

THIS DEED OF ASSIGNMENT is made this _____ day of _____ 20____ between:

Name: (per NRIC / Passport / Company Registration Certificate)	
NRIC / Passport / Company Registration Number:	
Address:	

(the "Assignor") on the one part;

And

Name: (per NRIC / Passport / Company Registration Certificate)	
NRIC / Passport / Company Registration Number:	
Residential Address:	
Mailing Address: (If different from Residential Address) <i>✓ Acknowledgement will be sent to Mailing Address</i>	
Principal business or Occupation:	If assignee is a not-for-profit organization, does it solicit charitable financial donations from the public? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N.A
Relationship:	
Reason for assignment:	

(the "Assignee") on the other part;

DOA-1018-5

It is agreed as follows:

1. The Assignor hereby unconditionally assigns and transfers absolutely all claims, options, privileges, rights, title and interest in and to the policy of insurance (the "Policy") issued by Manulife (Singapore) Pte. Ltd. (the "Insurer") detailed below to the Assignee.

Life Insured:	
NRIC / Passport Number:	
Policy Number:	
Policy Effective Date:	

2. The Assignor warrants that the Assignor is the owner of the Policy and has full rights and full warranty to make this assignment and transfer.
3. The Assignor warrants that the rights and benefits assigned under this Deed of Assignment are free and clear of any liens, encumbrances, adverse claims or interests.
4. The Assignor warrants that the Assignor has no knowledge of any dispute or defences on the Policy.
5. The Assignor confirms that any prior nomination made on the Policy has been duly revoked.
6. Subject to applicable laws and the terms of the Policy, the Assignee shall have the sole right to surrender and exercise any and all options under the Policy including, the right to receive all proceeds payable under the Policy.
7. This Deed of Assignment shall be binding on and inure to the benefit of the parties, their successors, assigns and personal representatives.
8. This Deed of Assignment is governed by and construed in accordance with the laws of the Republic of Singapore.
9. **Consent**
The Assignee agrees to authorise Manulife to collect, retain, use and / or disclose as it reasonably deems fit, any information in respect of the Assignee, 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 / our 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 and retained in accordance with the relevant law.

SIGNED UNDER SEAL on the date first written above.

ASSIGNEE	ASSIGNOR
<div style="border: 1px solid black; border-radius: 10px; height: 80px; margin-bottom: 5px;"></div> <p>Signature of Assignee (and company stamp if applicable)</p>	<div style="border: 1px solid black; border-radius: 10px; height: 80px; margin-bottom: 5px;"></div> <p>Signature of Assignor (and company stamp if applicable)</p>
WITNESS(ES)	
<div style="border: 1px solid black; border-radius: 10px; height: 80px; margin-bottom: 5px;"></div> <p>Signature of Witness</p> <p>Name (as per NRIC):</p> <p>NRIC No.</p> <p>Date:</p> <p>Contact No.</p>	<div style="border: 1px solid black; border-radius: 10px; height: 80px; margin-bottom: 5px;"></div> <p>Signature of Witness</p> <p>Name (as per NRIC):</p> <p>NRIC No.</p> <p>Date:</p> <p>Contact No.</p>

IMPORTANT NOTICE

1. **Manulife (Singapore) Pte. Ltd. furnishes this form of assignment for the convenience of the parties. Manulife (Singapore) Pte. Ltd. is not a party to this assignment and assumes no responsibility for its legality, validity or its tax consequences. Parties are advised to seek their own legal and / or financial advice.**
2. **An original copy of the Deed of Assignment and the Notice of Assignment must be provided to Manulife (Singapore) Pte. Ltd. at the address stated below:**

Manulife (Singapore) Pte. Ltd.
8 Cross Street #15-01, Manulife Tower, Singapore 048424
Attention: Advisory and Policy Services Department
3. **Assignment of policies purchased using funds from (a) Central Provident Fund contributions pursuant to the Central Provident Fund Investment Scheme (CPFIS) or (b) the Supplementary Retirement Scheme is not permitted.**
4. **All signatures must be signed in ink.**
5. **The witness must be 21 years old and above, and should not be the beneficiary of the Policy.**

DOA-1018-5

This page is intentionally left blank

To: **Manulife (Singapore) Pte. Ltd. ("Company" or "Manulife")**
8 Cross Street #15-01,
Manulife Tower,
Singapore 048424

Date

Policy Number **(The "Policy")**

Life Insured **(The "Life Insured")**

1. We hereby give you notice that by a Deed of Assignment dated _____ (enclosed) and made between the persons specified below, the Assignor has assigned to the Assignee the Policy issued by the Company.
2. We hereby request you to deliver to us a written acknowledgement of the receipt of this Notice.
3. We understand that the Company does not assume any responsibility for the validity, legality or effect of the Assignment. However, the Company reserves the right to not to acknowledge the notice of assignment until all required documents and forms are provided and in order.

