

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.

## PERSONAL DATA PROTECTION NOTICE

### YOUR PERSONAL DATA IS IMPORTANT TO US

Before you provide any information in this form, please read our Statement of Personal Data Protection which is made available on our website at [www.manulife.com.sg](http://www.manulife.com.sg)

### SECTION A - POLICY INFORMATION

Policy No. ....	Date of Application .....
Name of Proposed Life Insured .....	NRIC / Passport / FIN No. ....
<i>To be completed by parents / guardian if the Life Insured is below 18 years old</i>	
Name of Owner .....	NRIC / Passport / FIN No. ....

### SECTION B - SECONDARY LIFE INSURED DETAILS

*Only applicable to Spouse & Child (Age last birthday cannot be greater than 17 years old)*

**1. Full Name** *Please indicate Name as in NRIC / Passport / Birth Certificate & underline Surname / Last name*

**2. Nationality, Citizenship, Identification (ID) & Country of Birth**

Singaporean   
  Singapore PR   
  Others, please specify ..... Country of Birth .....

Citizenship ..... NRIC / Passport / FIN No. ....  
*(Please state all if more than one)*

**3. Age & Date of Birth (DOB)** *DD / MMM / YYYY*

Age Last Birthday ..... DOB ..... / ..... / .....

**4. Relationship to Owner**

Spouse     Child

**5. Gender & Marital Status**

Male     Female  
 Single     Married     Divorced     Widowed

**6. Residential Address**

Country ..... Postal Code .....

**7. Mailing Address** *If different from above Residential Address*

Country ..... Postal Code .....

**8. Contact Details**

Mobile No. .... Home / Office No. ....  
*For overseas line, please indicate country name, country code and area code.*

Country Name ..... Country Code ..... Area Code .....

Mobile No. for EasyTouch ..... Email Address .....

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**SECTION C - DECLARATION AND AUTHORISATION**

1. I / We have read the above statements and answers and they are complete and true to the best of my / our knowledge and belief. I / We understand they will form part of the Application to Manulife (Singapore) Pte. Ltd. for insurance on the above named Life Insured / Owner.
2. I / we agree that the appointment of Secondary Life Insured is subject to the terms and conditions of the policy contract. Manulife reserves the right to either accept or reject the appointment of the Secondary Life Insured.
3. I / We agree that the above information herein, shall supersede any previous appointments of the Secondary Life Insured approved by Manulife.
4. I hereby undertake that I have the valid authority to act on behalf of all the appointed insured persons named in this application form, in order to give consent and I hereby give consent to the Company for the collection, retention, use and disclosure of their personal data.
5. I agree on my behalf and on behalf of every (appointed) insured person that in addition to the release of information to any other entity mentioned in this form, the Company is authorised to collect, retain, use and / or disclose as it reasonably deems fit, any information in respect of me / us / any (appointed) insured person, that is received by the Company to its representatives and relevant third parties (including but not limited to companies within the Manulife Financial Group, reinsurers, medical organisations, my / our financial advisers, financial institutions, CPF agent banks, credit agencies, investigators, service providers, judicial, regulatory, government, statutory authorities, dispute resolution parties and industry entities) whether within or outside Singapore. As far as reasonably possible, the Company will release such information to such parties on the understanding that the information will be kept strictly confidential and be used, disclosed and retained in accordance with the relevant law.
6. I am aware that the consent provided by me in this form is in addition to and does not supersede, vary or nullify any consent which I / we may have provided previously in respect of the above purposes, unless my / our consent is withdrawn through the withdrawal form. I / We hereby represent and warrant that I / we am / are the user(s) and / or subscribe(s) of the telephone number provided by me / us in this form or other forms furnished by the Company, and agree that I have read and understood the above provisions.
7. I on behalf of every (appointed) insured person also declare that the information supplied in this form is true, complete and accurate to the best of my knowledge. I will promptly update you if any information supplied to the Company is incomplete, changed or has become inaccurate or misleading on the understanding that the Company has the right to review the validity and continuation of the policy after receipt of the updated information.
8. I on behalf of every (appointed) insured person further confirm that I have read and understood and hereby consent to the collection, use, disclosure and processing of my / our personal data in accordance with and agree to be bound by the Company's Statement of Personal Data Protection, as may be amended by the Company from time to time. I have obtained a copy of the Company Statement of Personal Data Protection by:
  - (a) downloading a soft copy from [www.manulife.com.sg](http://www.manulife.com.sg); or
  - (b) obtaining a hard copy from the Company

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Signature of Policy Owner

.....  
Date (DD MMM YYYY)

