



IMPORTANT NOTICE

1. Manulife (Singapore) Pte. Ltd. ("Manulife Singapore") furnishes this form of Absolute Assignment for the convenience of the parties. Manulife Singapore is not a party to this assignment and assumes no responsibility for its legality, validity or tax consequences. Parties to the assignment are advised to seek their own legal and / or financial advice.
2. The following policies may not be assigned:
 - a) policies that are not in-force;
 - b) policies purchased with funds from CPFIS – OA/SA;
 - c) policies purchased with funds from Supplementary Retirement Scheme;
 - d) policies subject to trust nomination under Section 132 of Insurance Act 1966 ("Insurance Act ") or Section 73 of the Conveyancing and Law of Property Act 1886 ("CLPA") (unless trustee and all beneficiaries consent to revocation of trust);
 - e) policies pledged in connection with the Home Protection Scheme exemption.
3. Assignor / Assignee must be age 18 years old and above.
4. Witness must be 21 years old and above, and shall be a person other than Assignor / Assignee.
5. All fields in the assignment form must be completed (no blank fields).
6. If the Assignor / Assignee / Witness fills out the form incorrectly, the person correcting his or her details must countersign against the correction.
7. All signatures must be signed in blue ink.
8. If Assignor and Assignee sign on different dates, the date of the signing of the Absolute Assignment shall be the later of the two dates.
9. The signed Absolute Assignment form must be received by Manulife Singapore within 2 months of the signing of the Absolute Assignment form.
10. An original copy of the signed Absolute Assignment form and Notice of Assignment (with all required documents and forms) must be provided to Manulife Singapore at the address stated below:

Manulife (Singapore) Pte. Ltd.
8 Cross Street #15-01, Manulife Tower, Singapore 048424
Attention: Policy Services Department



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

Policy Details

Policy Number:

Life Insured:

Details of Assignor (Current Policyowner)

Name:

(per NRIC / FIN / Passport / Company
Registration Certificate)

NRIC / FIN / Passport /
Company Registration Number:

Residential / Registered Business Address:

Assignor's Acknowledgement on Giro Arrangement

(mandatory to be completed)

Please indicate if the Assignor wishes to retain or terminate any existing GIRO arrangement. If the decision is to terminate, do note that the Assignee needs to make arrangements (e.g. submit a separate GIRO application) for any premiums due to be paid to ensure the continuity of the policy.

☐ To terminate ☐ To retain

Assignor's Acknowledgement on Rider Arrangement

(mandatory to be completed)

☐ I acknowledge and accept that any Payor Benefit rider and/or rider(s) that insure(s) the Current Policyowner (the Assignor) under this Policy shall be terminated, in order for Manulife Singapore to perform the Absolute Assignment of the abovementioned policy to the Assignee.

Assignor's Acknowledgement on Prepayment Facility

(mandatory to be completed)

☐ I acknowledge and accept that if any premiums due on this Policy have been paid in advance into the Prepayment facility, any balance amounts remaining in the Prepayment facility shall continue under this Policy.

Details of Assignee (New Policyowner)

Name:

(per NRIC / FIN / Passport)

NRIC / FIN / Passport:

Residential Address:

Mailing Address:

(If different from Residential Address)

✓ Acknowledgement will be sent to Mailing Address

Contact Details:

✓ For overseas line, please indicate (Country
Code) (Area Code + Telephone number)

Mobile No.:

Country Code Area Code Phone number

Home/Office No.:

Country Code Area Code Phone number



Email Address:	
Nationality: <i>✓ Please state all if more than one</i>	
Occupation:	
Relationship with the Assignor:	<input type="checkbox"/> Spouse/child/parent/sibling <input type="checkbox"/> Friend <input type="checkbox"/> Others (please specify):
Reason for Assignment: (Transfer of Ownership)	<input type="checkbox"/> Gift <input type="checkbox"/> Assignee is the premium payor <input type="checkbox"/> Commercial transaction (i.e. selling of policy to get better returns) <input type="checkbox"/> Others (please specify):

Payment Information

Will future premium payment for the policy be made by the Assignee? ☐ Yes ☐ No ☐ N.A. (Fully paid policy)
If No, please complete the following:

(a) Name of Payor	<i>Please provide (i) Copy of Payor's Identification Document [NRIC or Passport] or (ii) Evidence of incorporation, ownership and shareholdings if Payor is an Entity.</i>
(b) Principal Business or Occupation of Payor	
(c) Residential / Business Address of Payor	
(d) Relationship to the Assignee	We only accept payments from a third-party payor who is of the following relationship with the assignee. <input type="checkbox"/> Spouse/child/parent/sibling <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Grandparent/Grandchild <input type="checkbox"/> Company account (Shareholder/Director)
(e) Source of funds	

