






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 6 months from submission date OR
- Enclosed copy of Registry for Society

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 transacton(s), please refer to our website www.manulife.com.sg on Fund Summary(ies)/ Prospectus(es), Product Highlight Sheet(s) and Fund Fact Sheet(s).

Please select one option only - A, B, C, D or E.

Did not meet Representative before submitting this application (only if you pass the CKA test in Section 3)

A <input type="radio"/>	I/We do not wish to be referred to a Representative for advice before submitting this Application.	Please complete Section 3, 4, 6 and 7 only.
B <input type="radio"/>	I/We now wish to be referred to a Representative for advice before submitting this Application.	We will not process your Application. Please contact your existing Representative for advice.

Met Representative before submitting this Application*

C <input type="radio"/>	My policy is serviced by a Manulife Representative.	Please complete Section 3, 4, 5, 6 and 7 only.
D <input type="radio"/>	My policy is serviced by a DBS Representative.	Please complete Sect on 6 and 7 only.
E <input type="radio"/>	My policy is serviced by a non-Manulife or non-DBS Representative.	Please complete Section 6 and 7 only.

*This can include any of the following scenarios:

- Did obtain advice from Representative before submitting this Application
- Did obtain advice from Representative BUT the transaction chosen is not a transaction recommended by the Representative

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.

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 Qualifications

1. I have a 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:

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).

[^]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 |

Type of Investment:

Unit trust

ILP

Type of Distributor

Bank

Insurance Company

Online Brokerage

Others

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):

Job Nature:

(i)

(ii)

(iii)

(iv)

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. I am deemed to have knowledge or experience for transactions in Investment-Linked Policies and/or Collective Investment Schemes.

I wish to receive advice from my Representative for the requested transaction(s).

Please complete Section 4, 5, 6 and 7

I do not wish to receive advice from my representative for the requested transaction(s). I understand that by choosing not to receive advice, (a) it is my responsibility to ensure the suitability of the requested transaction; and (b) I will not be able to rely on section 36 of the Financial Advisers Act to file a civil claim in the event of a loss.

Please complete Section 4, 6 and 7

DID NOT PASS CKA

I understand that I did not pass the CKA. I am deemed not to have knowledge or experience for transactions in Investment-Linked Policies and/or Collective Investment Schemes. I understand that if I wish to proceed with the requested transaction(s), I must receive advice from my Representative.

Please complete Section 4, 5, 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

		Selection (Tick)	Score	Maximum Risk Profile
Q1	In general, what is the time period intended for your financial investment?			
	(a) Less than 1 year	<input type="checkbox"/>	1	
	(b) 1 year to less than 3 years	<input type="checkbox"/>	2	
	(c) 3 years to less than 5 years	<input type="checkbox"/>	3	
	(d) 5 years to less than 8 years	<input type="checkbox"/>	4	
	(e) 8 years or above	<input type="checkbox"/>	6	
Q2	How many years of investment experience in financial markets (excluding mandatory pension scheme if any) do you have?			
	(a) No experience [Note: Your answer to question 3 will deem to be (f) even if you did not make any selection or have selected other options]	<input type="checkbox"/>	0	
	(b) Less than 1 year	<input type="checkbox"/>	1	
	(c) 1 Year to less than 3 Years	<input type="checkbox"/>	2	
	(d) 3 years to less than 5 years	<input type="checkbox"/>	3	
	(e) 5 years or above	<input type="checkbox"/>	4	

		Selection (Tick)	Score	Maximum Risk Profile
Q3	Which of the following investment products have you invested in during the past 3 years? (Tick one or more, if applicable. Your answer with the highest score is final)			
	(a) Principal-protected products / Investment-grade bonds	<input type="checkbox"/>	1	
	(b) Foreign currencies / Gold	<input type="checkbox"/>	2	
	(c) Balanced funds / Mixed allocation funds	<input type="checkbox"/>	3	
	(d) Stocks / ETFs / Equity funds	<input type="checkbox"/>	5	
	(e) High yield bond funds / Hedge funds / Derivatives / Leveraged products	<input type="checkbox"/>	7	
	(f) None of above	<input type="checkbox"/>	0	
Q4	Which of the following best describes your current stage of life?			
	(a) Actively working with little financial burden and not above 45 years old	<input type="checkbox"/>	5	
	(b) Actively working with some financial burden and not above 45 years old	<input type="checkbox"/>	3	
	(c) Actively working with little financial burden and above 45 years old	<input type="checkbox"/>	6	
	(d) Actively working with some financial burden and above 45 years old	<input type="checkbox"/>	4	
	(e) Retired or nearing retirement with little financial burden	<input type="checkbox"/>	2	
	(f) Retired or nearing retirement with some financial burden	<input type="checkbox"/>	1	Balanced
Q5	What is the price fluctuation on financial investment you can tolerate within one year?			
	(a) Around 5%	<input type="checkbox"/>	1	Moderately Conservative
	(b) Around 10%	<input type="checkbox"/>	2	Balanced
	(c) Around 15%	<input type="checkbox"/>	3	
	(d) Around 25%	<input type="checkbox"/>	5	
	(e) More than 25%	<input type="checkbox"/>	7	
Q6	Which of the following best describes your overall investment objective?			
	(a) Capital preservation - keep investment loss at a minimum with little concern on returns	<input type="checkbox"/>	1	Moderately Conservative
	(b) Income orientation - earn stable income or beat inflation	<input type="checkbox"/>	2	Balanced
	(c) Income-and-growth - achieve returns on the balance of modest income and capital appreciation	<input type="checkbox"/>	3	
	(d) Growth orientation - aim at returns with focus on capital appreciation	<input type="checkbox"/>	4	
	(e) Aggressive growth - look for maximum returns possibly from high-risk financial investments	<input type="checkbox"/>	5	

