



Please remember to...

- ✓ Countersign any amendments
- ✓ Ensure that the appropriate boxes are checked
- ✓ Note that submission cut-off is 3PM

Personal Data Protection Notice

Your personal data is important to us

Before you provide any information in this form, please read our Statement of Personal Data Protection which is made available on our website at www.manulife.com.sg

Section A – Policy Information

Policy No.: _____

Name of Life Insured: _____ NRIC/Passport/FIN No.: _____

Name of Policy Owner: _____ NRIC/Passport/FIN No.: _____

Section B - Select One Option only

Note: Contingent Policy Owner feature is only applicable to individually owned policy

Option	Sections to complete	Please submit a copy of the following documents:
☐ Nomination of Contingent Policy Owner (To be completed by Policy Owner)	Section C – Details of Contingent Policy Owner (CPO) Section F – Declaration and Authorisation	• Copy of CPO's NRIC/Passport/FIN • Proof of CPO's residential address • Copy of proof of relationship between Life Insured (LI) and CPO • Copy of proof of relationship between Secondary Life Insured (SLI) and CPO (if applicable) Note: Insurable interest must exist between CPO and LI, and between CPO and SLI (if any). Please refer to Appendix 1 for details on the scenarios in which insurable interest exists.
☐ Update details of Contingent Policy Owner (To be completed by Policy Owner)	Section C – Details of Contingent Policy Owner (CPO) Section F – Declaration and Authorisation	• Copy of CPO's NRIC/Passport/FIN • Proof of CPO's residential address
☐ Revocation of Contingent Policy Owner Nomination (To be completed by Policy Owner)	Section F – Declaration and Authorisation	Not applicable
☐ Transfer of ownership of the Policy to Contingent Policy Owner (To be completed by Contingent Policy Owner)	Section C – Details of Contingent Policy Owner (CPO) Section D – Tax Residency Self-Certification Section E – Customer Due Diligence Section F – Declaration and Authorisation	• Copy of CPO's NRIC/Passport/FIN • Beneficial Owner's NRIC/Passport/FIN (if applicable) • Third-Party Payor's NRIC/Passport/FIN (if applicable) • Politically Exposed Person's (PEP) NRIC/Passport/FIN (if applicable) If Policy Owner is deceased • Copy of Death Certificate • Letter from Immigration and Checkpoint Authority (ICA) on the invalidation of the deceased's Singapore NRIC/Passport (if death occurred overseas) If Policy Owner is mentally incapacitated • Copy of all relevant medical reports pertaining to this condition



Section C - Details of Contingent Policy Owner (CPO)

1. **Fullname:** _____
(as per NRIC/Passport/Birth Certificate/FIN)
2. **NRIC/Passport/Birth Certificate/FIN No.:** _____
(a copy is required)
3. **Country of Birth:** _____
4. **Date of Birth (DD/MM/YYYY):** _____ **Age:** _____
5. **Gender:** ☐ Male ☐ Female
6. **Occupation:** _____
7. **Relationship of Life Insured to Contingent Policy Owner:** ☐ Spouse ☐ Child ☐ Self
Please submit a copy of marriage/birth certificate (where applicable).
8. **Relationship of Secondary Life Insured to Contingent Policy Owner (if applicable):** ☐ Spouse ☐ Child ☐ Self
Please submit a copy of marriage/birth certificate (where applicable).
9. **Nationality:** ☐ Singaporean ☐ Singapore Permanent Resident ☐ Other, please specify: _____
10. **Citizenship:** _____
(Please state all if more than one)
11. **Residential Address:**
Block/Street No.: _____ Street name: _____ Unit No.: _____
Building name: _____ Postal code: _____ Country: _____
Please provide a documentary proof of residential address like a recent utility bill or correspondence from a government agency if no residential address is stated in the identification document.
12. **Mailing Address (if different from Residential Address):**
Block/Street No.: _____ Street name: _____ Unit No.: _____
Building name: _____ Postal code: _____ Country: _____
13. **Contact Information:**
Email: _____ Mobile No.: _____ Home No.: _____ Office No.: _____

For overseas line, please indicate the following:
Country name: _____ Country code: _____ Area code: _____

Section D - Tax Residency Self-Certification

(To be completed by Contingent Policy Owner, as required under applicable laws and regulations)

Foreign Account Tax Compliance Act (FATCA)

1. Are you a United States Citizen? ☐ Yes ☐ No
2. Are you a United States Resident? ☐ Yes ☐ No
3. Are you a United States Resident Alien (i.e. a so-called U.S. green card holder)? ☐ Yes ☐ No
If any of the replies from Q1 to Q3 is Yes, please provide W-9 Form and skip questions 4 & 5. If No, please proceed to answer all questions.
4. Do you have United States taxpayer identification number (SSN/ITIN)? ☐ Yes ☐ No
 SSN/ITIN: _____
If Yes, please provide W-8BEN form.
5. Do you have United States address (residential/mailling/permanent), United States telephone number or were you born in United States? ☐ Yes ☐ No
If you are born in the USA but not a US Tax Payer, please provide W-8BEN form and a copy of Loss of US Nationality/I-407.

