Manulife

Application for Policy Changes

(High Net Worth Products except Signature Wealth)

Statement pursuant to Section 23(5) of the Insurance Act 1966 of the Republic of Singapore: 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.

For specific details please refer to policy documents.

Please remember to...

- ✓ Countersign any amendments
- ✓ Ensure that the appropriate boxes are checked
- ✓ Note that submission cut-off time is 3pm (Singapore time)

For Corporate Policies

- ✓ Enclose photocopies of NRIC/Passport of authorized signatories
- ✓ Enclose copy of the latest ACRA business profile (or equivalent for foreign companies) extracted not more than six (6) months prior to submission date

This application is applicable for one policy only and for the following transaction types. Some transactions and/or requirements may not apply to your Policy. Please check the terms and conditions of your Policy:

- Change in Smoking Class*
- Change of Planned Premium
- Change in Life Insured
- Review of Rating/Loading*
- Reinstatement*#
- Automatic Premium Spread
- Account Reallocation
- Other Policy Changes

*Life Insured and Policy Owner (if different from Life Insured) are required to complete relevant section(s) in Appendix: Policy Changes Underwriting Questionnaire

#If Policy has lapsed for more than 1 year, to complete the full application form.

1 Policy Information

Full Name of Policy Owner: _____ NRIC/Passport No./UEN No.: _____

Full Name of Life Insured: _____ Policy Number: _____

2 Policy Change Details

A. Change in Smoking Class

✓ If the Policy has a rating/loading, we may not offer a change in smoking class after our review even if it is confirmed that the Life Insured has quit smoking.

☐ Life Insured has quit smoking for 12 consecutive months and has met all the conditions below.

✓ Policy is **within** 36 months from Policy effective date, and Life Insured wishes to be classified as a standard non-smoker.

✓ Policy qualifies under quit smoking incentive where Life Insured is a preferred smoker or standard smoker, without rating/loading. Please submit urinalysis result and complete Section A of Appendix: Policy Changes Underwriting Questionnaire.

☐ Life Insured has quit smoking for 24 consecutive months and has met all the conditions below.

✓ Policy is **within** 36 months from Policy effective date and Life Insured wishes to be classified as a preferred non-smoker from preferred smoker or standard smoker.

✓ Please complete Appendix: Policy Changes Underwriting Questionnaire. If there are changes to your health, we may not approve the request. We will inform you of our decision after we review your completed questionnaire. If medical requirements, tests and/or checkup are requested, they will be at Policy Owner's expense.

A. Change in Smoking Class (continued)

☐ Life Insured has quit smoking for 12 consecutive months and has met all the conditions below.

✓ Request is made **after** 36 months from Policy effective date.

✓ Please complete Appendix: Policy Changes Underwriting Questionnaire. If there are changes to your health, we may not approve the request. We will inform you of our decision after we review your completed questionnaire. If medical requirements, test and/or checkup are requested, they will be at Policy Owner's expense.

B. Change of Planned Premium

☐ Request for the following changes to planned premium

From the beginning of policy year	Number of policy years	Planned premium

C. Change in Life Insured

☐ Replace the existing Life Insured with the following proposed New Life Insured

Name of New Life Insured: _____ NRIC/Passport Number: _____

✓ Please submit full application form on New Life Insured with identification documents and latest medical reports.

✓ Please submit proof of relationship documents.

✓ If medical requirements, tests and/or checkup are requested, they will be at Policy Owner's expense.

✓ Please check the terms and conditions of your Policy if it is eligible for Change of Life Insured.

D. Review of Rating/Loading

☐ Request to review existing Policy rating/loading

✓ Please complete Appendix: Policy Changes Underwriting Questionnaire.

✓ If medical requirements, tests and/or checkup are requested, they will be at Policy Owner's expense.

E. Reinstatement

☐ Request to reinstate Policy

✓ Please complete Appendix: Policy Changes Underwriting Questionnaire.

✓ If medical requirements, tests and/or checkup are requested, they will be at Policy Owner's expense.

