

ENCLOSURE OF CERTIFIED TRUE COPY OF WILL

Name Of Policy	Owner	
NRIC / Passport	No. of Policy Owner	
Residential Add	ress of Policy Owner	
Correspondence (If different from Re	e Address of Policy Owner sidential Address)	
Date of Will (DD/MM/YYYY)		
Please tick as app	<u>ropriate</u>	
Please find enclosed a certified true copy of my will. I confirm this is my latest will and that Manulife (Singapore) Pte. Ltd. ("Manulife") can treat this will as the latest will until such time Manulife is informed that the will has been revoked or superseded.		
☐ I have submitted to Manulife a certified true copy of my will. This letter serves to confirm that Manulife can treat this will as the latest will until such time Manulife is informed that the will has been revoked or superseded.		
DECLARATION & AUTHORISATION 1. I agree that the personal data collected in this form will be used by Manulife for the purpose of complying with my request and		
other related purposes only.		
2. I further confirm that I have read and understood and hereby consent to the collection, use, disclosure and processing of my 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 have obtained a copy of Manulife / Statement of Personal Data Protection by: (a) downloading a soft copy from www.manulife.com.sg; or (b) obtaining a hard copy from Manulife.		
Signature of Policy Owner		
Date		
	•	f purposes for which your personal data may be used or disclosed, you may refer to sonal Data Protection located at our website (www.manulife.com.sg)
Need Help?		presentative for further assistance. t service@manulife.com or call our Client Services Officers at 6833 8188.
Completed?		nd signed form with all relevant documents to us through: 11, Manulife Tower, Singapore 048424

Manulife (Singapore) Pte Ltd. Reg. No. 198002116D