THIS ASSIGNMENT is made on this _____ day of _____ 20____ between:

Name: (per NRIC / Passport / Company Registration Certificate)	
NRIC / Passport / Company Registration Number:	
Contact Number:	
Address:	

(the "Assignor") on the one part;

And

Name: (per NRIC / Passport / Company Registration Certificate)	
NRIC / Passport / Company Registration Number:	
Residential Address:	
Mailing Address: (If different from Residential Address) ✓ Acknowledgement will be sent to Mailing Address	

(the "Assignee") on the other part;

WHEREAS:

- A) The Assignee has approved banking facilities to the Assignor on terms and provisions as may be agreed between the parties.
- B) As collateral security to the said banking facilities, the Assignor agrees to assign, and the Assignee agrees to accept, the assignment of all benefits in the policy of insurance (the "Policy") issued by Manulife (Singapore) Pte. Ltd. (the "Insurer") detailed below:

COLA-1018-3	Life Insured	
	NRIC / Passport Number	
	Policy Number	
	Policy Effective Date	

COLLATERAL ASSIGNMENT

It is agreed as follows:

- 1. The Assignor, as owner of the Policy, hereby unconditionally assigns and transfers absolutely all claims, options, privileges, rights, title and interest in and to the Policy issued by the Insurer to the Assignee.
- 2. The Assignor warrants that the Assignor is the owner of the Policy and has full rights and full warranty to make this assignment and transfer.
- 3. The Assignor warrants that the rights and benefits assigned under this Assignment are free and clear of any liens, encumbrances, adverse claims or interests.
- 4. The Assignor warrants that Assignor has no knowledge of any dispute or defences on the Policy.
- 5. The Assignor confirms that any prior nomination made on the Policy has been duly revoked.
- 6. The Assignor covenants that nothing shall be done or omitted or suffered to be done whereby the Assignee may be prevented in any manner whatsoever from receiving or recovering or retaining the moneys payable under the Policy (including bonus and dividends accrued or hereinafter to accrue, where applicable under the terms of the Policy).
- 7. The Assignor shall at his own expense execute and do all such acts and things as the Assignee may from time to time require for perfecting or protecting the Assignee's rights over the Policy.
- 8. The Assignor shall remain liable for premiums under the Policy and covenants that if any payment over and above the premiums stated in the Policy is required in order to keep the Policy in-force, the Assignor will punctually make all such payments and will indemnify and keep the Assignee indemnified in full against all such payments.
- 9. The Assignee shall be under no obligation to pay any premiums stipulated in the Policy, or the principal of or interest on any policy loans or advances, where applicable under the terms of the Policy, whether or not obtained by the Assignee.
- 10. The Assignee covenants that once all the moneys due to the Assignee under the said banking facilities are received by the Assignee, the Assignee shall thereupon at the expense of the Assignor reassign the Policy to the Assignor and / or pay over any excess moneys received under the Policy to the Assignor or his estate.
- 11. This Assignment shall be binding on and inure to the benefit of the parties, their successors, assigns and personal representatives.
- 12. This Assignment is governed by and construed in accordance with the laws of the Republic of Singapore.
- 13. <u>Consent</u>

The Assignee agrees to authorise Manulife to collect, retain, use and / or disclose as it reasonably deems fit, any information in respect of the Assignee, that is received by Manulife to its Representatives and relevant third parties (including but not limited to companies within the Manulife Financial Group, reinsurers, medical organisations, my / our financial advisers, financial institutions, CPF agent banks, credit agencies, investigators, service providers, judicial, regulatory, government, statutory authorities, dispute resolution parties and industry entities) whether within or outside Singapore. As far as reasonably possible, Manulife will release such information to such parties on the understanding that the information will be kept strictly confidential and be used, disclosed and retained in accordance with the relevant law.

SIGNED UNDER SEAL on the date first written above.

