Manulife

BUILD QUESTIONNAIRE

WARNING: 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

Name of Life Insured: _____ **NRIC:** _____
(To be completed by parent/guardian if the life insured is below 18 years old)

Policy Number: _____

1. What is your current height & weight? Height: _____cm Weight:_____kg
2. How long have you maintained this weight? _____ (year)
3. Is there any change in your weight over past 3 years? ☐ Yes ☐ No
   Is yes, how much gain /loss? _____kg
4. Has your weight stabilized? ☐ Yes ☐ No
   If no, please provide reason:

   _____
5. Do you have any condition that caused your weight gain or loss? ☐ Yes ☐ No
   (if yes, please select accordingly)
   ☐ Eating disorder
   ☐ Depression/Mood disorder
   ☐ Anemia
   ☐ Cancer
   ☐ Others (*please specify*): _____
6. Please provide any additional information on your condition which will be relevant in processing your application:

   _____

Please attach copies of all available investigation reports to this questionnaire.

If a material fact is not disclosed in this Application, any policy issued may not be valid. If you are in doubt as to whether a fact is material, you are advised to disclose it. This includes any information that you may have provided to the Financial Adviser Representative but was not included in the Application. Please check to ensure you are fully satisfied with the information declared in this Application.

_____ _____
Signature of Life Insured/Owner Date

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)

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