





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 LOAN/COUPON/BONUS WITHDRAWAL

A. Policy Loan

1. Loan Amount \$

- We will charge interest at an annual rate on the outstanding amount of the loan. The rate may be changed by Manulife from time to time and you will be notified in such event.
- Unpaid accumulated interest will be added to the outstanding loan amount at each anniversary of the Policy and bear interest at the same rate. If the amount owing under the Policy exceeds the surrender value, the Policy will immediately terminate.

B. Coupon/Survival

1. Partial Withdrawal of Coupon/Survival Benefit amount of \$
Please note that the minimum withdrawal amount is S\$500 or the full amount available under your policy, whichever is lower.
2. Full Withdrawal of Coupon/Survival Benefit
For approved applications, the sum payable will be subject to applicable limits and will be paid net of any outstanding policy loan or other sum due from you under your policy.

C. Bonus Withdrawal

1. Full Withdrawal of Reversionary Bonus
Please note that your policy values will be affected upon withdrawal of the Reversionary Bonus.



3 INSTRUCTIONS FOR RECEIVING PROCEEDS (Cash-Funded Policy)

You will receive your proceeds via **Cheque** if you do not have an Electronic Fund Transfer (EFT) account.

A. Electronic Fund Transfer (EFT)

1. EFT to the following Bank Account:

- Please note that one of these **MUST** be submitted for verification of account number:

 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

- i) Bank Account Number *This account must belong to the Owner*
- ii) Name of Bank
- iii) Branch Code *Applicable to OCBC/HSBC/SBI bank accounts only*

Please note:

- These instructions will supersede any previous instructions regarding the mode of payment.
- EFT facility will **NOT** be applicable to the following:
 - i) 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)
 - ii) Any claim involving reimbursement to CPF Board and/or insurers providing integrated Shield Plan
 - iii) Any claim for death, critical illness, disability, special benefit or other benefit besides medical reimbursement and weekly income under personal accident plan

B. Cheque Collection by Servicing Representative

1. Representative's Name Representative's Contact No.

C. Cheque Collection by Owner

1. Owner's Contact No.

D. Others

Transfer \$ to Policy No. for the purpose of Premium Loan Prepayment

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4 DECLARATION AND AUTHORISATION

1. I/We understand the contents of this form and confirm that I/we wish to perform the transaction selected above.
2. I/We am aware that if the selected transaction is effected, it may affect my/our ability to attain my/our financial objectives.
3. 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.
4. 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.
5. Applicable for submission via Facsimile / Electronic mail ("Electronic Services") -
I/We hereby authorise Manulife to carry out the above-mentioned policy transaction(s) on my/our Policy received via Electronic Services.
I/We acknowledge that Manulife is not responsible for verifying the authenticity of the instructions given by me/us or purported to be given by me/us. Manulife 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. I/We agree that Manulife shall not be liable for any losses arising from instructions lost in transmission whether due to breakdown in the system or otherwise. Manulife 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).
6. 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 (including where relevant, the use of the Electronic Services).
7. I/We am/are aware that this form will not be effective until it is formally accepted by Manulife.
8. 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.
9. 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).
10. 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/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? You may submit the completed and signed form with all relevant documents to us through any of the following modes:
✉ **Mail – 8 Cross Street #15-01, Manulife Tower, Singapore 048424**
✉ **Email – forms@manulife.com**

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