





**Please remember to...**

-  Countersign any amendments
- Ensure that the appropriate boxes are checked
-  Note that Submission Cut-off time is 3pm

## 1 POLICY INFORMATION



Full Name of Owner ..... NRIC/Passport Number .....

Policy Number .....

## 2 APPLICATION / CHANGE / TERMINATION REQUEST

### A. Application / Change of TT Account

Please note that one of these documents **MUST** be submitted for verification of account number and account ownership:

 Copy of Bank Statement OR  Original letter from Bank

✓ Please note that the fields marked \* are mandatory fields

1. \* Name of Bank Account Holder .....  
 ✓ Please note that this account must belong to the Owner
2. \* Name of Bank .....
3. \* Bank Account Number .....
4. \* Swift Code .....
5. Address of Bank .....

### B. Termination of TT Arrangement

I/We would like to terminate my existing TT arrangement. All my future payouts will be defaulted to Cheque.

## 3 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 confirm that this Policy is not assigned to any other party or is assigned only to the assignee who has signed this form.
3. I/We confirm that I/we 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.
4. Applicable for submission via Facsimile / Electronic mail ("Electronic Services") -  
 I/We hereby authorise the Company to carry out the above-mentioned request received via Electronic Services.  
 I/We acknowledge that the Company is not responsible for verifying the authenticity of the instructions given by me/us or purported to be given by me/us. 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. I/We agree that the Company shall not be liable for any losses arising from instructions lost in transmission whether due to breakdown in the system or otherwise. 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).**
5. I/We agree to indemnify and hold harmless the Company 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 the Company accepting and acting on these instructions (including where relevant, the use of the Electronic Services).
6. I/We understand that Manulife reserves the right to change the payout option from direct credit/telegraphic transfer to cheque only at the discretion of Manulife.
7. I/We am/are aware that this form will not be effective until it is formally accepted by the Company.
8. I/We agree that the personal data collected in this form will be used by the Company for the purpose of complying with my/our request and other related purposes only.

TT-1018-3

**INTERNAL USE - FOR REPRESENTATIVE**

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

**INTERNAL USE - FOR STAFF**

Doc ID  PA021  .....

9. I/We confirm that the above information is true and correct, and I/we authorise the Company 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 the Company 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 the Company and/or downloaded a soft copy of the Manulife Statement from [www.manulife.com.sg](http://www.manulife.com.sg)

Signature of Owner/Assignee

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 any of the following modes:

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

 **Email – [forms@manulife.com](mailto:forms@manulife.com)**