



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 pro file extracted not more than 6 months from submission date

1 POLICY INFORMATION

Full Name of Owner _____ NRIC/Passport No. _____

Policy Number _____

2 COUPON/REVERSIONARY BONUS WITHDRAWAL

A. Coupon/Survival Benefit/Cash Benefit

- Partial Withdrawal of Coupon/Survival Benefit/Cash Benefit amount of _____
Please note that the minimum withdrawal amount is S\$500 or the full amount available under your policy, whichever is lower.
- Full Withdrawal of Coupon/Survival Benefit/Cash Benefit

B. Reversionary Bonus Withdrawal

- Partial Withdrawal of Reversionary Bonus (available only for ReadyBuilder) amount of _____
- Full Withdrawal of Reversionary Bonus
** Please note that your policy values will be affected upon withdrawal of the Reversionary Bonus.*
** If your policy has coupon amount available for withdrawal, you may choose to withdraw the coupon amount under your policy.*
** The final amount payable for bonus withdrawal is a percentage of your Reversionary Bonus less any amount owing in the policy.*

** For approved applications, the sum payable will be subject to application limits and will be paid net of any outstanding policy loan or other sum due from you under your policy.*

** If your policy is placed under CPF Home Protection Scheme (HPS), any changes to your policy may affect your HPS exemption and caused it to be voided. Should your HPS exemption be voided, you would be required to reapply for exemption from HPS by purchasing other private policies or apply to be insured under HPS. Otherwise, if you are using CPF monies to service the monthly instalments, CPF Board may automatically extend HPS coverage to you based on the declared percentage that you are exempted for, subject to you being in good health.*

3 PAYOUT OPTION FOR CASH FUNDED POLICIES

(Please tick 1 of the boxes below. Otherwise, we will send a cheque to your mailing address as per our record.)

- If the policy owner ticked either PayNow or Electronic Fund Transfer (EFT), it will apply to all future payouts for the policy where you are the policy owner, and will supersede any existing payout instruction.
- For any claim payment to a non-policy owner, it will be settled by cheque.
- PayNow or EFT option will not apply to a policy that is subject to a trust created under Section 49L of the Insurance Act (Cap. 142) or Section 73 of the Conveyancing and Law of Property Act (Cap. 61).

PayNow registered with Singapore NRIC/FIN

- PayNow account registered with mobile number will not be eligible.
(note: You may register or add your Singapore NRIC/FIN to the PayNow account via the "Manage PayNow" in your internet banking account or mobile banking application.)
- PayNow is only applicable for payout up to S\$200,000 to the policy owner's Singapore bank account.
- If PayNow transaction is unsuccessful, we will send a cheque to your mailing address as per our record.

Electronic Fund Transfer (EFT)

- If you have an existing EFT set up for this policy, you just need to tick this option. No further action is required.
- If you do not have an existing EFT setup for this policy, or if you wish to update to a new bank account, please fill out the table below, and submit a copy of bank statement OR bank passbook showing account holder's name and account number. We accept bank statements with the bank balances and transactions being blanked out/masked. We also accept truncated e-statements downloaded from banks' mobile application, as long as the document shows the account holder's name and account number on the same page.

Bank Account Number	
Bank Name	

- It must be a Singapore bank account denominated in Singapore Dollar that belongs to the policy owner. If the requirements for EFT are not met, we will send a cheque to your mailing address as per our record.

Transfer to policy (where you are the policy owner)

Transfer \$ _____ to Policy No. _____ for the purpose of

Premium Loan Repayment Single Premium Top Up
 Prepayment
(new application only, fixed at first 2 year's annual premiums)

INTERNAL USE - FOR REPRESENTATIVE

INTERNAL USE - FOR STAFF

Doc ID PA013 PA022 _____

CBW 2022-11

4 DECLARATION AND AUTHORISATION BY POLICY OWNER

1. I/We understand the contents of this form and confirm that I/we wish to perform the transaction selected above.
2. Applicable to Section 73 trustee(s) ONLY I/we hereby declare, represent and warrant that I/we have sought consent from all Beneficiaries on the proposed change(s) stated in this form to this policy.
3. I/We am aware that if the selected transaction is effected, it may affect my/our ability to attain my/our financial objectives.
4. 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.
5. I/We confirm that I/we/the beneficiaries 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/the beneficiaries.
6. Applicable for submission via Facsimile/Electronic mail ("Electronic Services") -
I/We hereby authorise Manulife to carry out the above-mentioned request received via Electronic Services. I/We acknowledge that Manulife is not responsible for verifying the authenticity of the instructions given by me/us or purported to be given by me/us. Manulife 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 Manulife shall not be liable for any losses arising from instructions lost in transmission whether due to breakdown in the system or otherwise. Manulife 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).
7. I/We agree to indemnify and hold harmless Manulife 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 Manulife accepting and acting on these instructions (including where relevant, the use of the Electronic Services).
8. I/We am/are aware that this form will not be effective until it is formally accepted by Manulife.
9. I/We confirm that the above information is true and correct, and I/we authorise Manulife to effect the request on my/our policy(ies).
10. I/We agree that the personal data collected in this form will be used by Manulife for the purpose of complying with my/our request and other related purposes only.
11. I/We further confirm that I/we have read and understood Manulife Statement of Personal Data Protection which may be amended by Manulife 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 Manulife and/or downloaded a soft copy of the Manulife Statement from www.manulife.com.sg.

Signature of Owner

Name _____

Contact No. _____ Date _____

Additional Authorisation for Policy under 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:**
Any Trustee of the policy who is not the Owner
OR all Beneficiaries 18 years and above

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 email us at service@manulife.com or call our Client Service Officers at **68338188**.

Completed?

- Submit the completed form with the required documents to us through any of these modes:
- a. Log in to customer portal, MyManulife (www.mymanulife.com.sg) to upload your completed form (signature not required)
 - b. Email to forms@manulife.com (with matching signature)
 - c. Mail to 8 Cross Street #15-01, Manulife Tower, Singapore 048424 (with matching signature and subject to operational hours)