Risk Profile	Score Range
Conservative	4 - 9
Moderately Conservative	10 - 15
Balanced	16 - 22
Growth	23 - 29
Aggressive	30 - 35

Final Risk Profile	Total Score	Maximum Risk Profile (Lowest from Q4-Q6)

The **lower** of Risk Profile based on **Total Score** and **Maximum Risk Profile**

5 REVIEW AND ACKNOWLEDGEMENT

A. Manulife Representative's Review & Advice

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

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

2. Manulife Representative's Declaration & Advice

(i) I have explained the features and risks of the chosen 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 the reason(s) for the requested transaction and your Risk Profile, my advice is as follows:

Please select one only

To proceed with the requested transaction(s) as the ILP sub-fund(s)/Unit Trust/Portfolio of ILP sub-fund(s) you have chosen to transact in is/are in line or lower than your risk profile.

Not to proceed with the requested transaction(s) for the following reason(s):

.....

B. Client's Response

PASSED CKA

I accept the advice by the Manulife Representative. Based on Manulife Representative's advice, the ILP sub-fund(s)/Unit Trust/Portfolio of ILP sub-fund(s) that I have chosen to transact in is/are in line or lower than my risk profile.

I do not accept the advice by the Manulife Representative. While Manulife Representative has advised ILP sub-fund(s)/Unit Trust(s)/Portfolio of ILP sub-fund(s) that is/are in line or lower than my risk profile, I have chosen to transact in ILP sub-funds/Unit Trust(s)/Portfolio of ILP sub-fund(s) that is/are of a higher risk than my risk profile. I understand that (a) it is my responsibility to ensure the suitability of the requested transaction; and (b) I will not be able to rely on section 36 of the Financial Advisers Act to file a civil claim in the event of a loss.

DID NOT PASS CKA

I accept the advice by the Manulife Representative. Based on Manulife Representative's advice, the ILP sub-fund(s)/Unit Trust/Portfolio of ILP sub-fund(s) that I have chosen to transact in is/are in line or lower than my risk profile.

I do not accept the advice by the Manulife Representative and I confirm that I do not wish to proceed with the requested transaction(s).

.....
Client's Signature

Client's Name

Date / /

.....
Manulife Representative's Signature

Manulife Representative's Name

Manulife Representative's Code

Date / /

6 FUND SWITCH / AUTOMATIC FUND REBALANCING / CHANGE PREMIUM ALLOCATION

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 6B.
- For individual customers who passed the CKA and do not wish to receive advice, please submit your fund switch/ premium redirection/ automatic fund rebalancing instructions on our customer portal, MyManulife, at www.mymanulife.com.sg. These requests submitted via non-digital modes like mail and email from this group of customers are no longer accepted.

	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

- For updated information of the fund(s) before your transaction(s), please refer to our website www.manulife.com.sg on Fund Summary/Prospectus, Product Highlights Sheet, Fund Fact Sheet and risk classification of the fund(s).
- For submission before 3pm on a business day, fund switch transaction will be completed 2 to 5 business days from the submission date, depending on the type of funds.
- In the event of a fund holiday, or monthiversary activities, the transaction time will be lengthened.
- For submission after 3pm on a business day, it will be treated as submission on the next business day.

Source Funds		Target Funds		Distribution Payout Method <small>(only for dividend paying funds)</small>	
Fund Name	Percentage to switch out <small>(whole number)</small>	Fund Name	Percentage of Target Funds <small>(whole number)</small>	Paid out directly	Reinvest to purchase units
	%		%	<input type="checkbox"/>	<input type="checkbox"/>
	%		%	<input type="checkbox"/>	<input type="checkbox"/>
	%		%	<input type="checkbox"/>	<input type="checkbox"/>
	%		%	<input type="checkbox"/>	<input type="checkbox"/>
	%		%	<input type="checkbox"/>	<input type="checkbox"/>
	%		%	<input type="checkbox"/>	<input type="checkbox"/>
	%		%	<input type="checkbox"/>	<input type="checkbox"/>
	%		%	<input type="checkbox"/>	<input type="checkbox"/>
	%		%	<input type="checkbox"/>	<input type="checkbox"/>
	%		%	<input type="checkbox"/>	<input type="checkbox"/>
	%		%	<input type="checkbox"/>	<input type="checkbox"/>
	%		%	<input type="checkbox"/>	<input type="checkbox"/>
	%		%	<input type="checkbox"/>	<input type="checkbox"/>
	%		%	<input type="checkbox"/>	<input type="checkbox"/>
	%		%	<input type="checkbox"/>	<input type="checkbox"/>
	%		%	<input type="checkbox"/>	<input type="checkbox"/>
		Total:			
				100 %	