ASSIGNEE		ASSIGNOR	
Signature of Assignee		Signature of Assignor	
(and company stamp if applicable)		(and company stamp if applicable)	
	WITNESS	(ES)	
Signature of Witness		Signature of Witness	
Name (as per NRIC):		Name (as per NRIC):	
NRIC No.		NRIC No.	
Date: Contact No.		Date: Contact No.	
	IMPORTANT	NOTICE	
 Manulife (Singapore) Pte. Ltd. furnishes this form of assignment for the convenience of the parties. Manulife (Singapore) Pte. Ltd. is not a party to this assigment and assumes no responsibility for its legality, validity or its tax consequences. Parties are advised to seek their own legal and / or financial advice. An original copy of the Deed of Assignment and the Notice of Assignment must be provided to Manulife (Singapore) Pte. 			
Ltd. at the address stated below: Manulife (Singapore) Pte. Ltd. 8 Cross Street #15-01, Manulife Tower, Singapore 048424 Attention: Advisory and Policy	Services Department		
		ovident Fund contributions pursuant to the Central ntary Retirement Scheme is not permitted.	

4. All signatures must be signed in ink.

COLA-1018-3 5. The witness must be 21 years old and above, and should not be the beneficiary of the Policy.

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NOTICE OF ASSIGNMENT

То:	Manulife (Singapore) Pte. Ltd. ("Company" or "Manulife"	
	8 Cross Street #15-01,	
	Manulife Tower,	
	Singapore 048424	
Date		
Policy Number		(The "Policy")
Life Insured		(The "Life Insured")
1. We hereby	y give you notice that by an Assignment dated	(enclosed) and made between the persons

- specified below, the Assignor has assigned to the Assignee the Policy issued by the Company.
- 2. We hereby request you to deliver to us a written acknowledgement of the receipt of this Notice.
- 3. We understand that the Company does not assume any responsibility for the validity, legality or effect of the Assignment. However, the Company reserves the right to not to acknowledge the notice of assignment until all required documents and forms are provided and in order.

PERSONAL DATA PROTECTION NOTICE

If you have any questions or concerns about our personal data protection policies and practices or wish to request access to, update or correct your personal data, please contact:

The Data Protection Officer Manulife (Singapore) Pte. Ltd. 8 Cross Street #15-01, Manulife Tower, Singapore 048424

Email: sgp_data_protection_office@manulife.com

YOUR PERSONAL DATA IS IMPORTANT TO US

We know that the privacy of your personal data is important to you and it is equally important to us. Personal data is fundamental to our business as it allows us to evaluate, issue, and administer the insurance policy you are applying for. We have safeguards in place to protect your personal data and keep it safe.

A detailed list of purposes for which your personal data may be used or disclosed can be found in our Statement of Personal Data Protection which is available at www.manulife.com.sg. For example, we may use your personal data that we collect from you from time to time to:

- confirm your identity and uniquely identify you;
- confirm the accuracy of the information collected;
- properly administer the products and services we provide, including the investigation, review, assessment and settlement of claims;
- communicate with you, especially with respect to your policy(ies), updates and changes;
- provide you with ongoing services and respond to your inquiries or instructions;
- make or obtain payments;
- recover any debt owed to us;
- detect and prevent fraud, unlawful or improper activities;
- coach employees and monitor for quality assurance;
- reinsure risks and for reinsurance administration;
- comply with all legal and regulatory requirements within and outside Singapore including disclosures to judicial, regulatory, government, statutory authorities and industry entities;
- resolve complaints, and handle requests for data access or correction;
- compliance monitoring and audit reviews; and
- compiling statistics for us to design and improve products and services, or industry exercise and studies

We will only collect and use personal data in a lawful way. We do not, without your consent, give your personal data to any person and/or entity for the purpose of that person and/or entity marketing its own products or services directly to you. We will use and disclose your personal data only with your consent or where such is permitted or required under any relevant law. Where personal data is provided to our service providers, we will require them to protect the personal data in a manner that is consistent with our personal data protection policies and practices. If you wish to review your personal data maintained or retained by us, or if you wish to obtain copies of our Statement of Personal Data Protection, or make other enquires or express concerns about our personal data protection policies and practices, you may do so by contacting our Data Protection Officer.

