

3 DECLARATION AND AUTHORISATION

1. I declare I have the legal capacity and power to appoint authorised signatory and I certify that the signatures above are of the individuals authorised by me to exercise the powers as policy owner of the above policy on behalf of our company. / The board of our company has passed a resolution authorizing the individuals above to exercise the powers as policy owner of the above policy on behalf of our company. I certify that the signatures above are of the individuals authorised by resolution of the board of our company.
2. I confirm Manulife (Singapore) Pte. Ltd. ("Manulife") is authorised by our company to effect any instructions from the above individuals relating to the above policy.
3. The above authorisation shall supersede any pervious authorisation received from our company.
4. I will ensure timely written notification will be provided to Manulife if any of the above individuals has left the employment of our company or such authority has been revoked by our company. I confirm that the above authorisation shall continue to be in force until Manulife receives the written notification from our company.
5. I confirm the authority granted by our company to the above individuals in relation to the policy including but not limited to the authority to surrender the policy, obtain loans (if applicable) or deal with the Policy in any manner without the consent of the life insured or any other person.
6. I certify that to the best of my knowledge, funds to be used by our company to purchase this policy are not the proceeds of any criminal or immoral act.
7. I certify to the best of our knowledge and belief, all statements made and given by the life insured in relation to the policy's application, or declaration made during any medical examination, are full, complete and true and if found otherwise Manulife may treat the policy as null and void.
8. I agree to indemnify and hold harmless Manulife from and against all demands, claims, actions, suits, proceedings, assessments, judgments, costs and legal and other expenses as a result of Manulife acting strictly in accordance with this authorisation or any instructions from the above individuals.
9. I shall ensure our company will not do anything to put Manulife in breach of Singapore's Anti-Money Laundering and Counter-Terrorism Financing legislation and agree to provide supporting documents as and when requested by Manulife.

Director / Chief Executive

Full Name

.....
Please indicate Name on NRIC/Passport & underline Surname/Last name

Date Signed


.....
Please indicate in DD/MM/YYYY

Signature & Company Stamp

Need Help?

Please contact your **Representative** for further assistance.
Alternatively, you may call our **Client Services Officers** at **6833 8188**
or visit us at **51 Bras Basah Road, #01-02C Manulife Centre Singapore 189554** during service hours.

Completed?

You may submit the completed and signed form to us through:
 **Mail – 51 Bras Basah Road #09-00 Manulife Centre Singapore 189554**

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