



Please remember to...

- ✓ Countersign any amendments
- ✓ Ensure that the appropriate boxes are checked

And for Corporate Policies...

- ✓ Enclose photocopies of NRIC/Passport of authorised signatories
- ✓ Enclose copy of the latest ACRA business profile not more than 6 months from submission date
- ✓ Enclose list of latest Authorised Signatories for Update of Signature(s) request

1. Policy Information

Full Name of Owner: _____ NRIC/Passport No.: _____

Full Name of Life Insured (if different from Owner): _____

2. Update of Personal Details

A. Update of personal details (For easier update of personal details, [visit the customer portal at www.mymanulife.com.sg](http://www.mymanulife.com.sg))

Owner/Assignee Life Insured Payor

New Name: _____
 ✓ Please attach copy of Deed Poll/NRIC

New NRIC/FIN/Passport No.: _____ Old NRIC/FIN/Passport No.: _____
 ✓ Please attach copy of the identity card/citizenship certificate OR letter from Immigration and Customs Authority

New Birthdate: _____
 ✓ Please attach copy of NRIC/Passport/Birth certificate

New Citizenship: _____
 ✓ Please attach copy of supporting document (e.g. NRIC, Passport)

Other Changes: _____
 ✓ Please attach copy of supporting document

B. Update of contact details (For easier update of personal details, [visit the customer portal at www.mymanulife.com.sg](http://www.mymanulife.com.sg))

Remove all existing Home, Office and Fax Contact Nos.

New Mobile No.: _____ Country: _____
 ✓ Please indicate Country Code and Area Code if overseas.

New Alternative Contact No.: _____ Country: _____
 ✓ Please indicate Country Code and Area Code if overseas
 ✓ New Alternative Contact No. will replace Home Contact No.

New Email Address: _____
 By providing my email address, I would like to opt in for eComms and receive communications via email instead of hardcopy letters. I am aware that I can change my eComm preference via www.mymanulife.com.sg or contacting Manulife anytime.

No thanks, I'll opt in for eComms another time.

<p>Internal Use - for Representative</p> <p>Update is for <input type="checkbox"/> New Business <input type="checkbox"/> Client Services</p> <p>Submitted by <input type="checkbox"/> Servicing Rep <input type="checkbox"/> Others: _____ (Code)</p>	<p>Internal Use - for Staff</p> <p>Client No. <input style="width: 100px; border: 1px solid black;" type="text"/></p> <p>Policy No.(s) _____</p> <p>Doc ID <input type="checkbox"/> PA016 <input type="checkbox"/> PA028 <input type="checkbox"/> PA043 <input type="checkbox"/> PA044 <input type="checkbox"/> PA048</p>
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C. Update of address (Please complete 1 or 2) (For easier update of personal details, [visit the customer portal at www.mymanulife.com.sg](http://www.mymanulife.com.sg))

1. New Address (BOTH Mailing and Residential address for ALL issued Manulife policies I own)

_____ Postal Code: _____ Country: _____

OR

2. Special Instructions - New Address (ONLY Mailing OR Residential address OR for SELECTED issued Manulife policies I own)

- Residential Address ONLY for ALL issued Manulife policies I own.

_____ Postal Code: _____ Country: _____

- Mailing Address ONLY for ALL issued Manulife policies I own.

_____ Postal Code: _____ Country: _____

Otherwise, update Mailing Address for SELECTED issued Manulife policies I own: _____
 Please indicate policy number(s)

P.O. Box addresses applies to Mailing address only and you need to attach proof of ownership of this P.O. Box.

D. Update of signature (For easier update of personal details, [visit the customer portal at www.mymanulife.com.sg](http://www.mymanulife.com.sg))

Owner/Assignee Trustee Trustee Name: _____ Trustee NRIC/Passport No.: _____ Trustee Contact No.: _____

I would like to change my old Signature as per Manulife’s record with the following new Signature.

_____ New Signature _____ Old Signature _____

If you are unable to recall your old Signature as per Manulife’s record, visit www.mymanulife.com.sg to update your signature under the “My Requests” section.

3. Tax Residency Self-Certification

Please complete this section if you would like to update the Tax Residency Self-certification and if you are updating the following information:

- Citizenship
- Address to another country except USA
- Mobile number to another country except USA
- Alternative Contact number to another country except USA

For Corporate Owners, please complete the Corporate Owner Certification Form.

A. Details of tax residency

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.**

<p>CRS Declaration of Tax Residency</p> <p>1. I am a tax resident of Singapore Tax Identification Number (TIN): _____</p> <p>2. I am a tax resident of other country(ies)/jurisdiction(s)</p>	<p>Tick where applicable (You may tick more than 1)</p> <p><input type="checkbox"/> Please complete Section 3C (if required) and D</p> <p><input type="checkbox"/> Please complete Section 3B, C (if required) and D</p>
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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		<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 (Policyowner) is liable to pay tax does not issue TINs to its residents.
- B. The Account Holder (Policyowner) 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/ 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

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.

4. Consent to Communication from Manulife

Manulife (Singapore) Pte. Ltd. (including Manulife group of companies and their service providers) may, from time to time, contact you to provide information on exclusive offers such as vouchers or discount, or inform of new products and/or services. We will do so via email, SMS, call, or other forms of communications. 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 is in addition to and does not supersede any consent provided to Manulife (Singapore) Pte. Ltd. (including Manulife group of companies and their service providers) previously.

5. Declaration and Authorisation by Owner/Assignee

Update of personal details

1. I agree that the personal data collected in this form will be used by Manulife (Singapore) Pte. Ltd. ("Manulife") for the purpose of complying with my correction/update request and other related purposes only.
2. I confirm that the above information is true and correct, and I authorise Manulife to effect the correction(s)/update(s) requested on my policy(ies).
3. I further 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, as may be amended by Manulife from time to time. I have obtained a copy of the Manulife Statement of Personal Data Protection by
 - (a) downloading a soft copy from www.manulife.com.sg; or
 - (b) obtaining a hard copy from Manulife.

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.

Marketing

1. I am aware that the marketing consent provided by me under Part 4A of this form is in addition to and does not supersede, vary or nullify any other marketing consent which I may have provided previously in respect of marketing purposes, unless my marketing consent is withdrawn through later submission of this form.
2. I hereby represent and warrant that I am the user and/or subscriber of the telephone number provided by me in this form or other forms furnished by Manulife.

Marketing consent withdrawal

1. I understand and agree that with my withdrawal of marketing consent under Part 4B:
 - i) I will no longer receive any Marketing Messages via the communication channel(s) as checked above;
 - ii) Manulife may continue to send Marketing Messages via the communication channel(s) as checked above within the next 30 days from the date of receipt of this completed form by Manulife;
 - iii) If I have any existing insurance policy(ies) with Manulife, my insurance policy(ies) will still remain in force and I will continue to receive any reports, statements or letters concerning the servicing of my existing insurance policy(ies); and
 - iv) Any other marketing consent which I may have previously provided to Manulife will be superseded.
2. I hereby represent and warrant that I am the user and/or subscriber of the telephone number provided by me in this form or other forms furnished by Manulife.

Signature of Owner/Assignee

Contact No.: _____ Date: _____

✓ If there is an update of Signature, please use your new Signature above

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)



Need help?

Please contact your **Representative** for further assistance. Alternatively, you may email our **Client Services Officers** at service@manulife.com.



Completed?

For **Update of Signature**, please mail the completed form to us.

For **Other Requests**, you may submit this form to us via Email.

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

Email - forms@manulife.com