


Please remember to...

- Ensure the appropriate boxes are checked.
- Submit the completed form to us through any of the following modes:
 - Email to forms@manulife.com using the same email address as per Manulife's records; OR
 - Log in to our customer portal, **MyManulife** (www.mymanulife.com.sg) and **My Requests** to upload your completed form. You can only access this feature using your computer or laptop.

Need help?

- You may email us at service@manulife.com or call our Client Service Officers at **68338188**.

1 POLICY INFORMATION

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

2 CHANGE OF FLEXIBLE OPTIONS

- Defer Retirement Age**
Please choose the revised Retirement Age 45 50 55 60 65 70

Note: Retirement Age can only be changed to a "later" (deferred) retirement age but not to an earlier retirement age.

- Change Income Payout Period**
Please choose the revised income payout period 5 years 10 years 15 years

- Change Retirement Income Rate to _____ %**
Please indicate the revised Retirement Income Rate between the range of 10% to 100% (in multiples of 10%)

Note: Defer Retirement Age, Change Income Payout Period and Change Retirement Income Rate must be made at least 2 years before reaching your selected retirement age.

Please refer to the table below for a summary of the benefits or features that may be changed when the flexible option(s) are exercised.

Flexible Options	Retirement Income		Lump Sum Retirement Payout		Start of Income Payout Period	End of Income Payout Period	Policy Maturity Date
	Guaranteed Monthly Income (GMI)	Non-Guaranteed Monthly Income (NMI)	Guaranteed Lump Sum Retirement Payout (GRP)	Non-Guaranteed Lump Sum Retirement Payout (NRP)			
Defer Retirement Age	✓	✓	✓	✓	✓	✓	✓
Change Income Payout Period	✓	✓				✓	✓
Change Retirement Income Rate	✓	✓	✓	✓			

3 DECLARATION AND AUTHORISATION BY POLICY OWNER

1. I/We understand the contents of this form and confirm that I/we wish to perform the transaction selected above.
2. Applicable to Section 73 trustee(s) ONLY) I/we hereby declare, represent and warrant that I/we have sought consent from all Beneficiaries on the proposed change(s) stated in this form to this policy.
3. I/We am aware that if the selected transaction is effected, it may affect my/our ability to attain my/our financial objectives.
4. I/We confirm that this Policy is not assigned to any other party or is assigned only to the assignee who has signed this form.
5. I/We confirm that I/we/the beneficiaries am/are not undischarged bankrupt(s), in winding up, receivership or judicial management and there are currently no pending or threatened bankruptcy proceedings, winding up proceedings, receivership or judicial management proceedings against me/us/the beneficiaries.
6. 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).
7. 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).
8. I/We am/are aware that this form will not be effective until it is formally accepted by Manulife.
9. 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).
10. 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.
11. 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.

Name of Owner

Date DD / MM / YYYY

Additional Authorisation for Policy under 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

Proceeds payable to:

Any Trustee of the policy who is not the Owner
OR all Beneficiaries 18 years and above

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)