Manulife

SOURCE OF FUND 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:** _____

Name of Owner: _____ **NRIC:** _____

Policy Number: _____

Note:
Please complete Section A only, if the Payor is not the Owner, Proposed Life Insured or 1st Payment Payor in the Application for a Regular Premium Policy.

A. Payor's Details:

Full Name: _____

NRIC/Passport/FIN No: _____ Date of Birth: _____ Gender: ☐ Male ☐ Female

Relationship to Owner: _____ Annual Income: S$_____

Source of Wealth: _____

Source of Funds: _____

Payor Address: _____

Reason for making payment for Owner: _____

✓ Please enclose copy of Payor's NRIC/Passport or evidence of incorporation, ownership, shareholdings and directorships (where applicable).

B. Income Details of Payor:

	Current Year	1 Year Ago	2 Years Ago
Annual Earned Income (*includes salary, bonus, commission)*			
Other Source of Income *(incudes rent, interest, dividends, other)*			

Manulife (Singapore) Pte. Ltd.
Reg. No. 198002116D
8 Cross Street #15-01, Manulife Tower, Singapore 048424 Tel: 67371221 Website: www.manulife.com.sg

C. Source of Funds for Payment *(please tick all that apply(s) to the payment & indicate amount from each souce)*:
(Please provide documentary proof (e.g. bank statement, sale transaction etc) if the single premium is S$200,000 and above)

Type	Amount
☐ Proceeds from: ☐ Sale of real estate ☐ Matured/surrendered insurance policy(ies) ☐ Sale of shares/bands/unit trusts	S$
☐ Inheritance	S$
☐ Savings	S$
☐ Spouse's Net worth	S$
☐ Others (please specify): _____	S$

D. Payor's Net Worth	
Total Asset: S$	Total Liabilities: S$
NET WORTH: S$	

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 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 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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