✓ To complete the full application form if reinstatement request is 1 year of the Policy lapse date.

F. Automatic Premium Spread

☐ Request to opt in ☐ Request to opt out

✓ Please check the terms and conditions of your Policy related to automatic premium spread.

G. Account Reallocation

To reallocate the values in the fixed account and index account according to the revised net premium allocation stated below

- ☐ Fixed Account - 0%; Index Account - 100%
- ☐ Fixed Account - 25%; Index Account - 75%
- ☐ Fixed Account - 50%; Index Account - 50%
- ☐ Fixed Account - 75%; Index Account - 25%
- ☐ Fixed Account - 100%; Index Account - 0%

✓ Change in net premium allocation is subject to our approval (e.g. whether you are qualified/eligible as an accredited investor). Once approved by us, the revised net premium allocation will replace your current net premium allocation immediately and will apply to future premium payments.

✓ Please check the terms and conditions of your Policy related to account reallocation.

H. Other Policy Changes

_____

_____

_____

_____

3 Declaration and Authorisation

1. I/We have read and understood the above statement and confirm that I/We wish to perform the transaction selected above.
2. I/We understand that the request for a change of Life Insured will not be valid until an official letter is issued by Manulife (Singapore) Pte. Ltd. ("**Manulife**") confirming the same.
3. I/We confirm that the information provided on the Life Insured's health, occupation and engagement or hazardous activities is complete and remains accurate. I/We agree to provide Manulife with information of any change to the Life Insured's health, occupation or engagement of hazardous activities.
4. I/We understand that Manulife reserves the right to call for any medical or financial evidence to assess the suitability of the proposed new Life Insured.
5. I/We understand that Manulife shall not bear the loss resulting from any currency conversion or the cost of charges incurred or any transaction pertaining to currency conversion, if applicable.
6. I/We understand that it is my sole responsibility to ensure that, by completing and submitting this application, I/We will not breach or violate any applicable law.
7. I/We understand that a reinstatement may incur additional charges and I/We may not be able to secure similar insurance coverage and terms and conditions.
8. I/We confirm that this Policy is not assigned, mortgaged or otherwise charged to any other party and is assigned, mortgaged or charged only to the assignee who has signed this application.
9. 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.
10. Applicable to submission via facsimile /electronic mail ("**Electronic Services**")
    a. I/We hereby authorised Manulife to carry out the above mentioned transaction instructed via Electronic Services.

3 Declaration and Authorisation (continued)

b. 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 purposed and shall not be liable for any losses incurred in consequence.

c. 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.

d. 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.

e. Please note that 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).

11. I/We agree to indemnity and hold harmless Manulife from any against any and all demands, claims, actions, damages, suits, proceedings, assessments, judgements, 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).

12. I/We understand that only an original, duly completed and signed application for policy change form (whether in physical or electronic form as acceptable to Manulife) is considered a valid request for the above selected transaction(s). This application will not be effective until it is formally accepted by Manulife. Once accepted by Manulife, it will be irrevocable.

13. All the transaction requests shall be subject to the terms of the Policy contract. Manulife's determination of the final amount to be paid out if any and as applicable shall be final and binding.

14. If there is more than one Policy Owner, all Policy Owners must sign this application to request the transaction.

15. A person who is not a party to this transaction has no right under the Contracts (Rights of Third Parties) Act 2001 to enforce any terms of this transaction.

16. I/We confirm that the above information is true and correct, and I/We authorise Manulife to effect the requested on my/our Policy(ies).

17. I/We agree that the personal data collected in this application will be used by Manulife for the purpose of complying with my/our request and other related purposes only.

18. I/We further confirm that I/We have read and understood and hereby consent to the collection, use, disclosure and processing of my/our 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/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.

Signature of Policy Owner/Assignee/Trustee

Contact Number: _____

Date: _____

3 Declaration and Authorisation (continued)

If you wish to understand the list of purpose 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 **Financial Representative** for future assistance.

