



Please remember to...

- Countersign any amendments
- Ensure 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

A. POLICY INFORMATION

Full Name of Owner NRIC / Passport No.

Full Name of Proposed Life Insured NRIC / Passport No.

Policy Number (“the Policy”)

Note: This form can be used for one policy only.

B. PREPAYMENT DETAILS

- Premium prepayment facility is only available for new insurance plan application having the annual premium payment frequency.
- You may only prepay second year annual premium amount approved by Manulife (Singapore) Pte. Ltd. (“Manulife”) together with first year annual premium via cheque or telegraphic transfer. No top-ups are allowed.
- Please indicate your relevant policy number and life insured’s name as reference when making the above payment. Manulife will process your payment in 3 business days.

1. Premium Prepayment Amount

Amount USD \$

2. Payor Details

The Payor is the Owner / Proposed Life Insured. The Payor is NOT the Owner / Proposed Life Insured.

1. Name of Payor	<i>*Please submit a copy of Payor’s NRIC / Passport OR ACRA or its equivalent (where applicable).</i>
2. NRIC / Passport / Birth Certificate No./ Fin No. / Registration No. (a certified true copy is required)	
3. Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
4. Nationality	<input type="checkbox"/> Singaporean <input type="checkbox"/> Singapore Permanent Resident <input type="checkbox"/> Others, please specify: _____
5. Citizenship (Please state all if more than one)	
6. Principal Business / Occupation of Payor	
7. Annual Income of Payor	
8. Address of Payor	Postal Code: _____ Country: _____
9. Relationship of Payor to Owner / Proposed Life Insured	
10. Source of Wealth	<input type="checkbox"/> Employment <input type="checkbox"/> Inheritance <input type="checkbox"/> Investment <input type="checkbox"/> Savings <input type="checkbox"/> Others: _____ <i>✓Please provide supporting documents such as copies of title, of trust deeds, audited accounts, salary details, tax returns or bank statements if premium prepayment amount is USD\$35,000 and above.</i>
11. Source of Funds	<input type="checkbox"/> Local Funds from Self <input type="checkbox"/> Local Funds from Spouse <input type="checkbox"/> Foreign Funds from Self <input type="checkbox"/> Foreign Funds from Spouse <input type="checkbox"/> Foreign Funds from Others <input type="checkbox"/> Others: _____

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INTERNAL USE - FOR REPRESENTATIVE

Submitted by Servicing Rep Others _____ (Code)

INTERNAL USE - FOR STAFF

Doc ID PA024 _____

12. Reason for making Payment for Owner

13. Personal Income Statement US\$ S\$

	Last Year	Current Year
Salary		
Bonus		
Interest		
Dividends		
Rental Income		
Other Income		
Total Income		

14. Personal Business Sheet US\$ S\$

Assets		Liabilities	
Cash and Savings		Personal Loans	
Stocks and Bonds		Margin Accounts	
Personal Properties		Loan Guarantees	
*Real Estate		Mortgages	
Net Business Interest			
Others:		Others:	
Total Assets		Total Liabilities	
Net Worth (Assets - Liabilities)			

Please list the address(es) of *real estate stated above.

Property Addresses	City	State / Province	Country

15. Financial Reference

a. Bank Reference

Please provide the following details about your bank reference:

Name of Bank:	City:
Type of Account:	Country:
Name / Title of Contact:	Phone No. / Fax No:

Name of Bank:	City:
Type of Account:	Country:
Name / Title of Contact:	Phone No. / Fax No:

b. Other Financial Institution

Please provide the following details about your financial institution:

Name of Institution:	City:
Type of Relationship:	Country:
Name / Title of Contact:	Phone No. / Fax No:

Note - Detailed financial information must be provided to validate the assets listed on the application form.

If banking and financial institution references are not provided, detailed account statements must be provided to verify cash and savings listed as well as copies of stock and / or bond certificates. This information should be accompanied by a cover letter from the client's Banker or Broker, indicating the length of their relationship and certifying that the information being provided is complete, correct, accurate and up-to-date.

C. CUSTOMER DUE DILIGENCE (To be completed by Owner)

1. Politically Exposed Person (PEP)

Prominent public functions include the roles held by a head of state, a head of government, government ministers, senior civil or public servants, senior judicial or military officials, senior executives of state owned corporations, senior political party officials, members of the legislature and senior management of international organizations.

i. Have you or any immediate family members, beneficiary, natural person appointed to act on behalf of you, beneficial owner or beneficial owner of a beneficiary or close associate ever been entrusted with prominent public functions, whether in Singapore or a foreign country?

Yes No

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

Yes No

*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

• List all individuals - Please indicate his / her name, occupation and relationship to Owner.

Details of Politically Exposed Person (PEP):

a. What is the name of the person who holds or held the office?

b. In which country is / was the position held?

c. Period the position was held?

