

A. Your CKA

The CKA serves as a tool to assess your knowledge and/or investment experience in Investment-Linked Policies (ILPs), and Collective Investment Schemes (CIS) so that appropriate advice and recommendation can be provided. Any inaccurate or incomplete information disclosed by you can potentially affect the outcome of the assessment and hence, the suitability of the advice/ recommendations made (if any).

Please tick the applicable box(es) and provide details.

Educational / Professional Finance-related Qualifications

1. I have Diploma or higher qualification in at least one of the following.

- | | | |
|--|--|--|
| <input type="checkbox"/> Accountancy | <input type="checkbox"/> Capital Markets | <input type="checkbox"/> Financial Engineering |
| <input type="checkbox"/> Actuarial Science | <input type="checkbox"/> Commerce | <input type="checkbox"/> Financial Planning |
| <input type="checkbox"/> Business/Business Administration/
Business Management/Business Studies | <input type="checkbox"/> Economics | <input type="checkbox"/> Computational Finance |
| <input type="checkbox"/> Associate Financial Planner (AFP) | <input type="checkbox"/> Finance | <input type="checkbox"/> Insurance |
| <input type="checkbox"/> Associate Financial Consultant (AFC) | <input type="checkbox"/> Diploma in Life Insurance | |
| <input type="checkbox"/> Chartered Financial Analyst (CFA) | <input type="checkbox"/> Diploma in Financial Planning | |
| | <input type="checkbox"/> Association of Chartered Certified Accountants (ACCA) | |

Type of Qualification:

Institution: Year of Attainment:

Investment Experience

2. In the past 3 years, I have performed at least 6 transactions[^] in sub-funds of Investment-Linked Policies (ILPs) and/or Collective Investment Schemes (CIS) which qualify as transactions in unlisted Specific Investment Products (SIPs)*.

**Unlisted SIPs are sub-funds of ILPs or CIS that are more complex as they are derivatives or may contain derivatives. Please check with your financial institution if you are not sure whether the prior transactions you have made are transactions in unlisted SIPs. For more information on investing in unlisted SIPs, you can visit <http://www.moneysense.gov.sg/understanding-financial-products/investments/guides-andarticles/investing-in-specified-investment-products.aspx>*

[^]Examples of transactions are:

- | | |
|--|--|
| <input type="checkbox"/> New ILP purchase or unit subscription | <input type="checkbox"/> Single premium top up |
| <input type="checkbox"/> Premium re-direction into a new ILP sub-fund | <input type="checkbox"/> Partial withdrawal |
| <input type="checkbox"/> Full surrender of ILP/Full redemption of unit trust | <input type="checkbox"/> Fund switch |

Name of Financial Institution(s):

Work Experience

3. I have a minimum of 3 consecutive years of working experience in the past 10 years in at least one of the following:

- (i) the development/structuring/management/sales/trading/research on and analysis of investment products
- (ii) the provision of training in investment products
- (iii) accountancy, actuarial science, treasury or financial risk management activities
- (iv) the provision of legal advice or legal expertise in the areas listed (i) to (iii) above.

Please note that general support functions such as operations, human resources, corporate services and information technology will not be considered as relevant experience.

Company(ies):

Designation(s): Job Nature:

B. Your CKA Outcome

If you have ticked at least one category under Section 3A, you have met the passing requirement of CKA. However, if none of the three categories under Section 3A applies to you, you have not fulfilled the passing requirement of CKA.

Based on the information provided, I understand that I am assessed:

To have knowledge and/or experience in Investment-Linked Policies and/or Collective Investment Schemes.
(PASSED CKA)

Not to have knowledge and/or experience in Investment-Linked Policies and/or Collective Investment Schemes.
(DID NOT PASS CKA)

Please approach your Representative for advice.

C. Your Acknowledgement on CKA Outcome and Advisory Decision

PASSED CKA

I understand that I have passed the CKA and,

- I **WISH** to receive advice offered by my Representative concerning this Application.

✓ Please proceed to Section 4 if you are serviced by a Manulife Representative.

- I **DO NOT WISH** to receive advice offered by my Representative concerning this Application.

I understand that by choosing not to receive advice:

- It is my responsibility to ensure that the transaction I select is suitable for me, and
- I will not be able to rely on section 27 of the Financial Advisers Act to file a civil claim in the event of a loss.

I **CONFIRM** that I wish to proceed to select my transaction without advice.

✓ Please proceed to Section 4.

DID NOT PASS CKA

I understand that I did not pass the CKA and,

- I **WISH** to receive advice offered by my Representative concerning this Application.

✓ Please proceed to Section 4 if you are serviced by a Manulife Representative.

- I **DO NOT WISH** to receive advice offered by my Representative concerning this Application.