Alternatively, you may call our Client Services 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 – forms@manulife.com

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

Manulife

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Manulife

Appendix: Policy Changes Underwriting Questionnaire

Statement pursuant to Section 23(5) of the Insurance Act 1966 of the Republic of Singapore: 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.

1 Policy Information

Full Name of Policy Owner: _____ NRIC/Passport No./UEN No.: _____

Full Name of Life Insured: _____ Policy Number: _____

2 Insurability Information

Section A: Tobacco Use Question

1. Have you ever used tobacco or nicotine products in any form (including cigarettes, cigars, cigarillos, pipe, chewing tobacco, nicotine patches or gum)? If yes, please provide details below. ☐ Yes ☐ No

Product	Amount/Frequency	Current	Past	Date Last Used
Cigarettes	Stick(s) per day			
Cigars	Cigar(s) per day			
Others (please specify)	Other(s) per day			

2. Do you use any medication or other product that may contain nicotine? ☐ Yes ☐ No

If Yes,

a. What medication/product? _____

b. What is the quantity used? _____ /day _____ /week _____ /month

Section B: Lifestyle Question

1. Do you currently:

a. Consume alcoholic beverages? ☐ Yes ☐ No

If Yes, please provide the type of beverages, frequency and quantity.

Product	Quantity Consumed	
Beer (1 pint – 568 ml), (1 small glass/small bottle/can – 330 ml)	Pint(s) per week: Can(s) per week:	Glass(es) per week: Bottle(s) per week:
Wine (1 glass – 150 ml)	Glass(es) per week:	
Spirits (1 shot/tot – 30 ml)	Shot(s)/Tot(s) per week:	

b. If No, have you ever used alcoholic beverages? ☐ Yes ☐ No

If Yes, please provide date and reason stopped.

Date	
Reason Stopped	

2. Have you used or experimented with drugs or narcotics (other than drugs prescribed to you)? ☐ Yes ☐ No
If Yes, please state:

Type of Drugs Used:	Quantity:
Frequency:	Year Last Consumed:

3. Have you been treated for alcohol or drug abuse during the last 5 years or has any such treatment been recommended? If Yes, please provide details. ☐ Yes ☐ No

4. Do you engage in or intend to engage in any activities or hobbies such as skin or scuba diving, hang-gliding, sky diving/parachuting, mountain and/or rock climbing, motor vehicle (car, bike, boat) racing aviation activity (other than as passenger on schedule commercial airline route) or any other dangerous activity? If Yes, please provide details on the activity/avocation and complete the relevant questionnaire. ☐ Yes ☐ No

Section C: Travel Details

1. Have you travelled or do you plan to travel outside your current country/region of residence? ☐ Yes ☐ No
If Yes, please provide the following travel details

Last 12 Months					
Country/Region	Cities Visit	Duration of Stay Per Visit	Frequency of Visits Per Year	Date of Last Visit	Purpose of Travel

Next 12 Months					
Country/Region	Cities Visit	Duration of Stay Per Visit	Frequency of Visits Per Year	Date of Last Visit	Purpose of Travel

Section D: Genetic Questions

Important Note:

1. You are not required to disclose the result of any predictive genetic tests conducted in the context of biomedical research.
2. In the event of disclosure of a predictive genetic test result from a biomedical research, we will not use the results for underwriting your request.

   Predictive genetic test: Predicts a future risk of disease in individuals without symptoms or signs of a genetic disorder (i.e. testing in asymptomatic individual).

   Biomedical research: Refers to any systematic investigations with the intention of developing or contributing to generalisable knowledge, regardless of where or when the research was conducted or the nature of the research.

For the Life Insured who are residing in Singapore:

1. Do you have total existing, concurrent, pending or reinstatement life cover amounting to more than S$2,000,000? ☐ Yes ☐ No

   If Yes, please proceed to question 2. If No, please skip question 2

2. Have you ever had a predictive genetic test done for Huntington's disease? ☐ Yes ☐ No

   If Yes, please provide the following details

Life Insured
Result of Genetic Test (Please state Negative or Positive)

For the Life Insured who are residing outside of Singapore:

1. Have you ever had a genetic test (excluding genetic test done in a biomedical research and Direct-to-Consumer contest)? ☐ Yes ☐ No

   Note: Direct-to-Consumer Genetic Test means a genetic test that is provided directly to consumers by the manufacturer or supplier of the test.

