



STATEMENT PURSUANT TO SECTION 25(5) OF THE INSURANCE ACT (CHAPTER 142), YOU ARE TO DISCLOSE IN RESPECT OF THIS APPLICATION, FULLY AND FAITHFULLY ALL FACTS WHICH YOU KNOW OR OUGHT TO KNOW, OTHERWISE THE POLICY MAY BE VOID.


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 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.

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.

SPTU-1018-5

INTERNAL USE - FOR REPRESENTATIVE
INTERNAL USE - FOR STAFF

Submitted by Servicing Rep Others _____ (Code)

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 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 TOP-UP

	All Unit-linked Plans*	Signature Series & Fusion Plans	ManuRetire Secure	InvestReady & Manulife SmartWealth
Maximum no. of funds per policy	Fortune Accumulator: 3 All Others: 10	4	1	10
Minimum Top-Up amount per policy	\$500	1000	\$5,000	\$2,500
Minimum Top-Up amount per fund	\$500	NA	\$5,000	\$500

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

A. Top-Up Payment Details

1. Payment Method

Cash/Cheque SRS

2. Single Premium Top-up \$

✓ 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\$200,000 and above

3. Payor Details

For Cash/Cheque mode, please complete the following:

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 <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 amount is S\$200,000 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)	

B. Top-Up Fund

■ Please note that any existing automatic fund rebalancing arrangement will cease upon this top up application. To continue this feature, you will need to submit a new automatic fund rebalancing request.

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

■ For ManuRetire Secure, please refer to your Policy Contract for information on the applicable valuation on your transaction.

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.

C. Distribution Payment Method (Manulife Income Series Funds only)

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"/>

- **Applicable for Cash policies only**
- **Available for 1st time Switch in/Redirection to Manulife Income Series Fund(s) only**
- **Payout is subject to our prevailing terms and conditions. Payouts which are below the minimum amount of \$40 will be reinvested into the fund**
- **Dividends will be reinvested into the fund by default if no selection is made**

D. Health Declaration by Life Insured

This section is to be completed by the Owner if the Life Insured is below 16 years of age. Since the commencement of this policy.

1. Has there been any change in the Life Insured's health, occupation or country of residence? Yes No
2. Does the Life Insured has any symptom or medical concern for which he/she has not consulted a doctor or had any consultation, testing or investigation recommended by a doctor which has not yet been completed? Yes No
3. Has the Life Insured been recommended for any operation, treatment, hospital care, medical investigations not of a routine nature or is the Life Insured currently under any medication? Yes No
4. Has the Life Insured ever been deferred or declined for Life, Critical Illness, Accident, Health insurance, or offered insurance with restricted benefits or other than at standard rates? Yes No

If yes, please provide the following details.

Insurance Company	Details

5. Is the Life Insured engaged in or intend to engage in any hazardous pastimes or activity e.g. parachuting, hang gliding, motor sport of any kind (car, boat motor cycle, go kart), underwater diving, rock climbing, mountaineering and / or flying other than as a fare paying passenger on a licensed commercial airline? Yes No
6. Has the Life Insured travelled, worked or resided abroad more than 60 days/yr in the past 2 years? Yes No

If Yes, please complete the relevant questionnaire.

If Yes, please provide the following details.

Travelling Date	Destination	Duration	Frequency

7. Please provide the Life Insured's current height and weight.

Height: m Weight: kg

8. Is the Life Insured in the process of filing a claim or have you ever made a claim against any insurance company in respect of any Disability, Critical Illness, Medical, Hospitalization, Accident or Life insurance? Yes No

If Yes, please provide the following details.

Insurance Company	Type of Plan	Description of claim	Date of Claim	Claim Amount

If any of the answers to Question 2 and 3 is "Yes", please indicate the Question number(s) and provide details below.

Question	Condition/Diagnosis	Year at onset	Test performed, dates and results	Treatment and Medication	Doctor/Hospital/Clinic consulted

5 ACKNOWLEDGEMENT – DISCLOSURES & DOCUMENTATION

- I have received a copy of the following documents and have understood the information disclosed within:
- **Fund Summary(ies) / Prospectus(es), if applicable**
 - **Product Highlight Sheet(s)**
- The documents mentioned above can be obtained from our Client Service Centre or your financial adviser or from our website at www.manulife.com.sg*

6 DECLARATION & AUTHORISATION

- I/We understand the contents of this Application and confirm that I/We wish to perform the transaction selected above.
- I/We/The beneficiaries are not undischarged bankrupt(s). There are currently no pending or threatened bankruptcy proceedings against me/us.
- I/We declare that no material facts, that is, facts likely to influence the assessment of this Application for Single Premium Top-Up have been withheld and to the best of my/our knowledge and belief the information given herein is true and complete.
- I/We agree to inform the Company if there is any change in the state of health, occupation or activity of the Life Insured between the date of this Application or medical examination and the issue of the above benefit. On receiving the information of any change, the Company is entitled to accept or reject my Application.
- I/We have read the Section 25(5) of the Insurance Act (Cap 142) warning stated on this Form.
- 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?

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**