- Total allocation of Target Funds must add up to 100%.
- Fund switch applies to the existing units and does not affect the allocation of future premiums. If you want to change the allocation of future premiums, please indicate in Section 6B.
- Dividend payouts are subject to our prevailing terms and conditions. Dividends will be reinvested into the fund by default if (a) no selection is made; (b) dividend amount is below minimum of S\$40/US\$40; or (c) policy is funded with SRS monies.
- Any subsequent fund switch from any target fund will be processed the working day after completion of current fund switch.

FS-2023-10

B. Automatic Fund Rebalancing & Change Allocation of Future Premiums

- For Regular Premium or Recurrent Single Premium policies
 - If you decide to exercise Automatic Fund Rebalancing at your policy anniversary, it will follow the exact same fund and percentage allocation as what you have specified for your future premium allocation. You cannot select a different fund and percentage allocation for your future premiums.
 - Automatic Fund Rebalancing feature is available from policy year 2. It re-balances your holdings in the range of funds according to your pre-specified fund allocations at each policy anniversary when the portfolio's variance from the pre-specified allocation exceeds 5%. Administrative fee of \$20 may be charged each time this transaction is executed. Refer to your policy terms and conditions.
 - If you want to change the fund and percentage allocation for your next/subsequent premiums, this request must reach us at least 7 working days before their next premium due date.

Step 1: Select one of these options A, B, C or D

- Option A - Exercise Automatic Fund Rebalancing at policy anniversary and Change/Confirm the allocation of your future premiums
- Option B - Exercise Automatic Fund Rebalancing at policy anniversary only as your policy is a single premium policy
- Option C - Do not exercise Automatic Fund Rebalancing at policy anniversary but Change/Confirm the allocation of your future premiums
- Option D - De-activate Automatic Fund Rebalancing at policy anniversary, without changing the allocation of your future premiums

Option	To exercise Automatic Fund Rebalancing at policy anniversary	To change or confirm allocation of future premiums	Notes
A <input type="radio"/>	Yes	Yes	Proceed to Step 2 to confirm your preferred funds & their percentage allocation.
B <input type="radio"/>	Yes	Not applicable	This Option is applicable only for single premium policies. Proceed to Step 2 to confirm your preferred funds & their percentage allocation.
C <input type="radio"/>	No	Yes	Proceed to Step 2 to confirm your preferred funds & their percentage allocation for your future premiums.
D <input type="radio"/>	No	No	Skip Step 2 .

Step 2: This step is only necessary if you have chosen Option A, B or C. Indicate your preferred funds & their percentage allocation

Distribution Payout Method (only for dividend paying funds)			
Fund Name	*Percentage (whole number)	Paid out directly	Reinvest to purchase units
1.	%	<input type="checkbox"/>	<input type="checkbox"/>
2.	%	<input type="checkbox"/>	<input type="checkbox"/>
3.	%	<input type="checkbox"/>	<input type="checkbox"/>
4.	%	<input type="checkbox"/>	<input type="checkbox"/>
5.	%	<input type="checkbox"/>	<input type="checkbox"/>
6.	%	<input type="checkbox"/>	<input type="checkbox"/>
7.	%	<input type="checkbox"/>	<input type="checkbox"/>
8.	%	<input type="checkbox"/>	<input type="checkbox"/>
9.	%	<input type="checkbox"/>	<input type="checkbox"/>
10.	%	<input type="checkbox"/>	<input type="checkbox"/>
Total:	100 %		

- Total allocation must add up to 100%
- For Signature Series and Fusion Plans, the minimum fund allocation per fund is 20%. For all other plans, this is 10%.

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/We hereby authorise the Company to carry out the above-mentioned policy transaction(s) on my/our Policy 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. 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/We agree to indemnify and hold harmless the Company against any and all losses (whether direct, indirect, special or consequential) suffered by me/us or any third party arising from or in connection with the Company accepting and acting on my/our 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.
- 3. 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.
- 4. I/We further confirm that I/we have read and understood and hereby consent to the collection, use, disclosure and processing of my/our personal data in accordance with and agree to be bound by Manulife's Statement of Personal Data Protection, as may be amended by Manulife from time to time. I/we have obtained a copy of Manulife / Statement of Personal Data Protection by: (a) downloading a soft copy from www.manulife.com.sg; or (b) obtaining a hard copy from Manulife.

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:

.....
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.

FS-2023-10

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 Services Officers** at **6833 8188**.

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**

For individual customers who passed the CKA and do not wish to receive advice, please submit your fund switch/ premium redirection/ automatic fund rebalancing instructions on our customer portal, MyManulife, at www.mymanulife.com.sg. These requests submitted via non-digital modes like mail and email from this group of customers are no longer accepted.