   If Yes, please provide the following details in the following page.

Life Insured	
Type of Test Done	Result of Genetic Test (Please state Negative or Positive)

Section E: Health Questions

1. Family History
   Have either of your parents or sibling(s) ever diagnosed with: ☐ Yes ☐ No

   - Amyotrophic lateral sclerosis (also called ALS or Lou Gehrig's disease) or other motor neurone disease,
   - Alzheimer's disease,
   - Cancer,
   - Cystic fibrosis,
   - Diabetes,
   - Familial cardiomyopathy,
   - Haemochromatosis,
   - Heart disease or any other heart condition,
   - Hepatitis,
   - High blood pressure,
   - Huntington's chorea,
   - Kidney disorders (including polycystic kidney disease),
   - Multiple sclerosis,
   - Parkinson's disease,
   - Retinitis pigmentosa,
   - Stroke or
   - Any other hereditary disease?

   If Yes, please provide the following details.

Life Insured				
Relationship	Medical Condition	Present State of Health	Age when Diagnosed	Age at Death (If applicable)

2. Please state your height and weight.

   Height: _____m Weight: _____kg

3. Doctor/Physician Information

   Do you have a regular doctor, specialist doctor or attending physician? If Yes, please provide the following details. ☐ Yes ☐ No

Name of Doctor/Attending Physician			
Address of Clinic			
Business Phone No.		Fax No.:	Email Address:
Reason for Medical Consultation			
Date of Last Consultation			
Type of Test done (include Date and Result of Tests)			
Diagnosis/Result of visit/Follow-up details			
Treatment/Medication Prescribed			

Name of Doctor/Attending Physician			
Address of Clinic			
Business Phone No.		Fax No.:	Email Address:
Reason for Medical Consultation			
Date of Last Consultation			
Type of Test done (include Date and Result of Tests)			
Diagnosis/Result of visit/Follow-up details			
Treatment/Medication Prescribed			

Name of Doctor/Attending Physician			
Address of Clinic			
Business Phone No.		Fax No.:	Email Address:
Reason for Medical Consultation			
Date of Last Consultation			
Type of Test done (include Date and Result of Tests)			

Diagnosis/Result of visit/Follow-up details	
Treatment/Medication Prescribed	

4. In the past 12 months, have you been prescribed/ taken any medication(s)? ☐ Yes ☐ No
If Yes, please provide the following details

Name of Doctor/Attending Physician	
Name and Address of Clinic	
Type of Medication	
Reason for Medication	
Date of last Consultation/ Prescription	

5. Health Questions (Please complete this section for non-medical application)

i. Have you ever had or been treated for, or been told by a doctor you had:	Yes	No
a. epilepsy, fits, stroke, paralysis, weakness of limb, prolong headache, unconsciousness, nervous breakdown, depression or any other nervous/mental disorder?	☐	☐
b. diabetes mellitus, thyroid disorder or any other endocrine disorder?	☐	☐
c. ear discharge, nose bleeds, double vision, impaired sight, hearing, speech or any other disorder of ear, eye, nose or throat?	☐	☐
d. asthma, persistent cough, coughing with blood, pneumonia, tuberculosis, chest or breathing complaints/discomfort or any other lung disorder?	☐	☐
e. raise cholesterol, high blood pressure, heart attack, heart murmur, mitral valve prolapse or other heart valve disorder, breathlessness, irregular or fast heart rate, chest discomfort or pain, disease of or any other disorder of the heart or blood vessels?	☐	☐
f. gastritis, stomach or duodenal ulcer, blood in stools, fistula, piles or any other stomach or bowel disorder?	☐	☐
g. jaundice, hepatitis B carrier or any form of hepatitis, liver disorder or gall bladder disorder?	☐	☐
h. blood, protein or sugar in urine, kidney stones, infection or any other disorder of the kidney, bladder or genital organs?	☐	☐
i. slipped disc, gout, arthritis, pain or deformity or disorders of the muscles, spine, limbs or joints or severe injury?	☐	☐