You may download the W-8BEN/W-8BENE/W-9 form from the U.S. Internal Revenue Service (IRS) webpage: <https://www.irs.gov>

Common Reporting Standards (CRS)

A. Details of tax residency

Please provide information on your Tax Residency. This will usually be where you are liable to pay income taxes.

As a financial institution, we are not allowed to give tax or legal advice. If you have any questions about this form, the instructions for filling up this form, or your tax residency status, please speak to your tax adviser or domestic tax authority.

CRS Declaration of Tax Residency (Tick one, or both if you have more than one tax residency)

- ☐ I am a tax resident of **Singapore**
 Tax Identification Number (TIN): _____
 Please complete Section 3C (if required) and D
- ☐ I am a tax resident of **other country(ies)/jurisdiction(s) other than Singapore**
 Please complete 3B, 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		☐ A	☐ B	☐ C	
2		☐ A	☐ B	☐ C	
3		☐ A	☐ B	☐ C	
4		☐ A	☐ B	☐ C	
5		☐ A	☐ B	☐ C	

*Reason:

- A. The country where the Account Holder (Policy Owner) is liable to pay tax does not issue TINs to its residents.
- B. The Account Holder (Policy Owner) 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 residency entered above do not require the TIN to be disclosed).

C. Clarification of tax residency

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 by ticking the appropriate option below.

My declared tax residency differs from:

- ☐ my current mailing/residential address because I am studying or working overseas and do not meet the minimum physical presence requirement to be considered a tax resident in my current country.
- ☐ my current mailing address because it belongs to my parent, spouse, sibling, child, or friend.
- ☐ my contact number, as I maintain an additional home country number for ease of communication with family and friends.
- ☐ my place of birth, nationality, or citizenship, as I am currently a Singapore Permanent Resident residing and/or working in Singapore and am not a tax resident of my country of birth, nationality, or citizenship.
- ☐ my place of birth, nationality, or citizenship (China), because I do not have domicile or habitual residence in China (i.e. domiciliary registration, family ties, and economic interests).
- ☐ Others (please specify and submit relevant supporting documents). _____

NOTE: We have provided possible reasons above for your reference only. We remind you that we are not allowed to provide any tax advice. Please consult your tax or legal advisor if you need assistance in completing this form.

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.

FATCA and CRS declaration

Please note that the Singapore Income Tax Act (Chapter 134) imposes a penalty of a fine not exceeding \$10,000 and/or imprisonment of up to 2 years, on individual that is known to provide false or misleading information. For more information, please refer to Section 105M of the Singapore Income Tax Act (Chapter 134).

1. I declare that the information provided in this form is, to the best of my knowledge and belief, correct and complete.
2. I acknowledge and understand that the information contained in this self-certification and any reportable account(s) may be reported to the tax authorities of the country/jurisdiction in which this account(s) is/are maintained and exchanged with tax authorities of another country/jurisdiction or countries/jurisdictions in which I may be tax resident pursuant to intergovernmental agreements to exchange financial account information.
3. I agree to notify Manulife within 30 days of any errors, omissions or changes in the information provided in this form.

Section E - Customer Due Diligence

(To be completed by Contingent Policy Owner)

Beneficial Owner

A beneficial owner is defined as the natural person who ultimately owns or controls the customer or the natural person on whose behalf business relations are established, and includes any person who exercises ultimate effective control over a legal person or legal arrangement.

Is there any Beneficial Owner(s) in relation to the transfer of ownership of the Policy to Contingent Policy Owner?

- ☐ Yes ☐ No (If yes, please list ALL Beneficial Owner(s) and complete the following):

If a Beneficial Owner exists for the transfer of policy ownership to the Contingent Policy Owner, please provide the required details for each Beneficial Owner:

- A. Full name (including any aliases): _____
- B. Unique identification number (e.g. NRIC/Passport, birth certificate number, or equivalent): _____
- C. Occupation: _____
- D. Residential address: _____

- E. Date of birth: _____
- F. Nationality: _____
- G. Relationship to Contingent Policy Owner:
☐ Spouse ☐ Child ☐ Parent ☐ Sibling ☐ Friend ☐ Others (please specify): _____

(Please enclose a copy of NRIC/Passport.)