PERSONAL DATA PROTECTION NOTICE

If you have any questions or concerns about our personal data protection policies and practices or wish to request access to, update or correct your personal data, please contact:

The Data Protection Officer
Manulife (Singapore) Pte. Ltd.
8 Cross Street #15-01
Manulife Tower
Singapore 048424

Email: sgp_data_protection_office@manulife.com

YOUR PERSONAL DATA IS IMPORTANT TO US

We know that the privacy of your personal data is important to you and it is equally important to us. Personal data is fundamental to our business as it allows us to evaluate, issue, and administer the insurance policy you are applying for. We have safeguards in place to protect your personal data and keep it safe.

A detailed list of purposes for which your personal data may be used or disclosed can be found in our Statement of Personal Data Protection which is available at www.manulife.com.sg. For example, we may use your personal data that we collect from you from time to time to:

- confirm your identity and uniquely identify you;
- confirm the accuracy of the information collected;
- properly administer the products and services we provide, including the investigation, review, assessment and settlement of claims;
- communicate with you, especially with respect to your policy(ies), updates and changes;
- provide you with ongoing services and respond to your inquiries or instructions;
- make or obtain payments;
- recover any debt owed to us;
- detect and prevent fraud, unlawful or improper activities;
- coach employees and monitor for quality assurance;
- reinsure risks and for reinsurance administration;
- comply with all legal and regulatory requirements within and outside Singapore including disclosures to judicial, regulatory, government, statutory authorities and industry entities;
- resolve complaints, and handle requests for data access or correction;
- compliance monitoring and audit reviews; and
- compiling statistics for us to design and improve products and services, or industry exercise and studies

We will only collect and use personal data in a lawful way. We do not, without your consent, give your personal data to any person and/or entity for the purpose of that person and/or entity marketing its own products or services directly to you. We will use and disclose your personal data only with your consent or where such is permitted or required under any relevant law. Where personal data is provided to our service providers, we will require them to protect the personal data in a manner that is consistent with our personal data protection policies and practices. If you wish to review your personal data maintained or retained by us, or if you wish to obtain copies of our Statement of Personal Data Protection, or make other enquires or express concerns about our personal data protection policies and practices, you may do so by contacting our Data Protection Officer.

1 DETAILS OF ASSIGNEE

Personal & Contact Details of Assignee

1. **Citizenship**
✓ Please state all if more than one

2. **Mobile No.** **Home/Office No.**
✓ For overseas line, please indicate Country Name, Country Code and Area Code
 Country Name Country Code Area Code

3. **Mobile No. for easyTouch**

4. **Email Address**

For Individual Assignee's Completion

- 1 (a) Is the Assignee a United States citizen? Yes No

- (b) Is the Assignee a United States resident? Yes No

- (c) Is the Assignee a United States resident alien (i.e so called US green card holder) Yes No
✓ If any of the replies is Yes, please provide W-9 Form and skip question 2. If No, please proceed to question 2.

- 2 (a) Do you have United States taxpayer identification number (SSN / ITIN)? Yes No
 SSN/ITIN:
✓ If Yes, please provide W8-BEN form.

- (b) Do you have United States address (residential / mailing / 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 W8-BEN form and a copy of Loss of US Nationality/I-407.

For Entity Assignee's Completion

1. Is the Assignee incorporated in or organised under the laws of the United States? Yes No

If Yes, a W9 form is required to be completed and submitted by the Assignee.

If the entity is not incorporated in or organised under the laws of United States, the entity will have to submit the W8-Ben-E or the form "Simplified Self-Certification for Business Entities with no Beneficial Owners who are U.S. Taxpayers" (the "Simplified Form") (if the Simplified Form is applicable in the Assignee's instance).

To determine whether the Simplified Form can apply, please refer to the section "Reference Guide to Determine which Form Business Entity is required to Complete to Satisfy the Foreign Account Tax Compliance Act (FATCA) Requirements".

DOA-1018-5

2 COMMON REPORTING STANDARD (CRS) TAX RESIDENCY SELF-CERTIFICATION

A. Details of Tax Residency (For Individual Owner)

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

If you have any questions on how to define your Tax Residency status, please visit <http://www.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance> or speak to a professional tax adviser as we are not allowed to give tax advice.