5. Health Questions (continued)	Yes	No
j. cancer, tumours, cysts or growths of any kind?	☐	☐
k. anaemia, any other disorder of the blood, advised to abstain from donating blood or receive blood transfusion or blood products on account of haemophilia or any other reason?	☐	☐
l. any other illness, disorder, operation, physical disability or accident not mentioned above?	☐	☐
ii. In the past 5 years, have you had any test done such as X-ray, ultrasound, CT scan, biopsy, electrocardiogram (ECG), blood or urine test? If Yes, please state type, reason, date of test done and result of test (copy to be submitted if available)	☐	☐
iii. Have your or your spouse been told to have, received any medical advice, counselling or treatment in connection with sexually transmitted disease, AIDS, AIDS Related Complex or any other AIDS related condition?	☐	☐
iv. Have you ever had HIV testing done (please state reason and results); in the last 3 months ever had of the following symptoms for more than one week continuously: fatigue, weight loss, diarrhea, enlarge nodes or unusual skin lesions?	☐	☐
v. For Female Applicant Only	Yes	No
a. Have you suffered from or are you aware of any breast lumps or any other disorder of your breasts?	☐	☐
b. Have you suffered from irregular or painful or unusually heavy menstruation, fibroids, cysts or any other disorder of the female organs?	☐	☐
c. Have you ever had any abnormal pap smear test or been told by any doctor to have a repeat pap smear within the next 6 months?	☐	☐
d. Have you been advised to have a mammogram, biopsy, operation of the breasts, ultrasound of the pelvis or any other gynaecological investigation? If Yes, please state type, reason , date of test done and results of test (copy to be submitted if available)	☐	☐
e. For females who have conceived, were there any complications during pregnancy such as gestation diabetes, hypertension, or etc.?	☐	☐
f. Are you now pregnant? If Yes, how many months? _____ months	☐	☐
vi. For Signature Life Juvenile Life Insured only	Yes	No
a. Is the child a premature baby (i.e. less than 37 weeks of gestation)? If yes, please provide full set of child's health booklet	☐	☐
b. Was there any birth difficulty, rheumatic heart disease, or congenital deformity such as, deformed limbs, "blue baby" or respiratory disorder?	☐	☐

5. Health Questions (continued) Yes No

c. Has the child had any indication of congenital disorder of any type, Kawasaki disease, coeliac disease, or delayed mental development? ☐ ☐

d. Are all the siblings (if any) equally insured? If no, please provide reason below. ☐ ☐

☐ Life Insured is the only child
☐ Other reason(s) _____

e. For Juvenile Life Insured under 2 years of age, was the child hospitalised for more than 5 days at birth? ☐ ☐

f. For Juvenile Life Insured under 2 years of age, have you been admitted to hospital within 3 weeks prior to the submission of this application? ☐ ☐

If any of the answers to Question 5 (Health Questions) is "Yes", please number the answers to correspond to the questions & provide details below: (Note: Please attach a separate sheet of paper if the space below is insufficient to provide the required details. Please include the Name & Identity Number of the Life Insured and number the answers to correspond to the question).

No.	Condition/Diagnosis	Year at Onset	Please give more details on the Date and Type of Tests done, Result of Test, Details and Dates of Treatment and Date of last follow up	Name of Doctor Name of Clinic/Hospital

Section F: Residency Declaration (Applicable for Reinstatement only)

1. Have you changed your residency address and contact details? ☐ Yes ☐ No
If Yes, please complete the following parts.

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 _____

By providing my email address, I would like to opt in for eComms and receive communications via email instead of hardcopy letters. I am aware that I can change my eComm preference via www.mymanulife.com.sg or contacting Manulife anytime.

☐ No thanks, I'll opt in for eComms another time.