Politically Exposed Person (PEP)

PEP means a natural person who is or has been entrusted with prominent public functions in a domestic or foreign country or jurisdiction. Prominent public functions include the roles held by a head of state, a head of government, government ministers, senior civil or public servants, senior judicial or military officials, senior executives of state owned corporations, senior political party officials, members of the legislature and senior management of international organisations.

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

(If answer to Q1 is "Yes", please provide the following):

Details of Politically Exposed Person (PEP)

- A. What is the name of the person who holds or held the office? _____
- B. In which country is/was the position held? _____
- C. Period the position was held? Starting Year: _____ Ending Year: _____
- D. What position was held by the person who is or was politically exposed?
- ☐ Head of state or head of government
- ☐ Member of the executive council of government or member of a legislature
- ☐ Government Minister (or equivalent)
- ☐ Ambassador or ambassador's attaché or counsellor
- ☐ Senior executive of a state-owned corporation
- ☐ Senior civil servant
- ☐ Judge
- ☐ Leader or president of a political party in a legislature
- ☐ Senior military official
- ☐ Others (please identify): _____
- E. Title of position held? _____
- F. Source of Wealth? _____
- G. What is the relationship of the person listed above to the Contingent Policy Owner? _____

Section F - Declaration & Authorisation**Declaration & Authorisation**

1. By signing and submitting this form manually or electronically, I agree, confirm, declare, represent, and warrant that:
 - a. I have read, understood and agreed to all contents, terms and conditions of this form and the Policy in relation to my application made under this form, including but not limited to my rights and obligations arising from or in connection with this form;
 - b. by submitting this form, I will not breach any applicable laws or regulations;
 - c. all information and supporting documents provided by me in respect of this form are, to the best of my knowledge and belief, true, accurate, complete and up-to-date, and no material information has been withheld or omitted. I will promptly notify Manulife (Singapore) Pte. Ltd. ("Manulife") if any information provided to Manulife is incomplete, has changed, or becomes inaccurate or misleading, with the understanding that Manulife has the right to review the validity and continuation of the Policy upon receiving such updated information;
 - d. I am not an undischarged bankrupt, and no bankruptcy or similar proceedings are pending or threatened against me under any applicable laws;
 - e. the Policy is not encumbered, mortgaged, or charged to any other party; and
 - f. there are (i) no claims or threatened claims by creditors or any other parties; and (ii) no outstanding tax obligations, that may be asserted against the Policy Owner's estate (including the Policy).
2. I authorise Manulife to execute the instruction, request or application stated in this form ("**Instruction**"), and agree that the Instruction shall not take effect unless Manulife has approved it.
3. I agree that Manulife is not responsible to verify the authenticity of the Instruction and supporting documents submitted or purported to be submitted by me. Manulife reserves the right (but is not obliged) to withhold, defer, or reject the Instruction and supporting documents for verification or other purposes as Manulife deems fit. Manulife shall not be liable for any losses and damages incurred by me in exercising such right.

Applicable if this Form Is Submitted Electronically

4. I acknowledge and agree that any Instruction transmitted via any website, electronic system, network, or portal provided by Manulife ("**Electronic Service**") is submitted at my sole risk. Manulife shall not be liable for any losses and damages arising from the use of Electronic Service, including but not limited to, any Instruction lost in transmission, any delay, failure, error, or omission in transmitting of the Instruction to Manulife.
5. Manulife may amend the terms of use of Electronic Service at any time without prior notice.
6. I agree that my electronic signature (if applicable) shall have the same force and effect as my original signature. I will not challenge or dispute the validity, admissibility, enforceability, authenticity, or accuracy of the electronically signed form or document in any proceedings, unless there is proven fraud or impersonation.

Indemnity and Governing Policy Contract

7. I agree to indemnify and hold harmless Manulife from and against any and all demands, claims, actions, suits, proceedings, costs, expenses, liabilities, losses, and damages (whether direct, indirect, or consequential), including full legal fees and disbursements whatsoever arising out of or in connection with (a) Manulife's acceptance, reliance on, and acting on the Instruction and supporting documents submitted by me; (b) use of Electronic Service by me; and/or (c) any breach of any agreement, declaration, representation, or warranty by me.
8. Any Instruction is subject to and governed by the Policy Contract and prevailing requirements set by Manulife, and I agree to comply with them.

