

STATEMENT PURSUANT TO SECTION 25(5) OF THE INSURANCE ACT (CHAPTER 142) , YOU ARE TO DISCLOSE IN RESPECT OF THIS APPLICATION, FULLY AND FAITHFULLY ALL FACTS WHICH YOU KNOW OR OUGHT TO KNOW, OTHERWISE THE POLICY MAY BE VOID.



**Please remember to...**

- Countersign any amendments
- Ensure that the appropriate boxes are checked
- Note that Submission Cut-off time is 3pm

**And for Corporate Policies...**

- Enclose photocopies of NRIC/Passport of authorised signatories
- Enclose copy of the latest ACRA business profile extracted not more than 3 months from submission date

## 1 POLICY INFORMATION

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

## 2 CHANGE POLICY DETAILS

**A. Change in Face Amount**

- Increase Face Amount to \$ .....
  Decrease Face Amount to \$ .....

*✓ As per the policy currency (USD or SGD) as stated in your policy contract*

**B. Change Asset Manager**

Option 1:  Change to Self-Managed

Name of Asset Manager	
NRIC/Passport No.	

Option 2:  Appointment/Change of Third Party Asset Manager

Name of Asset Manager / Legal Name for Corporation	
Name of Contact Person	
Registered Address	
Contact Information	

Option 3:  DBS Discretionary Portfolio Management

*✓ A change of Investment Mandate to "Investment Mandate (DBS DPM)" is required if this option is selected*

**C. Change Custodian**

Change Custodian to	
Name of Contact Person	
Registered Address	
Contact Information	

AFCVUL-1019-1

**INTERNAL USE - FOR REPRESENTATIVE**

Update is for  New Business  Client Services  APSD

**INTERNAL USE - FOR STAFF**

Client No. 

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### D. Change Investment Mandate

✓ Please tick and submit to Manulife your chosen Investment Mandate form together with this Application

Investment Mandate

### E. Change Life Insured

✓ This option is available from the start of the 3rd Policy Year onwards

✓ Please submit relevant documents for underwriting. Any such change request is subject to Manulife's approval at our sole discretion

Change Life Insured to .....

### F. Others

## 3 DECLARATION & AUTHORISATION

1. I/We understand the contents of this Application and confirm that I/We wish to perform the transaction selected above.
2. I/We/The beneficiaries are not undischarged bankrupt(s). There are currently no pending or threatened bankruptcy proceedings against me/us.
3. Save as provided in this form, information provided on the Life Insured's health, occupation and engagement of hazardous activities is complete and remains accurate.
4. I/We agree to provide Manulife with information of any change to the Life Insured's health, occupation or engagement of hazardous activities.
5. I/We confirm that the above information is true and correct, and I/We authorise Manulife to effect the change(s) requested on my policy(ies).
6. **Applicable for submission via Facsimile / Electronic mail ("Electronic Services") where permitted by Manulife -**  
I/We hereby authorise Manulife to carry out the above-mentioned policy transaction(s) on my Policy 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. 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 against any and all losses (whether direct, indirect, special or consequential) suffered by me/us or any third party arising from or in connection with Manulife accepting and acting on my/our instructions (including where relevant, the use of the Electronic Services) except where such loss is attributable to Manulife's gross negligence or willful default.
8. I/We are aware that this Application will not be effective until it is formally accepted by Manulife.

Signature of Owner

Name .....

Contact No. .... Date .....

### Additional Authorisation for Policy under a 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:

Trustee(s) OR All Beneficiary(ies)

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](http://www.manulife.com.sg))

### Need Help?

Please contact your **Financial 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 the following 3 transactions, please send us the original form with relevant documents via MAIL.

- 1 Change in Face Amount
- 2 Change InvestmentMandate
- 3 Change in Life Insured

✉ 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](mailto:forms@manulife.com)