Starting Year:

Ending Year:

d. What position was held by the person who is or was politically exposed?

Head of state or head of government

Senior executive of a state-owned corporation

Member of the executive council of government or member of a legislature

Senior civil servants

Government Minister (or equivalent)

Judge

Ambassador or ambassador's attache or counsellor

Leader or president of a political party in a legislature

Others (please identify):

Senior military official

e. Title of position held?

f. Source of Wealth?

g. What is the relationship of the person listed above to the Owner?

Self

Spouse

Child

Others:

D. ENHANCED CUSTOMER DUE DILIGENCE

(To be completed by Settlor for Trust-Owned Application / Payor who is not the Owner or Proposed Life Insured)

1. Politically Exposed Person (PEP)

Prominent public functions include the roles held by a head of state, a head of government, government ministers, senior civil or public servants, senior judicial or military officials, senior executives of state owned corporations, senior political party officials, members of the legislature and senior management of international organizations.

i. Have you or any immediate family members, beneficiary, natural person appointed to act on behalf of you, beneficial owner or beneficial owner of a beneficiary or close associate ever been entrusted with prominent public functions, whether in Singapore or a foreign country?

Yes No

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

Yes No

*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

• List all individuals - Please indicate his / her name, NRIC / Passport No., occupation, address, relationship to Owner and enclose a copy of his / her NRIC / Passport.

Details of Politically Exposed Person (PEP):

a. What is the name of the person who holds or held the office?

b. In which country is / was the position held?

c. Period the position was held? Starting Year: Ending Year:

d. What position was held by the person who is or was politically exposed?

<input type="checkbox"/> Head of state or head of government	<input type="checkbox"/> Senior executive of a state-owned corporation
<input type="checkbox"/> Member of the executive council of government or member of a legislature	<input type="checkbox"/> Senior civil servants
<input type="checkbox"/> Government Minister (or equivalent)	<input type="checkbox"/> Judge
<input type="checkbox"/> Ambassador or ambassador's attache or counsellor	<input type="checkbox"/> Leader or president of a political party in a legislature
<input type="checkbox"/> Others (please identify):	<input type="checkbox"/> Senior military official

e. Title of position held?

f. Source of Wealth?

g. What is the relationship of the person listed above to the Owner?

Self Spouse Child Others:

2. Politically Exposed Person (PEP) - declared by the Payor

Prominent public functions include the roles held by a head of state, a head of government, government ministers, senior civil or public servants, senior judicial or military officials, senior executives of state owned corporations, senior political party officials, members of the legislature and senior management of international organizations.

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

ii. Have any connected party* of the corporation ever been entrusted with prominent public functions, whether in Singapore or a foreign country?
 Yes No

*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
- List all individuals - Please indicate his / her name, NRIC / Passport No., occupation, address, relationship to Payor and enclose a copy of his / her NRIC / Passport.

Details of Politically Exposed Person (PEP):

a. What is the name of the person who holds or held the office?

b. In which country is / was the position held?

c. Period the position was held? Starting Year: Ending Year:

d. What position was held by the person who is or was politically exposed?

<input type="checkbox"/> Head of state or head of government	<input type="checkbox"/> Senior executive of a state-owned corporation
<input type="checkbox"/> Member of the executive council of government or member of a legislature	<input type="checkbox"/> Senior civil servants
<input type="checkbox"/> Government Minister (or equivalent)	<input type="checkbox"/> Judge
<input type="checkbox"/> Ambassador or ambassador's attache or counsellor	<input type="checkbox"/> Leader or president of a political party in a legislature
<input type="checkbox"/> Others (please identify):	<input type="checkbox"/> Senior military official

e. Title of position held?

f. Source of Wealth?

g. What is the relationship of the person listed above to the Payor?

Self Spouse Child Others:

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E. TERMS AND CONDITIONS

Premium Prepayment Amount

1. If Manulife approves this premium prepayment application, you may prepare the premium up to the amount approved by Manulife, subject to prevailing requirements and conditions determined by Manulife at its sole discretion ("**Facility**"). Any excess amount will be refunded to you without interest.

Debiting the Facility

2. The Facility will take effect from the Policy Issue Date stated in your Policy Contract; or the date the approved premium prepayment amount is received by Manulife in full, whichever is later.
3. Manulife will deduct the relevant premium amount from the Facility when the premium is due and payable on each Policy Anniversary under your Policy Contract.
4. You may request in writing to fully withdraw the prevailing amount remains in the Facility, as determined by Manulife and subject to approval by Manulife. The Facility will immediately terminate on the date Manulife processes your withdrawal request. Manulife may require you to separately pay such premium amount to meet the premium payment obligations under the Policy. If you do not do so, the automatic premium loan may apply, or the Policy may lapse in accordance with the terms and conditions of the Policy, where applicable.
5. You cannot use the Facility to offset any amounts you owe to Manulife, including but are not limited to the policy loan, policy debt, automatic premium loan, and/or accrued interest, where applicable. You must make separate payment(s) to Manulife for such outstanding amounts.