I **CONFIRM** that I wish to proceed with a transaction that is not recommended by my Representative even though I am aware and fully understand that:

- I have not passed my CKA;
- my Representative is required to give me advice;
- it is my responsibility to ensure the suitability of the transaction I wish to perform;
- if I am served by a Manulife Representative, my request to perform the transaction will be referred to the Company's senior management for consideration which will require a reasonable amount of time and I can proceed only if the Company's senior management agrees.

✓ Please proceed to Section 4 if you are serviced by a Manulife Representative.

D. Additional Declaration 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

Section 73 (Conveyancing & Law of Property Act)

- Who to sign:

All Trustee(s) of the Policy

Name

NRIC

Date of Assessment (DD/MM/YYYY)

Signature of Trustee/Beneficiary

4 CHANGE POLICY DETAILS

A. Change Basic Plan Details

- Increase Premium of Basic Plan to \$
 - ✓ For Investment-Linked Policies only (Subject to minimum Sum Insured). Please complete Sections 3A to D if applicable
 - ✓ Please provide supporting documents such as evidence of title, copies of trust deeds, audited accounts, salary details, tax returns or bank statements if amount is S\$50,000 and above
 - ✓ Please attach Plan Right Discovery and Solution form
- Decrease Premium of Basic Plan to \$
- Increase Sum Insured of Basic Plan to \$
 - ✓ Please attach the Regular Premium Application Form or Declaration of Insurability Form where applicable as further underwriting is required
 - ✓ Please attach Plan Right Discovery and Solution form
- Decrease Sum Insured of Basic Plan to \$
 - ✓ Please note that for Traditional Policies, a decrease in Sum Insured is considered a partial surrender of the Policy

B. Change Recurring Single Premium (RSP) Details - SRS policies only

- Commence RSP as at next Policy Anniversary
Amount: \$
End Date: Policy Anniversary after age
 - ✓ Please note that only Annual mode is available
 - ✓ Please complete Sections 3A to D if applicable
 - ✓ Please attach Plan Right Discovery and Solution form
- Increase RSP Amount to \$
 - ✓ Please complete Sections 3A to D if applicable
 - ✓ Please provide supporting documents such as evidence of title, copies of trust deeds, audited accounts, salary details, tax returns or bank statements if amount is S\$50,000 and above
 - ✓ Please attach Plan Right Discovery and Solution form
- Decrease RSP Amount to \$
- Change RSP End date to Policy Anniversary after age
- Terminate RSP at the next Premium due date

C. Change Payment Arrangement

- Change Payment Frequency to
 Monthly(GIRO only) Quarterly Semi-Annually Annually
- Change Payment Method to
 GIRO (Please attach Application for Interbank GIRO form) Cash / Cheque

For GIRO mode, please complete the following if the Payor is NOT the Owner/Assignee/Life Insured:

Payor's Name	NRIC/Passport/FIN no.
Relationship to Owner	Annual Earned Income \$
Source of Wealth <input type="checkbox"/> Employment <input type="checkbox"/> Inheritance <input type="checkbox"/> Investment <input type="checkbox"/> Savings <input type="checkbox"/> Others	
✓ Please provide supporting documents such as evidence of title, copies of trust deeds, audited accounts, salary details, tax returns or bank statements if annualised regular premium is S\$50,000 and above	
Source of Funds	
Payor's Address	
Reasons for making payment for Owner	
✓ Please enclose copy of Payor's NRIC/Passport or Evidence of incorporation, ownership, shareholdings and directorships (where applicable)	

- Terminate GIRO facility
- Commence Premium Holiday for Years Months
If duration is not specified, premium holiday will continue to be in effect as long as the policy is in force.

D. Change Rider/Supplementary Benefit Details

1. Increase Sum Insured of Rider/Supplementary Benefit to \$
 Name of Rider/Supplementary Benefit
 ✓ Please attach the Regular Premium Application Form or Declaration of Insurability Form where applicable as further underwriting is required
 ✓ Please attach Plan Right Discovery and Solution form
2. Decrease Sum Insured of Rider/Supplementary Benefit to \$
 Name of Rider/Supplementary Benefit
3. Add Rider(s)/Supplementary Benefit(s)
 Sum Insured \$
 Sum Insured \$
 Sum Insured \$
 ✓ Please attach the Regular Premium Application Form or Declaration of Insurability Form where applicable as further underwriting is required
 ✓ Please attach Plan Right Discovery and Solution form
4. Delete Rider(s)/Supplementary Benefit(s)

Depending on the type of Rider/Supplementary Benefits, deletion will be effective at the next monthly anniversary or premium due date.

