



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 copy of the latest ACRA business profile not more than 3 months from submission date
- ✓ Enclose list of latest Authorised Signatories for Update of Signature(s) request

1 POLICY INFORMATION

Full Name of Owner NRIC/Passport No.
 Full Name of Life Insured (if different from Owner)

2 UPDATE OF PERSONAL DETAILS

A. Update of Personal Details

Owner/Assignee Life Insured Payor

New Name New NRIC/Passport No.
 ✓ Please attach copy of Deed Poll/NRIC

New Birthdate DD/MM/YYYY Old NRIC/Passport No.
 ✓ Please attach copy of NRIC/Passport/Birth certificate

New Citizenship
 ✓ Please attach copy of supporting document (e.g. NRIC/Passport/etc.)

Other Changes
 ✓ Please attach copy of supporting document

B. Update of CPF Inv Account No. (CPF-OA Policies only)

New CPF Inv Account No.
 As premium and refund will be processed through the Agent Bank, please ensure that the above is consistent with your Agent Bank's records

C. Update of Contact Details

New Mobile No. Country
 ✓ Please indicate Country Code and Area Code if Overseas

New Alternative Contact No. Country
 ✓ Please indicate Country Code and Area Code if Overseas

New Email Address

D. Update of Address (Please complete 1 or 2)

1. New Address
 (BOTH Mailing and Residential address for ALL issued Manulife policies I own)

 Postal Code Country

OR

2. Special Instructions - New Address
 (ONLY Mailing OR Residential address OR for SELECTED issued Manulife policies I own)

- Residential Address ONLY for ALL issued Manulife policies I own.
 Postal Code Country
- Mailing Address ONLY for ALL issued Manulife policies I own.
 Postal Code Country

Otherwise, update Mailing Address for SELECTED issued Manulife policies I own:
 ✓ Please indicate policy number(s)

P.O. Box addresses applies to Mailing address only and you need to attach proof of ownership of this P.O. Box.

PDU-0919-02

INTERNAL USE - FOR REPRESENTATIVE

Update is for New Business Client Services
 Submitted by Servicing Rep Others (Code)

INTERNAL USE - FOR STAFF

Client No. [] [] [] [] [] [] [] [] [] []
 Policy No.(s)
 Doc ID PA016 PA028 PA043 PA044 PA048

E. Update of Signature (Please select I or II)

Owner/Assignee

Trustee

▪ Trustee Name

▪ Trustee NRIC/Passport No.

▪ Trustee Contact No.

(I) I can recall my old Signature as per Manulife's record. I would like to change it to the following new Signature.

.....
New Signature

.....
Old Signature

(II) I cannot recall my old Signature as per Manulife's record. I would like to use this new Signature for all future transactions. The necessary witnessing by Manulife's Client Services Officer/Notary Public/Justice of Peace* is as follows.

.....
New Signature

.....
Signature of Witness

.....
Witness Name

** If you are unable to recall your old signature, please visit our Customer Service Centre with your NRIC/Passport, and our Client Services Officer will assist you to complete the form. If you are residing overseas, the form may be completed and signed in the presence of a Notary Public or Justice of Peace.*

3 TAX RESIDENCY SELF-CERTIFICATION

✓ Please complete this section if you would like to update the Tax Residency Self-certification and if you are updating the following information:

- Nationality/Citizenship
- New Address to another country except USA
- New Mobile number to another country except USA
- New Alternative Contact number to another country except USA

✓ For Corporate Owners, please complete the Corporate Owner Certification Form.

A. Details of Tax Residency

Please provide information on your Tax Residency. (This will usually be where you are liable to pay income taxes.)

If you have any questions on how to define your Tax Residency status, please visit <http://www.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance> or speak to a professional tax adviser as we are not allowed to give tax advice.

CRS Declaration of Tax Residency		Tick where applicable (You may tick more than 1)
1. I am a tax resident of Singapore Tax Identification Number (TIN) _____		<input type="checkbox"/> Please complete Section 3C (if required) and D
2. I am a tax resident of other country(ies)/jurisdiction(s)		<input type="checkbox"/> Please complete Section 3B, C (if required) and D

B. Details of Foreign Tax Residency(ies)

Please provide **ALL the Country(ies) (excluding Singapore)** in which you are a tax resident and the associated Taxpayer Identification Number.

Country/Jurisdiction of Tax Residency	Taxpayer Identification Number (TIN)	Please tick one of the reasons* if you are unable to provide the TIN	If Reason B has been selected, please indicate why TIN is not available
1.		<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	
2.		<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	
3.		<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	
4.		<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	
5.		<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	

*Reason:

- A. The country where the Account Holder (Policyowner) is liable to pay tax does not issue TINs to its residents.
- B. The Account Holder (Policyowner) is otherwise unable to obtain a TIN or equivalent number.
- C. No TIN is required. (Note: Only select this reason if the authorities of the country of tax residency entered above do not require the TIN to be disclosed.)

