

Name Of Policy Owner	
NRIC / Passport No. of Policy Owner	
Residential Address of Policy Owner	
Correspondence Address of Policy Owner (If different from Residential Address)	
Date of Will (DD/MM/YYYY)	

Please tick as appropriate

- Please find enclosed a certified true copy of my will. I confirm this is my latest will and that Manulife (Singapore) Pte. Ltd. ("Manulife") can treat this will as the latest will until such time Manulife is informed that the will has been revoked or superseded.
- I have submitted to Manulife a certified true copy of my will. This letter serves to confirm that Manulife can treat this will as the latest will until such time Manulife is informed that the will has been revoked or superseded.

Signature of Policy Owner

Date

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

ECTCW-1018

INTERNAL USE - FOR STAFF

Doc ID _____