Interest

6. Any balance amount in the Facility will earn interest at such rate, calculation basis and manners determined by Manulife from time to time at its sole discretion. The interest rate is non-guaranteed and Manulife may change it from time to time by giving you 30 calendar days notice.
7. Any reduction in interest rate may result in a shortfall of premium payment from the Facility. Manulife may require you to pay additional premiums to meet the premium payment obligations under the Policy. If you do not do so, the automatic premium loan may apply, or the Policy may lapse in accordance with the terms and conditions of the Policy, where applicable.

Termination of the Facility

8. The Facility will automatically terminate on the earliest occurrence of any one of the following events:
 - (a) when the Policy is terminated or lapsed in accordance with the terms and conditions of the Policy;
 - (b) when the balance amount in the Facility has been fully applied to pay for the premiums under the Policy; or
 - (c) when you request in writing to cease premium deduction from the Facility, terminate the Facility, or fully withdraw the prevailing balance amount from the Facility.

If there is any balance amount and accrued interest in the Facility as at termination date of the Facility as determined by Manulife at its sole discretion, Manulife will refund such balance amount and interest to you, or the assignee if the Policy has been assigned before the refund taking place, where applicable.

Governing Law

9. The Facility and this form are governed by and construed in accordance with the laws of Singapore. The Singapore courts shall have exclusive jurisdiction over the Facility and this form.

Contracts (Rights of Third Parties) Act 2001 of Singapore

10. Any person or party who is not a party to this form shall have no rights under the Contracts (Rights of Third Parties) Act 2001 of Singapore to enforce any terms and conditions of this form.

F. DECLARATION & AUTHORISATION

1. I / We have read, understood and agreed to the contents, and terms and conditions stated in this form.
2. I / We understand and agree that Manulife may accept or reject this application. This form will not take effect unless Manulife has approved it. If this application is approved by Manulife, I / we understand and agree that this form signed by me/us will form part of the Policy, until the Facility is terminated in accordance with the terms and conditions stated in this form. This form is subject to the terms and conditions of the Policy and the applicable laws and regulations of Singapore.
3. If this application is rejected by Manulife, I / we understand and agree that Manulife will refund any prepaid amount to me/us without interest. Manulife is authorised to deduct any bank charges from the refund amount.
4. I / We declare, represent, warrant and confirm the following:
 - (a) I / we am / are not an undischarged bankrupt, and there are currently no pending or threatened bankruptcy or similar proceedings against me / us;
 - (b) any information and supporting documents given by me / us for this form are, to the best of my / our knowledge and belief, correct, true, complete and up-to-date; and no material information has been withheld nor omitted. I / We will promptly update Manulife if any information supplied to Manulife is incomplete, has been changed, has become inaccurate or misleading on the understanding that Manulife has the right to review the validity and continuation of the Facility and/or Policy after the receipt of the updated information; and
 - (c) by submitting this form, I / we will not breach any applicable laws or regulations.
5. I / We agree that Manulife is not responsible to verify the authenticity of the application made by me / us or purported to be made by me / us under this form. Manulife reserves the right (but is not obliged to) withhold, defer or reject the application for verification or other purposes as Manulife deems fit. Manulife shall not be liable for any Losses (as defined below) incurred by me / us in exercising such right.
6. I / We acknowledge and agree that any application transmitted via website, electronic system, network or portal provided by Manulife ("Electronic Service"), is placed at my / our sole risk. Manulife shall not be liable for any Losses arising from the use of Electronic Service, including but not limited to, any application lost in transmission, any delay, failure, error or omission in transmitting my / our application to Manulife.
7. Manulife may amend the terms of use of Electronic Service at any time without prior notice.
8. I / We agree to indemnify and hold harmless Manulife from and against any and all demands, claims, actions, suits, proceedings, actions, costs, expenses, liabilities, losses and damages (whether direct, indirect, or consequential) including full legal fees and disbursements ("Losses") arising from or in connection with (a) Manulife approval and acts on my / our application or instructions; and/or (b) any breach of declaration, representation or warranty by me / us.
9. I / We consent under the Personal Data Protection Act 2012 of Singapore to the collection, use and disclosure of every personal data by/to Manulife and other third parties as Manulife may consider reasonably necessary for the purpose of the application. I / We agree to be bound by the terms of Manulife's Statement of Personal Data Protection, a copy of which can be found on:
<https://www.manulife.com.sg/en/personal-data-protection.html>.

Signature of Policy Owner

Dated (DD MMM YYYY)

Signature of Representative (Witness)

Dated (DD MMM YYYY)

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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 call our **Client Services Officers** at **6833 8188** 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