




**Please remember to...**

-  Countersign any amendments
- Ensure that the appropriate boxes are checked

**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. ....

Full Name of Insured ..... NRIC/Passport No. ....

Application submitted in connection with new Policy Policy No. ....

Application submitted in connection with existing Policy Policy No. ....

## 2 PREPAYMENT DETAILS

- Kindly be informed that under the prepayment facility, premiums will be deducted only on an Annual basis .
- If your premiums are currently not paid annually, please complete and submit the Policy Details Change Form to change the payment frequency to Annual mode. The prepayment facility will be activated when the application to change payment frequency has been processed successfully.
- For your convenience, we offer three other payment options:
  1. via Cheque
  2. via Internet Banking (DBS/UOB /Citibank/Standard Chartered)
  3. via AXS
 Please indicate your Policy Number and the Life Insured’s name as the reference during payment. Kindly allow 3 working days for your payment to be processed.

### A. Prepayment Amount

Amount \$ .....

### B. Payor Details

- The Payor is the Owner/Assignee/Life Insured.  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 Employment Inheritance Investment Savings Others

*✓ Please provide supporting documents such as evidence of title, copies of trust deeds, audited accounts, salary details, tax returns or bank statements if Prepayment Amount 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)*

## 3 TERMS AND CONDITIONS

**Prepayment Amount**

- A. If this application is accepted by Manulife, Manulife will place the lower of the following amounts in a facility (the “Facility”)
- i) the amount received by Manulife as reflected at Section 2A; or
  - ii) the maximum amount followed by Manulife for this application.
- B. If the amount received by Manulife (as reflected at Section 2A) is higher than the maximum amount allowed by Manulife for this application and the application is accepted by Manulife the difference will be refunded (without interest).

PP-1018-2

**INTERNAL USE - FOR REPRESENTATIVE**

Submitted by  Servicing Rep  Others .....(Code)

**INTERNAL USE - FOR STAFF**

Doc ID  PA024  .....

### Debiting to the Facility

- C. The Facility will be debited when:
- Manulife deducts premiums when the premiums are due at each Policy Anniversary. Where the application is submitted in connection with an application for a new policy and the policy effective date is prior to the issue date of this policy, the Facility will be debited on the acceptance date of this application for payment of the first year premiums;
  - the Owner/Assignee (or the assignee referred to at Section 31 if Section 31 applies) withdraws amounts from the Facility (in part or in full). For partial withdrawal, the minimum amount of withdrawal required by Manulife must be met. If all the monies in the Facility are withdrawn in full, the Facility will terminate; and
  - the monies in the Facility are refunded to the Owner/Assignee (or to the assignee referred to at Section 31 if Section 31 applies). The Facility will be terminated in this event.
- D. For the avoidance of doubt, the Facility will not be debited for payment of any policy debt outstanding prior to, on or after the submission of this application. Separate payment has to be made for the policy debt.

### Crediting from the Facility

- E. The Facility will be credited:
- with interest (at such rate and calculated on such basis as Manulife may determine from time to time) on the amount remaining in the Facility; and
  - when the Owner/Assignee tops up the Facility. The amount allowed for top up is subject to the maximum amounts allowed by Manulife for the policy and such other requirements which Manulife requires from time to time.

### Interest Rate Revision

- F. Prepayment interest rate is not guaranteed and is subject to change by the company.
- G. Reduction in interest rate will result in a shortfall of premium payment from the Facility and Owner/Assignee is required to pay additional premiums.
- H. If the amount in the Facility is insufficient when premiums are due for deduction the policy will lapse or go into automatic premium loan after the grace period has expired in accordance with the terms of the policy.

### Refund of monies from the Facility

- I. Manulife will refund all monies in the Facility (if any) and the Facility will terminate on the earliest of the following:
- the Policy is terminated;
  - the Policy has been fully paid; or
  - the Owner/Assignee instructs in writing to cease deduction of premiums from the Facility.

### Assignment of policy

- J. If the policy is thereafter assigned, the Owner/Assignee has to instruct in writing if the Facility is to be terminated.
- who requests for a withdrawal of monies from the Facility; and
  - whom Manulife makes payment to when monies in the Facility are withdrawn or refunded.
- K. If the policy is thereafter assigned and the assignee wants to top up monies for the payment of premiums, the assignee has to submit a fresh application.

### Governing Law

- L. This document is governed by the laws of Singapore.

### Contract (Rights of Third Parties) Act

- M. A person who is not a party to this document shall not have any rights under the Contract (Rights of Third Parties) Act (Cap 53B) to enforce the terms of this document.

## 4 DECLARATION & AUTHORISATION

- The Owner/Assignee understands that Manulife may accept or reject this application. If this application is accepted the Owner/Assignee agrees that this document (duly signed by the Owner/Assignee and Manulife at Section C(I) or C(II)) will be an endorsement to the policy and the Applicant will be bound by the terms and conditions set out in Section B of this document. A copy of this document will be provided to the Applicant.
- If this application is rejected (by Manulife signing at Section C(III)), Manulife will refund the amount (as reflected at Section A(4)) submitted by the Applicant.

Signature of Owner/Assignee

Name .....

Contact No. .... 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](http://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**