CRS Declaration of Tax Residency		Tick where applicable (You may tick more than 1)
1.	I am a tax resident of Singapore	<input type="checkbox"/> Please complete Section 2C (if required) and D
2.	I am a tax resident of other country(ies)/jurisdiction(s)	<input type="checkbox"/> Please complete Section 2B, C (if required) and D

B. Details of Foreign Tax Residency(ies) (For Individual Owner)

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.		<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	
2.		<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	
3.		<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	
4.		<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	
5.		<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	

*Reason:

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

C. Clarification of Tax Residency Information

If the country of your residential/ mailing address, contact number, country of birth, nationality or citizenship differs from your declared country(ies)/jurisdiction(s) of tax residency, please provide the reason below.

D. Acknowledgement of Tax Residency (For Individual Owner)

- 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.

Corporate Certification (For Corporate Owner)

Please complete Corporate Owner Certification Form.

3 CUSTOMER DUE DILIGENCE (To be completed by Assignee)

Payment Information

1. Will premium payment for the policy be made by the Assignee? Yes No N.A.

If No, please complete the following:

(a) Name of Payor	Please provide (i) Copy of Payor's Identification Document [NRIC or Passport] or (ii) Evidence of incorporation, ownership and shareholdings if Payor is an Entity.
(b) Principal Business or Occupation of Payor	
(c) Address of Payor	
(d) Relationship to the Assignee	
(e) Source of funds	

Beneficial Owner

1. A beneficial owner is defined as the natural person who ultimately owns or controls a customer or the person on whose behalf business relations are established. It includes any person who exercises ultimate effective control over a legal person. (E.g. any person owning more than 25% of the legal person or legal arrangement, taking into account any aggregated ownership for companies with cross-shareholdings).

Is there any Beneficial Owner(s) in relation to this Assignment? Yes No

NOTE: For entities, the information on Beneficial Owner(s) MUST be provided.

If Yes, please list ALL Beneficial Owner(s) and complete the following:

(a) Name of Beneficial Owner	<i>✓ For individuals - Please indicate full name and enclose a copy of NRIC/Passport</i> <i>✓ For entities - Please indicate full legal name and enclose a copy of Business Profile (within 3 months)</i>
(b) Occupation of Beneficial Owner	
(c) Address of Beneficial Owner	
(d) Relationship to the Assignee	

(a) Name of Beneficial Owner	<i>✓ For individuals - Please indicate full name and enclose a copy of NRIC/Passport</i> <i>✓ For entities - Please indicate full legal name and enclose a copy of Business Profile (within 3 months)</i>
(b) Occupation of Beneficial Owner	
(c) Address of Beneficial Owner	
(d) Relationship to the Assignee	

Politically Exposed Person

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

2. Have any connected party* of the corporation ever been entrusted with prominent public functions, whether in Singapore or a foreign country?

*Connected party of the Corporation;

a) in relation to a legal person (other than a partnership), means any director or any natural person having executive authority in the legal person; OR

b) in relation to a legal person that is a partnership, means any partner or manager

Yes No

If Yes, please provide the following:

(a) Name of PEP(s)	<i>✓ For individuals - Please indicate full name and enclose a copy of NRIC/Passport</i>
(b) Occupation(s)	
(c) Address(es)	
(d) Relationship to Assignee	

3. Have you appointed a person to act on behalf of you in this Assignment, or are you acting on behalf of another person? Yes No

If Yes, please provide the following:

(a) Name(s)	<i>✓ Please indicate full name and enclose a copy of NRIC/Passport</i> <i>✓ Please complete the Corporate Policy Owner Authorised Signatory form (if applicable)</i>
(b) Residential Address(es)	

4 DECLARATION, AUTHORISATION & ACKNOWLEDGEMENT BY ASSIGNEE

Consent, Declaration & Authorisation

1. I/We agree on my/our behalf and on behalf of every insured person that in addition to the release of information to any medical source, or other entity mentioned in this form, the Company 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 the Company to its representatives and relevant third parties (including but not limited to companies within the Manulife Financial Group, reinsurers, medical organisations, my/our 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, the Company 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 the relevant law.
2. I/We hereby consent to the Company (including Representatives of the Company), Manulife group of companies and their service providers to contact me/us (even though my/our telephone number(s) are already registered or may be registered on the National Do Not Call Registry, by way of
 - voice call
 - mail / email / any other avenues of marketing activities
 for marketing purposes and provide me/us with marketing, advertising and promotional information, materials and/or documents relating to products and services marketed by the Company or its related companies.
3. I/We am/are aware that the consent provided by me/us in this form is in addition to and does not supersede, vary or nullify any consent which I/we may have provided previously in respect of the above purposes, unless my/our consent is withdrawn through the withdrawal form. I/we hereby represent and warrant that I/we am/are the user(s) and/or subscriber(s) of the telephone number provided by me/us in this form or other forms furnished by the Company, and agree that I/we have read and understood the above provisions.
4. I/We also declare that the information supplied in this form is true, complete and accurate to the best of my/our knowledge. I/We will promptly update you if any information supplied to the Company is incomplete, changed or has become inaccurate or misleading on the understanding that the Company has the right to review the validity and continuation of the policy after receipt of the updated
5. 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 the Company's Statement of Personal Data Protection, as may be amended by the Company from time to time. I/We have obtained a copy of the Company Statement of Personal Data Protection by:
 - (a) downloading a soft copy from www.manulife.com.sg; or
 - (b) obtaining a hard copy from the Company.

