





Please remember to...

-  Countersign against any amendments
- Ensure that the appropriate boxes are checked
-  Note that Submission Cut-off time is 3pm
-  Use only 1 form per policy

And for Corporate Policies...

- ✓ Enclose photocopies of NRIC/Passport of authorised signatories
- ✓ Enclose copy of the latest ACRA business profile not more than 3 months from submission date

1 POLICY INFORMATION

Full Name of Owner NRIC/Passport No.
 Policy Number

2 ADVICE

It is important that you have the knowledge or experience to transact in an unlisted Specific Investment Product before doing so. As such, it is recommended that you obtain advice from your Representative before completing this Application.

For updated information of the fund(s) before your transaction(s), please refer to <https://www.manulife.com.sg/Funds#!/fund/list> on Fund Summary(ies)/Prospectus(es), Product Highlight Sheet(s) and Fund Fact Sheet(s).

Please complete Section 3 of this Form, which relates to Customer Knowledge Assessment.

*Please note that Manulife (Singapore) Pte. Ltd. (the "Company") will **NOT** be able to process your Application if Section 3 is not completed.*

A. Met Representative

- I/We met my Representative and:
- DID obtain advice from my/our Representative before submitting this Application; OR
 - DID obtain advice from my/our Representative BUT the transaction I/We have chosen is not a transaction recommended by my/our Representative; OR
 - notified my/our Representative that I/We do not want any advice.

B. Did not meet Representative

- I/We DID NOT meet my/our Representative before submitting this Application.
- I/We now wish to be referred to a Representative for advice before I/we submit this Application.
 - I/We do not wish to be referred to a Representative for advice before I/we submit this Application.

3 CUSTOMER KNOWLEDGE ASSESSMENT (CKA)

1. If you wish to proceed with this Application or make any future transaction in an Investment-Linked Policy (ILP), it is important that you possess the required knowledge or experience in such a product. Please ensure that the following are completed:

- Section 3A - Your CKA
- Section 3B - Your CKA Outcome
- Section 3C - Your Acknowledgement and Decision

Any inaccurate or incomplete information provided can affect the outcome of the assessment.

2. Where the policy is under Trust, Sections 3A to D must be completed by:

- Any Trustee who is not the Owner OR all Beneficiaries 18 years old and above for Section 49L trust under the Insurance Act.
- All Trustees of the policy under Section 73 of the Conveyancing & Law of Property Act.
- If there is more than one Trustee or Beneficiary, please attach the complete set of Section 3A to D for each additional Trustee or Beneficiary.

FS-2019-01

INTERNAL USE - FOR REPRESENTATIVE

Submitted by Servicing Rep Others _____ (Code)

INTERNAL USE - FOR STAFF

Doc ID PA035 _____

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 complete Section 4, 5, 6 and 7.*
- 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 complete Section 4, 6 and 7.*

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 complete Section 4, 5, 6 and 7.*
- 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 complete Section 4, 6 and 7.*

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 INVESTMENT RISK PROFILE

A. Investment Risk Profile Questionnaire - Willingness

1. Which of the following best describe your investment goal?

- a. Preserve my capital
- b. Keep up with inflation
- c. Beat inflation
- d. Grow my capital

2. How much loss are you willing to tolerate before selling your investments?

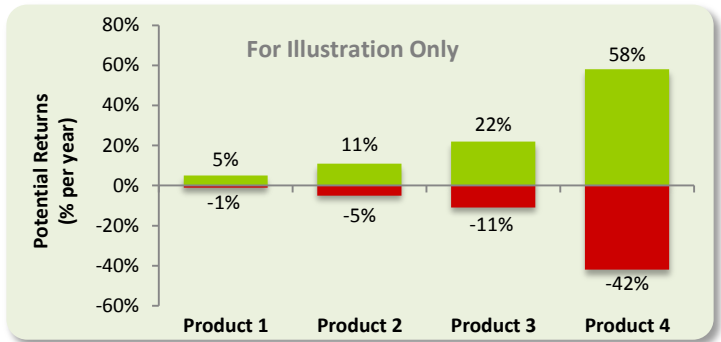
- a. Less than 2%
- b. 2% to less than 6%
- c. 6% to less than 13%
- d. 13% or more

3. Return is associated with Risk, i.e., higher return comes with higher risk, as shown in the graph. Which of the below are you willing to accept?

- a. Range of Returns of Product 1
- b. Range of Returns of Product 2
- c. Range of Returns of Product 3
- d. Range of Returns of Product 4

4. An investment you just entered into fell significantly in value during the expected holding period, what are you most likely to do with this holding/position?

