copy from [www.manulife.com.sg](http://www.manulife.com.sg); or (b) obtaining a hard copy from Manulife.

Signature of Owner/Assignee

Name .....

Contact No. ....

Date .....

### Additional Authorisation for Policy under a Trust

#### Pursuant to Section 132 (formerly S49L) of Insurance Act 1966

- 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:  
Any one Trustee(s) who is not the policyowner **OR** All Beneficiary(ies)

#### Section 73 (Conveyancing & Law of Property Act 1886)

- Who to sign:

Any Trustee(s) of the Policy **OR**  
All Beneficiary(ies) who are at least 21 years old

- Proceeds payable to:  
Trustee(s) **OR** All Beneficiary(ies)

Signature of Trustee/Beneficiary .....

Name ..... Date .....

NRIC No. .... Contact No. ....

Signature of Trustee/Beneficiary .....

Name ..... Date .....

NRIC No. .... Contact No. ....

.....  
Signature of Trustee/Beneficiary

Name ..... Date .....

NRIC No. .... Contact No. ....

.....  
Signature of Trustee/Beneficiary

Name ..... Date .....

NRIC No. .... Contact No. ....

If you wish to understand the list of purposes for which your personal data may be used or disclosed, you may refer to the Statement of Personal Data Protection located at our website ([www.manulife.com.sg](http://www.manulife.com.sg))

## Need Help?

Please contact your **Financial Representative** for further assistance.  
Alternatively, you may email us at service [@manulife.com](mailto:@manulife.com) or call our **Client Services Officers** at **6833 8188**.

If you need the list of funds, please refer to our **website** at [www.manulife.com.sg](http://www.manulife.com.sg)

## 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 – [fundswitch@manulife.com](mailto:fundswitch@manulife.com)**

For individual customers who passed the CKA and do not wish to receive advice, please submit your fund switch/premium redirection/automatic fund rebalancing instructions on our customer portal, MyManulife, at [www.mymanulife.com.sg](http://www.mymanulife.com.sg). These requests submitted via non-digital modes like post and/or email from this group of customers are no longer accepted.