

Update of address and contact details can only be done via customer portal, MyManulife at www.mymanulife.com.sg, unless the customer falls into any of the exceptions below:

- Customer is a non-individual, i.e. corporate
- Customer does not have a valid email address and mobile number registered with Manulife



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/Assignee: _____

NRIC/FIN/Passport No./UEN: _____

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

Full Name of Last Assignor: _____ NRIC/FIN/Passport No./UEN: _____

✓ Applicable for Collateral Assigned Policy Only (Original policy owner where policy assigned to bank as collateral)

2. Update of Personal Details

A. Update of personal details

Owner/Assignee Life Insured Payor Last Assignor

New Name: _____

✓ Please attach copy of Deed Poll/NRIC

New NRIC/FIN/Passport No./UEN: _____ 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 (Please refer to instruction at the top of first page)

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.

Note: If you wish to request for paper statements, please visit our website at www.manulife.com.sg and navigate to Support - Manage your Preferences to fill out the request form.

Internal Use - for Representative

Update is for New Business Client Services
 Submitted by Servicing Rep Others: _____ (Code)

Internal Use - for Staff

Client No.
 Policy No.(s) _____
 Doc ID PA016 PA028 PA043 PA044 PA048

C. Update of address (Please complete 1 or 2) (Please refer to instruction at the top of first page)

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

* Please complete Section 3 (Tax Residency Self-Certification) if this change is to a different country from current record.

D. Update of signature

- Owner/Assignee Trustee Trustee Name: _____ Trustee NRIC/Passport No.: _____
- Last Assignor 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
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If you are unable to recall your old Signature as per Manulife's record, login to MyManulife (www.mylanulife.com.sg) under Servicing > Upload Forms > Other transactions to upload your wet-inked signed form.

3. Tax Residency Self-Certification

For individuals, please complete this section if you would like to update your Tax Residency Self-certification or you are updating any of the following information:

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

For Corporate Owners, please do not complete this Section 3. Complete the Corporate Owner Certification Form instead.

Foreign Account Tax Compliance Act (FATCA)

1. Are you a United States Citizen? Yes No
2. Are you a United States Resident? Yes No
3. Are you a United States Resident Alien (i.e. a so-called U.S. green card holder)? Yes No
If any of the replies is Yes, please provide W-9 Form and skip questions 4 & 5. If No, please proceed to answer all questions.
4. Do you have United States taxpayer identification number (SSN/ITIN)? Yes No
SSN/ITIN: _____
If Yes, please provide W-8BEN form.
5. Do you have United States address (residential/ mailing/permanent), United States telephone number or were you born in United States? Yes No
If you are born in the USA but not a US Tax Payer, please provide W-8BEN form and a copy of Loss of US Nationality/1-407.

You may download the W-8BEN/W-8BENE/W-9 form from the U.S. Internal Revenue Service (IRS) webpage: <https://www.irs.gov>

Common Reporting Standards (CRS)

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 <https://www.oecd.org/tax/automatic-exchange/> or speak to a tax adviser as we are not allowed to give tax advice.

CRS Declaration of Tax Residency (Tick one, or both if you have more than one tax residency)

I am a tax resident of **Singapore**

Tax Identification Number (TIN): _____

Please complete Section 3C (if required) and D

I am a tax resident of **other country(ies)/jurisdiction(s) other than Singapore**

Please complete 3B, C (if required) and D

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.

FATCA and 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 accounts) may be reported to the tax authorities of the country/ jurisdiction in which this accounts) 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.

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 materials and/or documents relating to financial advisory services and products distributed by Manulife (Singapore) Pte. Ltd.. We will do so via email, SMS, call, mail or other forms of communication. Please let us know if you would like to receive such communications.

- | | | | | |
|-----------------------------------|--------------------------|-----|--------------------------|----|
| Email | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| SMS | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Voice Call | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Mail/Other forms of communication | <input type="checkbox"/> | Yes | <input type="checkbox"/> | 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, and you confirm that you are the user and/or subscriber of the phone number you have provided.

5. Declaration and Authorisation by Owner/Assignee

Update of personal details

- 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.
- 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).
- 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
 - downloading a soft copy from www.manulife.com.sg; or
 - obtaining a hard copy from Manulife.

Marketing Consent

- I am aware that the marketing consent provided by me under Part 4 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.
- 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

- I understand and agree that with my withdrawal of marketing consent under Part 4:
 - I will no longer receive any Marketing Messages via the communication channel(s) as checked above;
 - Manulife may continue to send Marketing Messages via the communication channel(s) as checked above within the next 21 days from the date of receipt of this completed form by Manulife;
 - 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
 - Any other marketing consent which I may have previously provided to Manulife will be superseded.
- 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/Last Assignor

Contact No.: _____ Date: _____

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

✓ Wet-inked signature

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.



Completed?

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

Customer Portal - Login MyManulife

(www.mymanulife.com.sg) under Servicing > Upload Forms > Other transactions to upload your completed form (signature not required)