1 DETAILS OF ASSIGNEE

Personal Details of Assignee			
 Citizenship ✓ Please state all if more than one 			
2. Mobile No. ✓ For overseas line, please indicate Country Name, Co	Home/Office No.		
Country Name	Country Code	Area Code	
 Mobile No. for easyTouch Email Address For Entity Assignee's Completion 	fication Form" and in addition, answer the following questi		
1. Is the Assignee incorporated in or organised und		□ Yes	🗆 No
If Yes, a <u>W9 form</u> is required to be completed and subr	mitted by the Assignee.		
If the entity is not incorporated in or organised under the laws of United States, the entity will have to submit the W8-Ben-E form.			
To determine whether the Simplified Form can apply, please refer to the section "Reference Guide to Determine-which Form Business Entity is required to Complete to Satisfy the Foreign Account Tax Compliance Act (FATCA) Requirements".			

2 DECLARATION, AUTHORISATION & ACKNOWLEDGEMENT BY ASSIGNEE

Consent, Declaration & Authorisation

- 1. I/We agree on my/our behalf and on behalf of every insured person that in addition to the release of information to any medical source, or other entity mentioned in this form, the Company is authorised to collect, retain, use and / or disclose as it reasonably deems fit, any information in respect of me/us/any insured person, that is received by the Company to its representatives and relevant third parties (including but not limited to companies within the Manulife Financial Group, reinsurers, medical organisations, my/our financial advisers, financial institutions, CPF agent banks, credit agencies, investigators, service providers, judicial, regulatory, government, statutory authorities, dispute resolution parties and industry entities) whether within or outside Singapore. As far as reasonably possible, the Company will release such information to such parties on the understanding that the information will be kept strictly confidential and be used, disclosed and retained in accordance with the relevant law.
- 2. I/We hereby consent to the Company (including Representatives of the Company), Manulife group of companies and their service providers to contact me/us (even though my/our telephone number(s) are already registered or may be registered on the National Do Not Call Registry, by way of
 - voice call

mail / email / any other avenues of marketing activities

for marketing purposes and provide me/us with marketing, advertising and promotional information, materials and/or documents relating to products and services marketed by the Company or its related companies.

- 3. I/We am/are aware that the consent provided by me/us in this form is in addition to and does not supersede, vary or nullify any consent which I/we may have provided previously in respect of the above purposes, unless my/our consent is withdrawn through the withdrawal form. I/we hereby represent and warrant that I/we am/are the user(s) and/or subscriber(s) of the telephone number provided by me/us in this form or other forms furnished by the Company, and agree that I/we have read and understood the above provisions.
- 4. I/We also declare that the information supplied in this form is true, complete and accurate to the best of my/our knowledge. I/We will promptly update you if any information supplied to the Company is incomplete, changed or has become inaccurate or misleading on the understanding that the Company has the right to review the validity and continuation of the policy after receipt of the updated
- 5. 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 the Company's Statement of Personal Data Protection, as may be amended by the Company from time to time. I/We have obtained a copy of the Company Statement of Personal Data Protection by:
 - (a) downloading a soft copy from www.manulife.com.sg; or
 - (b) obtaining a hard copy from the Company.