Consent to Use, Withdrawal, Termination and Provision of Information and Data

9. I confirm that I have read and understood and hereby consent to the collection, use, disclosure and processing of my personal data in accordance with and agree to be bound by Manulife Statement of Personal Data Protection, which is made available at www.manulife.com.sg as may be amended from time to time.
10. I agree on my behalf and on behalf of Life Insured, Contingent Policy Owner and relevant individuals (where I have obtained their respective consent) that in addition to the release of information to any medical source, or other entity mentioned in this form, Manulife is authorised to collect, retain, use, disclose, and/or process as it reasonably deems fit, any information in respect of me, Life Insured, Contingent Policy Owner and relevant individuals, that is received by Manulife to its representatives and relevant third parties (including but not limited to companies within the Manulife Financial Group, reinsurers, medical organisations, my 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 will release such information to such parties on the understanding that the information will be kept strictly confidential and be used, disclosed, processed and retained in accordance with the relevant law.

11. I understand that Manulife 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 from Manulife from time to time ("Regulatory and Legal Requirements").
12. I consent to the use of information provided to Manulife and I will provide Manulife with information that Manulife requests from time to time, and allow Manulife to share such information with the local and foreign authorities (including local and foreign tax authorities) to meet the Regulatory and Legal Requirements.
13. I will notify Manulife as soon as possible of any change in the information that I have provided to Manulife, including any circumstances that would result in a change in my taxpayer status, such as a change in my residence or mailing address, telephone number and citizenship.
14. I hereby waive any rights I may have that would prevent Manulife from meeting any Regulatory and Legal Requirements.
15. I understand and agree that Manulife can: withhold on payments to me (or any successor owner or payee); or Manulife can suspend or terminate the Policy if I (or any successor owner or payee) fail to provide the information which Manulife requests from time to time to comply with any Regulatory and Legal Requirements (within and outside Singapore) or if at any time I (or any successor owner or payee) withdraw the consent or contest the waiver provided above.
16. I consent to 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 may be sent to me via any form of electronic dissemination (including via email), or any other means of dissemination as Manulife may determine in its sole discretion.

Marketing Consent (Applicable to Contingent Policy Owner)

17. I represent and warrant that I am the user and/or subscriber of the telephone number provided in this form.

Manulife (Singapore) Pte. Ltd. (and their service providers, acting on behalf of Manulife (Singapore) Pte. Ltd.) may, from time to time, contact you to provide information on offers such as vouchers or discounts, or to inform you of new products and/or services via email, SMS, call, or other forms of communication.

Please let us know if you would like to receive such communications:

Email	☐ Yes ☐ No
SMS	☐ Yes ☐ No
Voice call	☐ Yes ☐ No
Mail/Other forms of communication	☐ Yes ☐ No

Please note that this consent will supersede all prior marketing consents you have previously provided to Manulife (Singapore) Pte. Ltd. (and the service providers acting on behalf of Manulife (Singapore) Pte. Ltd.).

If you wish to modify your marketing consent with Manulife (Singapore) Pte. Ltd., we encourage you to visit our secure customer portal, MyManulife.

Signature of Policy Owner

Required for all requests (except for the transfer of ownership of the policy to CPO)

Date (DD/MM/YYYY)
*Contact Number:

Signature of Contingent Policy Owner (CPO)

Required for the nomination of CPO / transfer of ownership of the Policy to CPO

Date (DD/MM/YYYY)
*Contact Number:

***We will contact you at this number if we need any clarifications regarding your request. This contact number will not be updated into our records.**

Appendix 1

The following are abbreviations used in Table 1 below:

“CPO” refers to the contingent policy owner nominated by PO and approved by us under the Policy;

“LI” refers to Life Insured of the Policy;

“PO” refers to the Owner of the Policy;

“SLI” refers to the Secondary Life Insured nominated by PO and approved by us under the Policy.

Table 1: The CPO nomination with or without a SLI – scenarios in which insurable interest exists

S/N	Scenario	Relationship of SLI to CPO	Relationship of LI to CPO
1	PO: Husband LI: Husband SLI: Wife CPO: Wife	Self	Spouse
2	PO: Husband LI: Wife SLI: Husband CPO: Wife	Spouse	Self
3	PO: Wife LI: Wife SLI: Husband CPO: Husband	Self	Spouse
4	PO: Husband LI: Child SLI: Wife CPO: Wife	Self	Child
5	PO: Husband LI: Child SLI: Child CPO: Wife	Child	Child
6	PO: Husband LI: Husband SLI: Child CPO: Wife	Child	Spouse
7	PO: Husband LI: Child 1 SLI: Child 2 CPO: Wife	Child	Child