E. Change Insured Person

1. Life Replacement Option
2. Keyman Replacement Option

F. Change Occupation Details of Insured

1. New Occupation Title
2. Effective Date of New Occupation
3. Annual Earned Income
4. Description of Job Duties

Please note that we may request further information for underwriting purposes.

G. Other Policy-Related Changes

1. Freelook Cancellation of Policy
 Reason:
 ■ Freelook Cancellation can only be exercised within 14 days from date of receipt of the policy contract by the Owner.
 ■ Contract is deemed received within 7 days after date of postage.
 ■ For ManuRetire Secure, please refer to your Policy Contract for information on the applicable valuation on your transaction.

Please complete this portion if you would like your freelook proceeds to be directly credited to your bank account

1. Bank Account Number	<i>This account must belong to the Policy Owner</i>
2. Name of Bank	
3. Branch Code	<i>Applicable to OCBC/HSBC/SBI bank accounts only</i>

- Please note that one of these **MUST** be submitted for verification of account number. Else, payout will be via cheque.
 ■ Copy of Bank Statement OR Copy of Bank Passbook
- Bank account must be a Singapore Bank account and the amount payable via EFT must be denominated in Singapore dollars
- EFT is **NOT** applicable to any Policy that is the subject of any trust created under Section 49L of the Insurance Act (Cap.142) or Section 73 of the Conveyancing and Law of Property Act (Cap.61)

2. Convert to Reduced Paid-Up
 ■ Any reinvested coupon and interest will be fully withdrawn and paid out upon the conversion to reduced paid-up.
3. Change Coupon/Dividend Payout Option

Coupon	Dividend	Fund Name(s)
<input type="checkbox"/> Accumulate	<input type="checkbox"/> Reinvest	
<input type="checkbox"/> Payout	<input type="checkbox"/> Payout	

 - You will receive your payout via Cheque if you do not have an Electronic Fund Transfer (EFT) account.
4. Other Changes

5 DECLARATION & AUTHORISATION

1. I/We understand the contents of this Application and confirm that I/We wish to perform the transaction selected above.
2. I/We/The beneficiaries are not undischarged bankrupt(s). There are currently no pending or threatened bankruptcy proceedings against me/us.
3. Save as provided in this form, information provided on the Life Insured's health, occupation and engagement of hazardous activities is complete and remains accurate.
4. I/We agree to provide the Company with information of any change to the Life Insured's health, occupation or engagement of hazardous activities.
5. I/We confirm that the above information is true and correct, and I/We authorise the Company to effect the change(s) requested on my policy(ies).
6. **Applicable for submission via Facsimile / Electronic mail ("Electronic Services") where permitted by the Company -**
I/We hereby authorise the Company to carry out the above-mentioned policy transaction(s) on my Policy received via "Electronic Services". I/We acknowledge that the Company is not responsible for verifying the authenticity of the instructions given by me/us or purported to be given by me/us. The Company reserves the right to withhold or disallow the execution of instructions for verification or other purposes and shall not be liable for any losses incurred in consequence. The Company retains full authority and discretion to amend the terms and manner of use of the Electronic Services (including terminating the use of such Electronic Services) at all times. *Please note the transmission of instructions via Electronic Services shall be evidenced by the receipt of a successful transmission report (in the case of facsimile) or message (in the case of electronic mail).*
7. I/We agree to indemnify and hold harmless the Company against any and all losses (whether direct, indirect, special or consequential) suffered by me/us or any third party arising from or in connection with the Company accepting and acting on my/our instructions (including where relevant, the use of the Electronic Services) except where such loss is attributable to the Company's gross negligence or willful default.
8. I/We are aware that this Application will not be effective until it is formally accepted by the Company.

Signature of Owner/Assignee

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)

Section 73 (Conveyancing & Law of Property Act)

- Who to sign:
All Trustee(s) of the Policy
- Proceeds payable to:
Trustee(s) for the benefit of the Beneficiary(ies)

Signature of Trustee/Beneficiary

Name Date

NRIC No. Contact No.

Signature of Trustee/Beneficiary

Name Date

NRIC No. Contact No.

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 **6833 8188** or visit us at **8 Cross Street #01-01A, Manulife Tower, Singapore 048424** during service hours.

Completed?

- ✉ For the following 6 transactions, please send us the original form with relevant documents via MAIL.
 - Increase Sum Insured for Basic Plan
 - Increase Premium of Basic Plan
 - Increase Sum Insured for Rider(s)/Supp. Benefit(s)
 - Commencement of RSP
 - Addition of Rider(s)/Supp. Benefit(s)
 - Increase RSP Amount

✉ For Other Requests, you may submit this form to us via Email.

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

✉ **Email – forms@manulife.com**

PDC-1018-7