



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.



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 3 months from submission date

1 POLICY INFORMATION

Full Name of Owner	NRIC/Passport No.
Policy Number	

2 WHAT YOU SHOULD KNOW ABOUT EARLY PARTIAL/FULL WITHDRAWAL OR SURRENDER

An insurance policy is intended to meet your long-term financial needs. Therefore, it may be disadvantageous for you to fully or partially withdraw or surrender a policy before its maturity date. Some disadvantages are:

- You are losing valuable benefits from the policy:
 - You are losing the insurance protection offered by your policy;
 - You may not be able to achieve your intended financial objective;
 - This may result in losing the financial benefit accumulated over the years.
- It may not be possible for you to obtain a similar level of protection on the same terms in the future.
 - You may not be insurable on standard terms;
 - You may have to pay a higher premium in view of higher age;
 - Surrendering/Withdrawing your insurance policy for another policy could result in higher premiums and/or loss of specific policy features due to changes in age or health.

Additional Fees / Charges

If you fully/partially withdraw or surrender your existing policy to purchase a new policy or other investment products, or top up on existing ILP or other investment product, you will incur new charges. These may include:

- I) Distribution Fee
Commission is paid to Financial Representatives on all new insurance policies/investment products.
- II) Policy Fee
A policy fee is usually incurred for each policy.

3 WITHDRAWAL / SURRENDER

A. Full Surrender

Please enclose the following with this form:
Photocopy(both sides) of NRIC/Passport/Birth Certificate of Owner/Assignee, Life Insured(s), Payor, Trustee(s)/Beneficiary(ies)

B. Partial Withdrawal/Surrender

The amount specified is an approximate figure and the actual quantity of underlying asset(s) transferred may vary depending on valuation of the underlying asset(s) on the applicable transfer date.

1. **Self-Managed or Third Party Asset Manager**

Currency	Asset Type	Quantity/Notional	Description	ISIN Code	Indicative Market Value*

* The value specified is for indicative purpose only and subject to Manulife's right to value and/or re-value the asset in accordance with the policy contract.

2. **DBS Discretionary Portfolio Management**

Amount to withdraw \$

As per the policy currency (USD or SGD) as stated in your policy contract

W5VUL-1018-2

INTERNAL USE - FOR REPRESENTATIVE

Submitted by Servicing Rep Others _____(Code)

4 DECLARATION & AUTHORISATION

1. I/We have read and understood the above statements. I/We choose to withdraw or surrender (fully or partially) my policy(ies). I/We am/are aware that should I/we wish to buy a similar policy in future, I/we may incur additional charges and may not be able to secure similar terms and conditions.
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/the beneficiaries 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/the beneficiaries.
4. I/We agree to indemnify and hold harmless Manulife from and against any and all demands, claims, actions, damages, suits, proceedings, assessments, judgments, costs, losses (whether direct, indirect, special or consequential) including legal costs, and other expenses arising from or in connection with Manulife accepting and acting on these instructions.
5. I/We am/are aware that this form will not be effective until it is formally accepted by Manulife.
6. I/We agree that the personal data collected in this form will be used by Manulife for the purpose of complying with my/our request and other related purposes only.
7. I/We confirm that the above information is true and correct, and I/we authorise Manulife to effect the request on my/our policy(ies).
8. I/We further confirm that I/we have read and understood Manulife Statement of Personal Data Protection which may be amended by Manulife 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 Manulife and/or downloaded a soft copy of the Manulife Statement from www.manulife.com.sg

Signature of Owner

Name

Contact No. Date

Additional Authorisation for Policy under a Trust

Section 49L (Insurance Act)

■ Who to sign:

Any Trustee of the policy who is not the Owner
OR all Beneficiaries 18 years and above

Trustee can be appointed by the Owner via Nomination of Beneficiary Form 3

■ Proceeds payable to:

Trustee(s) **OR** All Beneficiary(ies)

Signature of Trustee/Beneficiary

Name Date

NRIC No. Contact No.

Signature of Trustee/Beneficiary

Name Date

NRIC No. Contact No.

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 **6333 8188** or visit us at **8 Cross Street #01-01A, Manulife Tower, Singapore 048424** 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**