Consent to Withholding, Termination and Provision of Information

1. I/We 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 / us from Manulife from time to time ("regulatory and legal requirements").
2. I/we consent to the use of information provided to Manulife and I/we will provide Manulife with information that Manulife request 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 these regulatory and legal requirements.
3. I/we will notify Manulife as soon as possible of any change in the information that I/we have provided to Manulife, including any circumstances that would result in a change in my / our taxpayer status such as a change in my / our residence, address, telephone number and citizenship.
4. I/we hereby waive any rights I/we may have that would prevent Manulife from meeting any regulatory and legal requirements.
5. I / We understand and agree that Manulife can: withhold on payments to me / us if I / we fail to provide the information which Manulife requests from time to time to comply with any legal and regulatory requirements (within and outside Singapore) or if at any time I / we withdraw the consent or contest the waiver provided above.

Signature of Assignee

Date

Signature of Assignor

Date

SUBMISSION CHECKLIST

S/No.	Documents to be submitted for Assignment	Tick	Remarks
1.	1.1 Collateral Assignment Form 1.2 Deed Of Assignment Form <i>✓ Please complete the correct form depending on the type of assignment</i>	<input type="checkbox"/>	
2.	Notice of Assignment Form	<input type="checkbox"/>	
3.	Photocopy of Assignor's NRIC / passport	<input type="checkbox"/>	
4.	Photocopy of Assignee's NRIC / passport Witness Affidavit Witness	<input type="checkbox"/>	
5.	For Entity/Corporate Assignees 5.1 Copy of ACRA search within 3 months if Assignee / Assignor is a company and a photocopy of both sides of NRIC/passport of authorised signatory. Board of resolution/Corporate Policy 5.2 Owner Authorised Signatory Form is required. Corporate Owner Certification Form (Available in ManuTouch)	<input type="checkbox"/>	
6.	For GIRO mode of payment - new GIRO form for deduction from Assignee's account or consent letter from Assignor to continue GIRO deduction from existing bank account	<input type="checkbox"/>	
7.	Prepayment facility - Instruction from Assignor to continue with prepayment facility or withdraw remaining prepayment amount	<input type="checkbox"/>	
8.	Change form to delete payor benefit / parent's option / keyman replacement option rider(s) (if any)	<input type="checkbox"/>	
9.	9.1 W-9 9.2 W8-BEN 9.3 W8-BEN-E <i>✓ Please complete the correct form accordingly. They are available in the U.S IRS website at http://www.irs.gov</i>	<input type="checkbox"/>	

SUBMISSION REQUIREMENTS

1. Policy must be in-force.
2. All columns in the assignment form must be completed (no blank fields).
3. If Assignor and Assignee sign on different dates, the date of the Deed of Assignment shall be the later of the two dates.
4. Please note that the Deed of Assignment and Notice of Assignment must be submitted to Manulife (Singapore) Pte. Ltd. as soon as possible.
5. The following policies may not be assigned:
 - a) policies purchased with funds from CPFIS – OA/SA;
 - b) policies purchased with funds from Supplementary Retirement Scheme;
 - c) policies subject to trust under Section 49L of the Insurance Act or Section 73 of the CLPA (unless trustee and all beneficiaries consent to revocation);
 - d) policies pledged in connection with the Home Protection Scheme exemption; or
 - e) attached with rider, insuring Assignor (e.g. Payor Benefit / Parent's Option / Keyman Replacement riders, unless riders are terminated before assignment)
6. If the Assignor / Assignee / Witness fills up the form incorrectly, the person correcting his or her details has to sign against the correction
7. Witness to the signing must be above age 21 and shall be a person other than Assignor / Assignee.
8.
 - a) Assignor / Assignee should be of age 18 years and above.
 - b) Where Assignor / Assignee is below age 18 years, please contact our Client Services Officers at 6833 8188.

* For Universal Life Plan, please note that the requirements may be different.

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?

You may submit the completed and signed form with all relevant documents to us through:

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