C. Clarification of Tax Residency

If the country of your residential/ mailing address, contact number, country of birth, nationality or citizenship differs from your declared country(ies)/jurisdiction(s) of tax residency, please provide the reason below.

D. Acknowledgement of Tax Residency

- I confirm that I am not a tax resident of any country(ies) other than the one(s) that I have declared above. I also agree to provide assistance to Manulife for it to comply with relevant tax regulations.

4 MARKETING CONSENT/WITHDRAWAL

A. Marketing Consent

I hereby consent to Manulife (Singapore) Pte. Ltd. ("Manulife") (including Representatives of Manulife), Manulife group of companies and their service providers to contact me (even though my telephone number is already registered or may be registered on the National Do Not Call Registry), by way of

- Voice Call**
- Text Messages / Fax**
- Mail / E-mail / any other avenues of marketing activities**

for marketing purposes and provide me with marketing, advertising and promotional information, materials and / or documents relating to products and services marketed by Manulife or its related companies. (collectively, the "Purposes")

B. Withdrawal of Marketing Consent

I would like to opt-out of being informed of marketing, advertising and promotions information, materials and / or documents relating to products and services ("Marketing Messages") marketed by Manulife (Singapore) Pte. Ltd. ("Manulife") (including Representatives of Manulife) or its related companies, via the following communication channels:

- Voice Calls**
- Text Messages / Fax**
- Mail / E-mail / any other avenues of marketing activities**

5 DECLARATION AND AUTHORISATION BY OWNER/ASSIGNEE

Update of Personal Details

1. I agree that the personal data collected in this form will be used by Manulife (Singapore) Pte. Ltd. ("Manulife") for the purpose of complying with my correction/update request and other related purposes only.
2. I confirm that the above information is true and correct, and I authorise Manulife to effect the correction(s)/update(s) requested on my policy(ies).
3. 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 Statement of Personal Data Protection, as may be amended by Manulife from time to time. I have obtained a copy of the 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.

CRS Declaration

Please note that the Singapore Income Tax Act (Chapter 134) imposes a penalty of a fine not exceeding \$10,000 and/or imprisonment of up to 2 years, on individual that is known to provide false or misleading information. For more information, please refer to Section 105M of the Singapore Income Tax Act (Chapter 134).

1. I declare that the information provided in this form is, to the best of my knowledge and belief, correct and complete.
2. I acknowledge and understand that the information contained in this self-certification and any reportable account(s) may be reported to the tax authorities of the country/jurisdiction in which this account(s) is/are maintained and exchanged with tax authorities of another country/jurisdiction or countries/jurisdictions in which I may be tax resident pursuant to intergovernmental agreements to exchange financial account information.
3. I agree to notify Manulife within 30 days of any errors, omissions or changes in the information provided in this form.

Marketing

1. I am aware that the marketing consent provided by me under Part 4(A) of this form is in addition to and does not supersede, vary or nullify any other marketing consent which I may have provided previously in respect of marketing purposes, unless my marketing consent is withdrawn through later submission of this form.
2. I hereby represent and warrant that I am the user and/or subscriber of the telephone number provided by me in this form or other forms furnished by Manulife.

Marketing Consent Withdrawal

1. I understand and agree that with my withdrawal of marketing consent under Part 4(B):
 - i) I will no longer receive any Marketing Messages via the communication channel(s) as checked above;
 - ii) Manulife may continue to send Marketing Messages via the communication channel(s) as checked above within the next 30 days from the date of receipt of this completed form by Manulife;
 - iii) If I have any existing insurance policy(ies) with Manulife, my insurance policy(ies) will still remain in force and I will continue to receive any reports, statements or letters concerning the servicing of my existing insurance policy(ies); and
 - iv) Any other marketing consent which I may have previously provided to Manulife will be superseded.
2. I hereby represent and warrant that I am the user and/or subscriber of the telephone number provided by me in this form or other forms furnished by Manulife.

Signature of Owner/Assignee

Contact No.

Date





✓ If there is an update of Signature, please use your new Signature above

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)

Need Help?

Please contact your **Representative** for further assistance. Alternatively, you may call our **Client Services Officers** at **6833 8188** or visit us at **8 Cross Street #01-01A, Manulife Tower, Singapore 048424** during service hours.

Completed?

-  For Update of Signature, please mail the completed form to us.
-  For Other Requests, you may submit this form to us via Email.
-  **Mail – 8 Cross Street #15-01, Manulife Tower, Singapore 048424**
-  **Email – forms@manulife.com**