2. Update of Address (Please select a or b only)

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

_____

_____ Postal Code _____ Country _____

b. Special Instructions – New Address
(ONLY Residential OR Correspondence address OR for SELECTED issued Manulife policies I own)

Residential Address ONLY for ALL issued Manulife policies I own

_____

_____ Postal Code _____ Country _____

Correspondence Address ONLY for ALL issued Manulife policies I own

_____

_____ Postal Code _____ Country _____

Otherwise, update Correspondence Address for SELECTED issued Manulife policies I Own: _____

✓ Please indicate Policy number(s)

Please note:

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

3 Declaration and Authorisation

I/We understand and agree to the following.

1. I/We agree to inform Manulife (Singapore) Pte. Ltd. ("**Manulife**") if there is any change in the state of health, occupation or activity of the Life Insured at any time while the Policy is in force.
2. I/We authorise Manulife to obtain an investigation or consumer report on me/us.
3. I/We have read Section 23(5) Insurance Act 1966 warning stated on the 1st page of the Policy Changes Underwriting Questionnaire.
4. I/We understand, confirm and authorised on my/our behalf and on behalf of every insured person under the Policy, that in addition to the release of information to any medical source, or other entity mentioned in this Policy Changes Underwriting Questionnaire, Manulife is authorised to collect retain, use and/or disclose as it reasonably deems fit, any information in respect of me/us/any insured person, that is received by Manulife through its representatives and relevant third parties, companies within the Manulife Financial Group, reinsurers, medical organisations, my/our financial advisers, financial institutions, CPF agent banks, credit agencies, investigators, service providers (who may have to disclose my/our data to their service providers such as medical providers, reinsurers, medical evacuation agencies), judicial, regulatory, government, statutory authorities, dispute resolution parties and industry entities whether within or outside Singapore. As far as reasonably possible, Manulife 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 applicable law.

3 **Declaration and Authorisation** (continued)

5. I/We declare that no material fact that is likely to influence the assessment and acceptance of the information herein has been withheld and the information supplied in this Policy Changes Underwriting Questionnaire is true, complete and accurate to the best of my/our knowledge. I/We will promptly update Manulife if any information supplied to Manulife is incomplete, changed or has become inaccurate or misleading on the understanding that Manulife has the right to review the application, validity and continuation of the Policy after receipt of the updated information.
6. I/We agree that the statements and answers in this questionnaire, which include any supplementary form relating to my/our health, aviation, travel, residency, or lifestyle will form the basis for and become part of any life insurance issued as a result thereof.
7. I/We agree that no representative, broker, agent or medical examiner has the authority to make or modify any life insurance Policy that may be issued on the Life Insured, to decide whether I/We am/are an acceptable risk or waive any rights of requirements of any insurance company.
8. I/We agree that any life insurance company, bank or trust company may rely on the information contained herein as if this questionnaire was prepared directly for use by me/us. A photocopy shall be as valid as the original.
9. I/We agree that any illustration which may be presented to me/us is intended only to demonstrate how life insurance may perform. Cash values, life insurance benefit and net annual outlays may be greater or lesser than those in the illustration, depending on future interest rates, future cost of insurance charges and the timing and amount of future premium payments and Policy loans. I/We acknowledge that any illustration presented to me does not form any part of any Policy certificate of life insurance which may be issued on the Life Insured.
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 and hereby consent to the collection, use, disclosure and processing of my/our 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/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.

3 **Declaration and Authorisation** (continued)

I/We agree that Manulife or its representative(s) may verify through independent means, any information, including financial information, provided by me/us in this questionnaire.

If a fact with respect to the questionnaire is not disclosed, any requested transaction may be invalid. If you are in doubt as to whether a fact should be disclosed, you are advised to disclose it. This includes any information that you may have provided to the representative but was not included in the questionnaire. Please check to ensure that you are fully satisfied with the information declared in this questionnaire.

Signature of Life Insured

Date: _____

Signature of Policy Owner/Assignee/Trustee

Date: _____

If you wish to understand the list of purpose for which your personal date 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 **Financial Representative** for future assistance.

Alternatively, you may call our Client Services 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 – forms@manulife.com

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