



Please remember to...

- ✓ Countersign any amendments
- ✓ Ensure that the appropriate boxes are checked
- ✓ Note that submission cut-off time is 3PM

And for Corporate Policies...

- ✓ Enclose photocopies of NRIC/Passport of authorised signatories
- ✓ Enclose copy of the latest ACRA business profile extracted not more than 6 month from submission date

1 Policy Information

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

Please fill in the policy numbers in the applicable section(s).

Section A: Invest Ready Growth Policies Only

I have made payment for all missed regular basic premiums before start date, and I would like to request a full refund of the premium shortfall charge for these policies.

S/N	Policy Number	Amount of Premium Repaid \$	Date of Payment
1			
2			
3			

Section B: All Other Investment-Linked Policies

I have made payment for all missed regular basic premiums before the flexi start date, and I would like to request a refund of the premium shortfall charge for these policies.

I understand the request is subject to Manulife's approval. If approved, the refund can be either partial or in full.

S/N	Policy Number	Amount of Premium Repaid \$	Date of Payment
1			
2			
3			

Notes for all:

- All missed regular basic premium must be repaid at the time of submitting this form. Otherwise we will not consider any refund request, partial or in full.
- If unsure of the total premium to be repaid, please contact our customer service.
- Amount of premium repaid will purchase units based on the unit price if applicable funds on the fund business day and pre-specified basic premium allocation when we allocate such units into all invested funds proportionately.
- Any approved refunds will be processed using the same methodology as how we purchase units for the repaid amount.

2 Declaration and Authorisation

1. I/We understand the contents of this form and confirm that I/we wish to perform the transaction selected above.
2. I/We confirm that this Policy is not assigned to any other party or is assigned only to the assignee who has signed this form.
3. I/We confirm that I/we am/are not undischarged bankrupt(s), in winding up, receivership or judicial management and there are currently no pending or threatened bankruptcy proceedings, winding up proceedings, receivership or judicial management proceedings against me/us.
4. **Applicable for submission via Facsimile/Electronic mail ("Electronic Services")-**
I/We hereby authorise the Company to carry out the above-mentioned request received via Electronic Services.
I/We acknowledge that the Company is not responsible for verifying the authenticity of the instructions given by me/us or purported to be given by me/us.
The Company reserves the right to withhold or disallow the execution of instructions for verification or other purposes and shall not be liable for any losses incurred in consequence. I/We agree that the Company shall not be liable for any losses arising from instructions lost in transmission whether due to breakdown in the system or otherwise. The Company retains full authority and discretion to amend the terms and manner of use of the Electronic Services (including termination of the use of such Electronic Services) at all times. Please note the transmission of instructions via Electronic Services shall be evidenced by the receipt of a successful transmission report (in the case of facsimile) or message (in the case of electronic mail).
5. I/We agree to indemnify and hold harmless the Company from and against any and all demands, claims, actions, damages, suits, proceedings, assessments, judgements, costs, losses (whether direct, indirect, special or consequential) including legal cost, and other expenses arising from or in connection with the Company accepting and acting on these instructions (including where relevant, the use of the Electronic Services).
6. I/We am/are aware that this form will not be effective until it is formally accepted by the Company.
7. I/We agree that the personal data collected in this form will be used by the Company for the purpose of complying with my/our request and other related purposes only.
8. I/We confirm that the above information is true and correct, and I/we authorise the Company to effect the request on my/our policy(ies).
9. I/We further confirm that I/we have read and understood Manulife Statement of Personal Data Protection which may be amended by the Company from time to time ("Manulife Statement"), and I/we hereby consent to collection, use, disclosure and processing of personal data in accordance with Manulife Statement and agree to be bound by Manulife Statement. I/We have obtained a hard copy of the Manulife Statement from the Company and/or downloaded a soft copy of the Manulife Statement from www.manulife.com.sg

Signature of Owner

Contact No.: _____

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)

Need help?

Please contact your Financial Representative for further assistance.

Alternatively, you may email us at service@manulife.com or call our Client Services Officers at **6833 8188**.

Completed?

Submit the completed form with the required documents to us through any of these modes:

- a. Log in to customer portal, MyManulife (www.mymanulife.com.sg) under Servicing > Upload Forms > Other transactions to upload your completed form (signature not required)
- b. Email to forms@manulife.com (with matching signature)
- c. Mail to 8 Cross Street #15-01, Manulife Tower, Singapore 048424 (with matching wet-inked signature and subject to operational hours)