It is agreed as follows:

- The Assignor hereby unconditionally assigns and transfers absolutely all claims, options, privileges, rights, title and interest in and to the policy of insurance (the "Policy") issued by Manulife Singapore to the Assignee.
- 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.
- The Assignor warrants that the rights and benefits assigned under this Absolute Assignment are free and clear of any liens, encumbrances, adverse claims or interests.
- The Assignor warrants that the Assignor has no knowledge of any dispute or defences on the Policy.
- The Assignor and Assignee understand that a revocable nomination made under Section 133 (formerly 49M) of the Insurance Act 1966 is deemed revoked if the policy owner assigns, encumbers or otherwise deals with the relevant policy or any interest under the relevant policy (applicable if nominations pursuant to Section 133(2) (formerly 49M(2)) of the Insurance Act 1966 was made previously).
- The Assignor and Assignee are not undischarged bankrupt and to our knowledge, there are no current, pending or threatened bankruptcy proceedings against us (For Individuals).
- No winding up petition has been presented and that there are no winding up proceedings (whether voluntary or otherwise) or winding up order made in respect of the Assignor and Assignee (For entities).
- Subject to applicable laws and the terms of the Policy, the Assignee shall have the sole right to surrender and exercise any and all options under the Policy including, the right to receive all proceeds payable under the Policy.
- This Absolute Assignment shall be binding on and inure to the benefit of the parties, their successors, assigns and personal representatives.
- This Absolute Assignment is governed by and construed in accordance with the laws of the Republic of Singapore.



11. Consent

The Assignee agrees to authorise Manulife to collect, use, disclose, store, retain and / or process as it reasonably deems fit, any information in respect of the Assignee, that is received by Manulife Singapore 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 Singapore 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 on the date first written above.

ASSIGNOR

ASSIGNEE

Signature of Assignor
(or Authorised Signatory(ies))

Date

(and company stamp if applicable)

Signature of Assignee

Date

WITNESS

WITNESS

Signature of Witness

Name (as per NRIC):

NRIC No.

Date

Contact No.

Signature of Witness

Name (as per NRIC):

NRIC No.

Date

Contact No.

To: **Manulife (Singapore) Pte. Ltd. ("Manulife Singapore")**
 8 Cross Street #15-01,
 Manulife Tower,
 Singapore 048424

Policy Number _____ (The "Policy")
Life Insured _____ (The "Life Insured")

1. I/We hereby give you notice that by an Absolute Assignment dated _____ (enclosed) and made between the persons specified below, the Assignor has assigned to the Assignee the Policy issued by Manulife Singapore.
2. I/We hereby request you to deliver to us a written acknowledgement of the receipt of this Notice.
3. I/We understand that Manulife Singapore does not assume any responsibility for the validity, legality or effect of the Assignment. However, Manulife Singapore reserves the right to not to acknowledge the notice of assignment until all required documents and forms are provided and in order.

CONSENT, DECLARATION & AUTHORISATION

PERSONAL DATA PROTECTION NOTICE

I/We confirm that I/we 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 Singapore.

I/We read and understood and agree to be bound by Manulife Statement of Personal Data Protection, as may be amended by Manulife from time to time.

I/We authorize, agree and consent for Manulife Singapore, its affiliates, employees, and representatives, the third party service providers of Manulife Singapore and their employees to collect, use, disclose, store, retain and/or process my personal data collected in this application/form in accordance with Manulife's Statement of Personal Data Protection and for the purposes of processing this application, administering my insurance policies and customer relationship with Manulife Singapore, providing me/us with advice or services on this application, policies, and programmes, providing me/us with corporate communication, information on products and/or services, and conducting consumer patterns or profiling and data analytics.

I/We represent and warrant that I/we have obtained the consent of the relevant party for the collection, use, disclosure, storage, retention and/or processing by Manulife Singapore when I/we provided the personal data of that other party (for example, life insured, family members, payor or beneficiary) to Manulife Singapore.

1 FOREIGN ACCOUNT TAX COMPLIANCE ACT ("FATCA") (To be completed by Assignee)

I/We understand that Manulife Singapore is a financial institution with reporting obligations to the Controller of Income Tax and is thus required to collect and report certain information such as nationality, tax status, tax residency, tax withholding in compliance with Singapore Income Tax Act 1947 and related regulations such as Income Tax (International Tax Compliance Agreements) (United States of America) Regulations 2015 ("FATCA") and Income Tax (International Tax Compliance Agreements) (Common Reporting Standard) Regulation 2016 ("CRS").

