

RETRENCHMENT BENEFIT CLAIM

Dear Claimant

In order for us to process your claim, we require the following:

- 1. Completed Retrenchment Benefit Claim Form
- 2. A copy of Retrenchment Letter from Employer on Company Letterhead
- 3. A copy of Policy owner's NRIC / Passport
- 4. Copy of Policy Owner's bank statement or passbook with name & account number if preferred payment is direct credit to a Singapore bank account, but an existing Electronic Fund Transfer (EFT) account has not been set up with us.
- 5. A copy of last 12 months of Central Provident Fund Statement

To consider your claim, the life insured must be unemployed for a minimum period of 30 consecutive days from the date of the retrenchment. Please submit the retrenchment claim to Manulife 30 days after your last working day.

Upon receipt of all the above required documents, we will process your claim and inform you of the outcome as soon as possible. However, in certain circumstances, we may require further information after the above documents are received.

Need Help?

Please contact your **Financial Representative** if you require assistance.

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

Completed?

You may submit the completed and signed form with all relevant documents to us through any of the following modes:

Email - SGLife_Claims@manulife.com

Mail - 8 Cross Street #15-01, Manulife Tower, Singapore 048424

INTERNAL	. USE -	FUR 51 <i>F</i>	<u> </u>
Claim No.	***************************************		

CL-109

RBC-0624-1

Doc ID



RETRENCHMENT BENEFIT CLAIM



Please remember to:

- 1. Ensure all sections are completed
- 2. Submit a Retrenchment letter from your Employer
- 3. Submit the retrenchment claim to Manulife 30 days after your last working day

Part 1 POLICY INFORMATION

A. About the Policy Owner			
Policy number(s)			
Full name			
NRIC / Passport number			
Mobile			
Email			
Postal code			
Mailing address			
 Notes: If your mailing address provided here is different for being considered for this claim. However, if you wis box below:	sh to apply this n Nanulife policies.	nailing address to all you	ur Manulife policies, please tick the
Full name (if different from Policy Owner)			
run name (ir amerene irom rene)			
NRIC / Passport no. (if different from Policy Owner)			

Part 2 EMPLOYMENT DETAILS

A.	Employer			
1.	Name of Employer			
2.	Address of Employer			
3.	Please provide us with the	1	ne contact details of your ex-e	ne contact details of your ex-employer HR personel who handled your
				Contact Number
B.	Employee			
1.	Occupation			
2.	Employment Start Date		(DD/MM/YYYY)	Employment Termination Date



RETRENCHMENT BENEFIT CLAIM

Part 3 CURRENT EMPLOYMENT STATUS

Please select from the choices below:		
$\hfill \square$ I am still unemployed and have not accepted any job offers with any organisation.		
☐ I have started working for a new employer. Employment commencement date		
☐ I am still unemployed but have accepted a job offer. Employment commencement date .	(DD/MM/YYYY)	
	(DD/MM/YYYY)	

Part 4 PAYOUT OPTION (please tick 1 of the boxes below)

- If the policy owner ticked either PayNow or Electronic Fund Transfer (EFT), it will apply to all future payouts for all policies this claim qualifies for where you are the policy owner, and will supersede any existing payout instruction.
- For any claim payment to a non-policy owner, it will be settled by cheque.
- PayNow or EFT option will not apply to a policy that is subject to a trust created under Section 49L of the Insurance Act (Cap.142) or Section 73 of the Conveyancing and Law of Property Act (Cap 61).

□ PayNow

- PayNow account registered with mobile numbers will not be eligible.
 (note: You may register or add your Singapore NRIC/FIN to the PayNow account via the "Manage PayNow" in your internet banking account or mobile banking application.)
- PayNow is only applicable for payout up to S\$200,000 to the policy owner's Singapore bank account
- If PayNow transaction is unsuccessful, we will send a cheque to your mailing address as per our record.

☐ Electronic Fund Transfer (EFT)

- If you have an existing EFT set up for this policy, you just need to tick this option. No further action is required.
- If you do not have an existing EFT set up for this policy, or if you wish to update to a new bank account, please
 fill in the table below, and submit a copy of bank statement OR bank passbook showing account holder's name &
 account number.

Bank account number	
Bank name	

• It must be a Singapore bank account denominated in Singapore Dollar that belongs to the policy owner. If the requirements for EFT are not met, we will send a cheque to your mailing address as per our record.

\square Cheque to be sent to your mailing address as per our record

• This is a one-time request and will be on a per claim submission basis. It will not replace any existing payout instruction (e.g. PayNow or EFT).

Manulife

RETRENCHMENT BENEFIT CLAIM

Part 5 DECLARATION AND AUTHORISATION

- 1. I/We declare, represent and warrant that all answers, information and supporting documents given by me/us in/with this form are, to the best of my/our knowledge and belief, correct, true and complete; and no material information has been withheld nor omitted.
- 2. I/We consent to Manulife (Singapore) Pte. Ltd. ("Manulife") seeking/providing information about the life insured and this claim form from/to any medical practitioners, health care providers, insurers, organisations, investigation agencies, governmental organisations, regulators and any other parties in Singapore or any other country for purposes reasonably required by Manulife to process and administer my/our claims ("Purposes"). A photocopy or electronic copy of this authorisation shall be as valid as the original.
- 3. I/We 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"). I/We consent to the collection, use, disclosure and processing of my/our, and life insured's personal data in accordance with Manulife Statement and agree to be bound by Manulife Statement. I/We have obtained a hard copy of Manulife Statement from Manulife and/or downloaded a soft copy of it from www.manulife.com.sg.
- 4. I/We agree that the personal data collected in this form and supporting documents will be used by Manulife for the purpose of complying with my request and other purposes reasonably required by Manulife to process and administer my/our claims.
- 5. I/We authorise any person, party, organisation, company, corporation, body and partnership, including but not limited to, any medical practitioners, health care providers, insurers, and investigative agencies in Singapore or any other country, to release, disclose or exchange any information (including personal data or personal health information) to or with Manulife for the Purposes.
- 6. I/We confirm that I/we am/are not an undischarged bankrupt, in winding up, receivership or judicial management and there is currently no pending or threatened bankruptcy or winding up proceeding, receivership or judicial management proceeding against me/us.
- 7. I/We authorise Manulife to assess the completed claim form and supporting documents received via electronic mail or online portal provided by Manulife ("Electronic Services"). I/We agree that Manulife is not responsible for verifying the authenticity of the instructions given or purported to be given by me/us. Manulife reserves the right (but not obliged) to suspend or disallow the claims processing for verification or other purposes as Manulife deems fit 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 any submissions or 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 at all times. I/We understand that transmission of submissions or instructions via Electronic Services shall be evidenced by the receipt of a successful message.
- 8. 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 submissions or instructions (including where relevant, the use of the Electronic Services).
- 9. I/We am/are aware that this form will not be effective until it is formally accepted and approved by Manulife.

Signature of Owner	Signature of Life Insured (if different from Owner or Above 16 years old)
Name .	Name
NRIC/Passport No.	NRIC/Passport No.
Date (DD/MM/YYYY)	Relationship to Owner

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)