

INTERBANK GIRO APPLICATION FOR POLICY DENOMINATED IN USD



Please remember...

To countersign any amendments

♦ The use of correction fluid / tape is not allowed

1 FOR APPLICANT'S COMPLETION

A. Policy Owner Deta	ils																				
Full Name of Policy Owner												NRIC	/ Pass	port N	lo						
Billing Organization's Reference Number(s)/																					
Policy Number(s)																					
Plan Name(s)																					
Important Note: 1. The bank account must be You will be informed of the 2. If the GIRO application is a account equivalents to the applicable on the date eac 3. GIRO deduction will occur the next banking day. If an date while the life policy r B. Account Holder De I / We hereby instruct you You are entitled to reject of this. You may also at you This authorisation will rem	e GIRO a provent of the provent of t	appliced, Maum and deduction for the Carlon (Sing retion orce used)	cation anuliformoun ction 6th of 6 ction rce. thor danuli gapor n allow until t	istate (Sire) is audient (Sire) Ptw the erminate (Sire	us. ngapo or pa ccessf mont succes ion ingapo ee. Ltd	re) Pto yable ully m h. If a ssful, l ore) P .'s del c even by yo	e. Ltd for e lade. GIRO Manu te. Lt bit ins	l. will i each lif FX rati dedu ulife (S ed.'s in structi is resu	nstruction if no if single in a contraction if no if single in a contraction if no i	et DBS cy der availa falls o ore) P	to debit nominate nble on to n a non- te. Ltd.	it or ded ted in Us the Man -banking will atte my / ou ant does on the a	uct ap SD cur sulife' g day empt a r acco not h	oplica rrency s web in Sing anoth ount. ount. nave s	ble SG , base site at gapor er GIR ufficie impos	and amed on the twww.e, the dod ded	ount f the for man GIRO luction ads an	rom the reign e ulife.c deduc n on the d char ccordi	ne prov exchan om.sg. tion w ne next ge me ingly.	video ge (F · ·ill oc : sche	d bank X) rate ccur on eduled a fee
written revocation through Name of Billing Organization		•	٠.	•			RE) F	PTE. L	TD.					D	nto						
Name of Bank		םט)3 Da	IIK LU	.u					Bran	ch Code	/ Name									
Bank Account Number																					
Name(s) of Account Holder(s)										NRIC	:/Passp	ort No(s)./ UE	N							
Contact Number(s) of Account F	Holder(s))						• • • • • • • • • • • • • • • • • • • •						•••••				•••••			
Please complete this section	on ONI	LY if t	the b	ank	accou	ınt h	olde	r is N	OT the	e pol	icy ow	ner.									
Third-Party Payor Declarat	ion																				
Policy Owners who are Individ We only accept payments froi following relationship with you Spouse / Parent / Child / Legal Guardian Company account (Share)	m a thir ou. Pleas Sibling	se ticl / Gra	k 1 b	ox.						We of follo	only acc wing re Insured	ers who ept pay lationsh entity o	ments ip wit	s from th you	n a thi u. Plea		, , ,		o is of	the	
Signature(s) / Thumbprint(s) For thumbprint(s), please visit the your thumbprint needs to be ve	e bank's l	branch	h with	your	identif																

2 FOR MANULIFE (SINGAPORE) PTE. LTD.'S COMPLETION

3 FOR BANK'S COMPLETION

To: Manulife (Singar	pore) Pte. Ltd. ereby REJECTED (Please ✓) for the following reason(s):							
Signature Diffe								
Account Opera	ted by Signature / Thumbprint							
Signature Irreg	ular	Name & Signature of Approving Officer						
Wrong Accoun	t Number							
Thumbprint m	ust be taken & witnessed at bank's branch							
Others:		Date						
	the Statement of Personal Data Protection located at our	website www.manulife.com.sg						
Need Help?	Please contact your Financial Representative for further assistance.							
	Alternatively, you may call our Client Services Officers at 6833 8188 dur	ing service hours.						
Completed?	nay submit the completed and signed form with all relevant documents to us through:							
	Mail - 8 Cross Street #15-01, Manulife Tower, Singapore 048424							
INTERNAL USE - FOR	MANULIFE							
Doc ID NB106	PA017							