- | | | |
|--|------------------------------|-----------------------------|
| 1 (a) Is the Assignee a United States citizen? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (b) Is the Assignee a United States resident? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (c) Is the Assignee a United States resident alien (i.e so called US green card holder) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ✓ If any of the replies is Yes, please provide W-9 Form and skip question 2. If No, please proceed to question 2. | | |
| 2 (a) Do you have United States taxpayer identification number (SSN / ITIN)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| SSN/ITIN: _____ | | |
| ✓ If Yes, please provide W8-BEN form. | | |
| (b) Do you have United States address (residential / mailing / permanent), United States telephone number or were you born in United States? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ✓ If you are born in the USA but not a US Tax Payer, please provide W8-BEN form and a copy of Loss of US Nationality/I-407. | | |



2 COMMON REPORTING STANDARD (CRS) TAX RESIDENCY SELF-CERTIFICATION

(To be completed by Assignee)

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. My Singapore Tax Identification Number (TIN) is _____	<input type="checkbox"/> Please complete Section 2C (if required) and D
2. I am a tax resident of other country(ies)/jurisdiction(s)	<input type="checkbox"/> Please complete Section 2B, 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 is liable to pay tax does not issue TINs to its residents.
- B. The Account Holder 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 residence entered above do not require the TIN to be disclosed.)

C. Clarification of Tax Residency Information

If the country of your residential/mailling 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 (Please tick)

- ☐ 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.

**3 CUSTOMER DUE DILIGENCE** (To be completed by Assignee)**Beneficial Owner**

1. A beneficial owner is defined as the natural person who ultimately owns or controls a customer or the person on whose behalf business relations are established. It includes any person who exercises ultimate effective control over a legal person. (E.g. any person owning more than 25% of the legal person or legal arrangement, taking into account any aggregated ownership for companies with cross-shareholdings).

Is there any Beneficial Owner(s) in relation to this Assignment? ☐ Yes ☐ No

If Yes, please list ALL Beneficial Owner(s) and complete the following:

(a) Name of Beneficial Owner	✓ For individuals - Please indicate full name and enclose a copy of NRIC/Passport
(b) Occupation of Beneficial Owner	
(c) Residential Address of Beneficial Owner	
(d) Relationship to the Assignee	<input type="checkbox"/> Spouse/child/parent/sibling <input type="checkbox"/> Friend <input type="checkbox"/> Others (please specify):

(a) Name of Beneficial Owner	✓ For individuals - Please indicate full name and enclose a copy of NRIC/Passport
(b) Occupation of Beneficial Owner	
(c) Residential Address of Beneficial Owner	
(d) Relationship to the Assignee	<input type="checkbox"/> Spouse/child/parent/sibling <input type="checkbox"/> Friend <input type="checkbox"/> Others (please specify):

Politically Exposed Person

1. Have you or any immediate family members, beneficiary, natural person appointed to act on behalf of you, beneficial owner of beneficial owner of a beneficiary or close associate ever been entrusted with prominent public functions, whether in Singapore or a foreign country? ☐ Yes ☐ No
2. Have any connected party* of the corporation ever been entrusted with prominent public functions, whether in Singapore or a foreign country? ☐ Yes ☐ No

*Connected party of the Corporation;

- a) in relation to a legal person (other than a partnership), means any director or any natural person having executive authority in the legal person; OR
- b) in relation to a legal person that is a partnership, means any partner or manager

If Q1 or Q2 is "Yes", please provide the following:

(a) Name of PEP(s)	✓ For individuals - Please indicate full name and enclose a copy of NRIC/Passport
(b) Occupation(s)	
(c) Residential Address(es)	
(d) Relationship to Assignee	<input type="checkbox"/> Spouse/child/parent/sibling <input type="checkbox"/> Friend <input type="checkbox"/> Others (please specify):

3. Have you appointed a person to act on behalf of you in this Assignment, or are you acting on behalf of another person? ☐ Yes ☐ No

If Yes, please provide the following:

(a) Name(s)	✓ Please indicate full name and enclose a copy of NRIC/Passport ✓ Please complete the Corporate Policy Owner Authorised Signatory form (if applicable)
(b) Residential Address(es)	

4 DECLARATION, AUTHORISATION & ACKNOWLEDGEMENT

Additional Declarations

I/We, the undersigned confirm that:

