Manulife

MILITARY 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 Proposed Life Insured: _____ **NRIC:** _____

Policy Number: _____

1. What are your precise duties? (Are you engaged in any hazardous activities e.g. aviation, diving, parachuting, bomb disposal or special service groups?) If "Yes", please give details such as frequency, depth of dives, and length of service.

2. Do you work with explosives? ☐ Yes ☐ No

3. Are any safety measures taken? ☐ Yes ☐ No
   If "Yes", please state procedures to confirm with safety regulations.

4. Have you been trained in demolition work? ☐ Yes ☐ No
   If yes, please provide details.

5. Are you now directly involved with demolition work? ☐ Yes ☐ No

6. If you are soon to attend a demolition training course:

   a) Will you be required to work with explosives after the demolition course has finished?

   b) How frequently will you be involved in demolition work?

7. Is any bomb disposal work being done as part of the course or likely to be done in the future? If "Yes", please complete: ☐ Yes ☐ No

a) How many times per year will you be involved in bomb disposal work?

b) Length of service with bomb disposal unit.

c) Is bomb disposal work to be performed at supervisory level or under strict supervision? ☐ Yes ☐ No

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d) Description of exceptional circumstances under which you may be required to perform or supervise the work yourself.

8. Are you involved in parachuting? ☐ Yes ☐ No
If "Yes", please complete the **Parachuting Section in Avocation Questionnaire** as well.

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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