Consent to Withholding, Termination and Provision of Information

- I/We understand that Manulife is a member of the Manulife Financial Group and it has obligations to meet the requirements of both local and foreign regulatory authorities (including local and foreign tax authorities) as well as other legal obligations from time to time relating to, but not limited to, information sharing and tax reporting and withholding of any payments due to me / us from Manulife from time to time ("regulatory and legal requirements").
- 2. I/we consent to the use of information provided to Manulife and I/we will provide Manulife with information that Manulife request from time to time and allow Manulife to share such information with the local and foreign authorities (including local and foreign tax authorities) to meet these regulatory and legal requirements.
- I/we will notify Manulife as soon as possible of any change in the information that I/we have provided to Manulife, including any
 circumstances that would result in a change in my / our taxpayer status such as a change in my / our residence, address, telephone number
 and citizenship.
- 4. I/we hereby waive any rights I/we may have that would prevent Manulife from meeting any regulatory and legal requirements.
- 5. I / We understand and agree that Manulife can: withhold on payments to me / us if I / we fail to provide the information which Manulife requests from time to time to comply with any legal and regulatory requirements (within and outside Singapore) or if at any time I / we withdraw the consent or contest the waiver provided above.

Signature of Assignee

Signature of Assignor

Date

COLA-1018-3

Date

SUBMISSION CHECKLIST

S/No.	Documents to be submitted for Assignment	Tick	Remarks
1.	 1.1 Collateral Assignment Form 1.2 Deed Of Assignment Form Please complete the correct form depending on the type of assignment 		
2.	Notice of Assignment Form		
3.	Photocopy of Assignor's NRIC / passport		
4.	Photocopy of Assignee's NRIC / passport		
5.	 <u>For Entity/Corporate Assignees</u> 5.1 Copy of ACRA search within 6 months if Assignee / Assignor is a company and a photocopy of both sides of NRIC/passport of authorised signatory. Board of resolution/account opening signatories may be required depending on policy modal 5.2 Corporate Owner Certification Form (Available in ManuTouch) 		
6.	For GIRO mode of payment - new GIRO form for deduction from Assignee's account or consent letter from Assignor to continue GIRO deduction from existing bank account		
7.	Prepayment facility - Instruction from Assignor to continue with prepayment facility or withdraw remaining prepayment amount		
8.	Change form to delete payor benefit / parent's option / keyman replacement option rider(s) (if any)		
9.	 9.1 W9; 9.2 W8-Ben-E; or Please complete the correct form accordingly. They are available in the U.S IRS website at <u>http://www.irs.gov</u> 		

SUBMISSION REQUIREMENTS

- 1. Policy must be in-force.
- 2. All columns in the assignment form must be completed (no blank fields).
- 3. If Assignor and Assignee sign on different dates, the date of the Deed of Assignment shall be the later of the two dates.
- 4. Please note that the Deed of Assignment and Notice of Assignment must be submitted to Manulife (Singapore) Pte. Ltd. as soon as possible.
- 5. The following policies may not be assigned:
 - a) policies purchased with funds from CPFIS OA/SA;
 - b) policies purchased with funds from Supplementary Retirement Scheme;
 - c) policies subject to trust under Section 49L of the Insurance Act or Section 73 of the CLPA (unless trustee and all beneficiaries consent to revocation);
 - d) policies pledged in connection with the Home Protection Scheme exemption; or
 - e) attached with Payor Benefit / Parent's Option / Keyman Replacement riders (unless riders are terminated before assignment)
- 6. If the Assignor / Assignee / Witness fills up the form incorrectly, the person correcting his or her details has to sign against the correction
- 7. Witness to the signing must be above age 21 and shall be a person other than Assignor / Assignee.
- 8. a) Assignor / Assignee should be of age 18 years and above.

b) Where Assignor / Assignee is below age 18 years, please contact our Client Services Officers at 6833 8188.

* For Universal Life Plan, please note that the requirements may be different.

Need Help? Please contact your **Financial Representative** for further assistance.

Alternatively, you may email us at service@manulife.com or call our Client Services Officers at 6833 8188.

Completed? You may submit the completed and signed form with all relevant documents to us through: Mail –8 Cross Street #15-01, Manulife Tower, Singapore 048424