1. I/We have read, understood and agreed all the terms in this form, and that I/we cannot alter any of the wording in this form.
2. All information provided and declarations made in this form are true, accurate and complete. I/We will promptly update Manulife Singapore if any information supplied to Manulife Singapore is incomplete, changed or has become inaccurate or misleading on the understanding that Manulife Singapore has the right to review the validity and continuation of the policy after receipt of the updated information.
3. I/We am/are not subject to any proceedings or an order made under the Insolvency, Restructuring and Dissolution Act 2018.
4. 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, Manulife Singapore is authorised to collect, use, disclose, store, retain, and/or process as it reasonably deems fit, any information in respect of me/us/any insured person, that is received by Manulife Singapore 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 Singapore 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.
5. The Assignee consents that any communication and other documents (including but not limited to the sending of notices, confirmations, annual and semi-annual fund reports, and transaction and performance statements or reports and policy documents and contracts) from Manulife Singapore may be sent to the Assignee via any form of electronic dissemination (including via email), or any other means of dissemination as Manulife Singapore may determine in its sole discretion.
6. Manulife Singapore (including Manulife group of companies and their service providers) may, from time to time, contact the Assignee to provide information on exclusive offers such as vouchers or discount, or inform of new products and/or services. The Assignee confirms that Manulife Singapore may keep in touch with the Assignee via one or more of the selected forms of communications below. If a selection is not made, the Assignee understands that the default mode of communication will be by email, and where email address is not provided, by SMS.

- | | | |
|--|------------------------------|-----------------------------|
| Email | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| SMS | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Voice Call | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Mail/Other forms of communication | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Please note that this consent is in addition to and does not supersede any consent provided to Manulife (Singapore (including Manulife group of companies and their service providers) previously.

7. The Assignee is aware that the consent provided by the Assignee in this form is in addition to and does not supersede, vary or nullify any consent which the Assignee may have provided previously in respect of the above purposes, unless the Assignee's consent is withdrawn through the withdrawal form. The Assignee hereby represents and warrants that the Assignee is the user and/or subscriber of the telephone number provided by the Assignee in this form or other forms furnished by Manulife Singapore, and agree that the Assignee has read and understood the above provisions.

Consent to Withholding, Termination and Provision of Information

1. I/We understand that Manulife Singapore 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 Singapore 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 Singapore with information that it requests from time to time and allow Manulife Singapore to share such information with the local and foreign authorities (including local and foreign tax authorities) to meet these regulatory and legal requirements.



3. 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 Assignor
(or Authorised Signatory(ies))

Date

(and company stamp if applicable)

Signature of Assignee

Date

CHECKLIST

Mandatory documents to be submitted together with the Absolute Assignment:

From Individual Assignor to Individual Assignee

- | | |
|--|---|
| <input type="checkbox"/> Notice of Assignment Form | <input type="checkbox"/> Photocopy of NRIC / Passport of Beneficial Owner |
| <input type="checkbox"/> Photocopy of Assignor's NRIC / Passport | <input type="checkbox"/> Photocopy of NRIC / Passport of Third Party Payor (if applicable) |
| <input type="checkbox"/> Photocopy of Assignee's NRIC / Passport
(Residential address on form must tally with address in NRIC)
<i>If different, or if there is no residential address in the identification document, please provide proof of residential address (e.g. utility bill, credit card bill or correspondence from a government agency within last 12 months)</i> | <input type="checkbox"/> A copy of Entity ACRA search or Certificate of Incorporation and Certificate of Incumbency if Payor is an Entity (if applicable) |
| | <input type="checkbox"/> Photocopy of NRIC / Passport of Political Exposed Person (PEP) (if applicable) |

From Entity Assignor to Individual Assignee

- | | |
|--|--|
| <input type="checkbox"/> Notice of Assignment Form | <input type="checkbox"/> Photocopy of Assignee's NRIC / Passport
(Residential address on form must tally with the address in NRIC)
<i>If different, or if there is no residential address in the identification document, please provide proof of residential address (e.g. utility bill, credit card bill or correspondence from a government agency within last 12 months)</i> |
| <input type="checkbox"/> A copy of Assignor's ACRA search or Certificate of Incumbency (dated within last 6 months) | <input type="checkbox"/> Photocopy of NRIC / Passport of Beneficial Owner |
| <input type="checkbox"/> A copy of Assignor's Board Resolution or Corporate Policy Owner Authorised Signatory Form | <input type="checkbox"/> Photocopy of NRIC / Passport of Third Party Payor (if applicable) |
| <input type="checkbox"/> Photocopy of NRIC / Passport of all Authorised Signatory(ies) for this assignment
(Residential address on form must tally with address in NRIC)
<i>If different, or if there is no residential address in the identification document, please provide proof of residential address (e.g. utility bill, credit card bill or correspondence from a government agency within last 12 months)</i> | <input type="checkbox"/> A copy of Entity ACRA search or Certificate of Incorporation and Certificate of Incumbency if Payor is an Entity (if applicable) |
| | <input type="checkbox"/> Photocopy of NRIC / Passport of Political Exposed Person (PEP) (if applicable) |