- a. Sell all of my investment immediately and hold cash
- b. Sell some of my investment
- c. Keep all of my investment and wait for the market recovery
- d. Increase my investment to take advantage of fall in asset prices



Score	a	b	c	d	Total Score on Willingness
1. Investment Goal	0	13	16	18	
2. Loss Tolerance	0	52	69	75	
3. Risk Return Expectations	0	16	23	26	
4. Personality and Behavior	0	2	3	4	

B. Investment Risk Profile Questionnaire - Capacity

5. How much time have you set aside to achieve your investment goal? This refers to the overall time you intend to stay invested in the product(s).

- a. Less than 3 years
- b. 3 years to less than 7 years
- c. 7 years or more

6. When faced with an unplanned and immediate need for a large amount of cash, are you likely to withdraw from your investments?

- a. No, I am unlikely to make any withdrawals from my investments. I have other sources which should cover most cash needs.
- b. Yes, I am likely to make some withdrawals, of no more than 30%, from my investments, to supplement the cash I have from my other sources.
- c. Yes, I am likely to make a withdrawal, of more than 30%, from my investments to meet such an obligation.

7. In order to meet with some planned, significant financial commitments, are you likely to withdraw from your investments?

- a. Yes, I am likely to withdraw at least 30% from my investments within the next 3 years.
- b. Yes, I am likely to withdraw at least 30% from my investments between the next 3 to 7 years.
- c. No, I have no planned, significant expenditure within the next 7 years.

Score	a	b	c	Total score on Capacity
5. Investment Horizon	0	5	6	
6. Liquidity Needs	5	4	0	
7. Liabilities/Obligation	0	8	10	

Customer Overall Risk Profile				
Willingness / Capacity	0 to 53	54 to 100	101 to 117	118 to 123
0 to 1	C1	C1	C1	C1
2 to 12	C1	C2	C2	C2
13 to 19	C1	C2	C3	C3
20 to 21	C1	C2	C3	C4

Risk Profile	Qualitative Descriptor (Investments)	
<input type="checkbox"/> C1 Conservative	Preserving capital is your primary goal and you seek marginal appreciation in your investments. You are uncomfortable with short term price fluctuations.	
<input type="checkbox"/> C2 Moderately Conservative	You seek to preserve capital, but you would like to achieve returns that match inflation at the same time. You are willing to accept minor price fluctuations.	
<input type="checkbox"/> C3 Balanced	You seek to strike a balance between capital preservation and investment gains. Therefore you aim to achieve returns that are better than inflation. You are willing to accept some price fluctuations in exchange for some capital growth potential.	
<input type="checkbox"/> C4 Growth	You have a preference for capital growth over capital preservation, and are willing to accept a higher amount of risk to achieve it. You are willing to accept large price fluctuations in exchange for higher capital growth potential.	

5 REVIEW AND ACKNOWLEDGEMENT

A. Manulife Representative's Review & Advice

1. Reason(s) for requested transaction(s)

Please indicate accordingly:

- For re-balancing purpose
- Change in risk profile
- Change in investment strategy
- The existing ILP sub-fund(s)/Unit Trust is/are no longer suitable
- Other reason(s):

2. Chosen ILP Sub-Fund(s) Unit Trust / Portfolio of ILP Sub-Funds Versus Your Risk Profile

- The ILP sub-fund(s)/Unit Trust/Portfolio of ILP sub-fund(s) that you have chosen and wish to transact in is/are of a lower risk as compared to your risk profile.
- The ILP sub-fund(s)/Unit Trust/Portfolio of ILP sub-fund(s) that you have chosen and wish to transact in is/are of the same risk as compared to your risk profile.
- The ILP sub-fund(s)/Unit Trust/Portfolio of ILP sub-fund(s) that you have chosen and wish to transact in is/are of a higher risk as compared to your risk profile. This means that you are taking more risk than what your risk profile can accept. You should choose The ILP sub-fund(s)/Unit Trust/Portfolio of ILP sub-fund(s) that is/are suitable in meeting your investment objective and within your ability to bear the risks involved.

3. Manulife Representative's Declaration & Advice

- i) I have explained the features and risks of the chosen The ILP sub-fund(s)/Unit Trust/Portfolio of ILP sub-fund(s) and have provided a copy of the applicable Fund Summary(ies)/Prospectus(es) and Product Highlights Sheet(s) to you.
- ii) Taking into consideration of the reason(s) for the requested transaction and your Risk Profile, my advice is as follows:

Please indicate accordingly:

- To proceed with the requested transaction(s) as there is no deviation between your risk profile and The ILP sub-fund(s)/Unit Trust/Portfolio of ILP sub-fund(s) chosen by you or The ILP sub-fund(s)/Unit Trust/Portfolio of ILP sub-fund(s) chosen is/are of a lower risk as compared to your risk profile.
- NOT to proceed with the requested transaction(s) for the following reason(s):
.....
.....

B. Client's Response

- I have verified the information in this document and agree with the above advice.
- I have verified the information in this document and DO NOT agree with the above advice.

For Clients Who Have Passed CKA

- I accept that if I select a transaction that is not advised by my Manulife Representative:
 - It is my responsibility to ensure that it 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.

For Clients Who Have NOT Passed CKA

- I confirm that I wish to proceed with a transaction that is not advised by my Manulife Representative, even though I am aware and fully understand that:
 - I have not passed my CKA;
 - it is my responsibility to ensure the suitability of the transaction I wish to perform;
 - 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 gives its approval.

Acknowledgement

I have received a copy of the following documents and have understood the information disclosed within:

- Fund Summary(ies)/Prospectus(es)
- Product Highlights Sheet(s)

.....
Client's Signature
Client's Name
Date / /

.....
Manulife Representative's Signature
Manulife Representative's Name
Manulife Representative's Code
Date / /

6 FUND SWITCH / PREMIUM REDIRECTION

A. Fund Switch

Please note that any existing automatic fund rebalancing arrangement will cease upon this fund switching application. To continue this feature, please indicate in Section 6D.

	All Unit-linked Plans*	Signature Series & Fusion Plans
Maximum no. of funds per policy	Fortune Accumulator: 3 All Others: 10	4
Minimum Switch Out amount per fund	\$500 or entire fund value whichever lower	\$1,000 or entire fund value whichever lower
Minimum Switch In amount per fund	NA	NA
Minimum Remaining Balance (per fund)	NA	NA
Switch Fee	Golden Fund Series and E-Series, Regular Premium Unit-linked & Single Premium Unit-linked : Free first 2 switches per policy year, \$50 thereafter All others: Free	Free 2 switches per policy year, \$25 thereafter

* Does not include Variable Annuity, Signature Series and Fusion Plans

Source Funds (Out)	Amount (\$ or %)
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	



Target Funds (In)	(%)
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

100%

- Indicate "100%" for full switch out of a particular fund.
- Fund transfer applies to the existing units and does not affect the allocation of future premiums.
- Subsequent fund switch from target fund received by valuation date will be processed the following working day.
- Dividends will be reinvested into the fund by default if no selection is made.

* No Payout for SRS Plans

B. Distribution Payment Method (applicable for all dividend paying funds)

Name of Fund	Paid out directly	Reinvest to purchase additional units
.....	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>

Payout is subject to our prevailing terms and conditions. Payouts which are below the minimum amount of \$40 will be reinvested into the fund.

C. Premium Redirection (for Regular Premium/Recurrent Single Premium)

- Please note that any existing automatic fund rebalancing arrangement will cease upon this Premium Redirection application. To continue this feature, please indicate in Section 6D.

Name of Fund(s)	% (In whole number)
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
100%	

- Premium redirection does not affect existing units.
- For Signature Series and Fusion Plans, the minimum fund allocation per fund is 20%. For all other plans, this is 10%.

D. Automatic Fund Rebalancing

- To exercise Automatic Fund Rebalancing
 - Automatic Fund Rebalancing will be based on your pre-existing premium allocation if not stated in Section 6C
 - Available from 2nd policy year onwards.
 - Rebalancing shall only occur on policy anniversary if the variance of one of your existing portfolio holdings exceeds the pre-specified premium allocation by more than 5%.
 - Administrative fee of \$20 may be charged each time this transaction is executed. Please refer to your Policy contract for the terms and conditions.
- To cancel existing Automatic Fund Rebalancing arrangement

Important note for CPFIS Policy

The Cash Fund is recommended to be used as a short term holding fund and not as a form of long term investment as the Cash Fund may not yield returns that are higher than the prevailing CPF interest rates. If you need further clarification, you should consult your Representative.

7 DECLARATION & AUTHORISATION

1. Applicable for submission via Facsimile / Electronic mail (Electronic Services) -

I hereby authorise the Company to carry out the above-mentioned policy transaction(s) on my Policy received via Electronic Services.

I acknowledge that the Company is not responsible for verifying the authenticity of the instructions given by me or purported to be given by me. 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).

2. I agree to indemnify and hold harmless the Company against any and all losses (whether direct, indirect, special or consequential) suffered by me or any third party arising from or in connection with the Company accepting and acting on my instructions (including where relevant, the use of the Electronic Services) except where such loss is attributable to the Company's gross negligence or wilful default.

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

Section 73 (Conveyancing & Law of Property Act)

Who to sign:

All Trustee(s) of the Policy

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.

If you need the list of funds, please refer to our **website** at www.manulife.com.sg

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** – fundswitch@manulife.com