


**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 6 months from submission date

# 1 POLICY INFORMATION

Full Name of Owner .....	NRIC/Passport No. ....
Policy Number .....	

# 2 ADVICE

Please note that it is mandatory to complete this section for the following transactions only:

- Increase Premium of Basic Plan
- Commencement of RSP
- Increase RSP Amount

**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.

PDC-2021-10

**INTERNAL USE - FOR REPRESENTATIVE**

Update is for  New Business  Client Services  APSD  
 Submitted by  Servicing Rep  Others \_\_\_\_\_ (Code)

**INTERNAL USE - FOR STAFF**

Client No. \_\_\_\_\_  
 Doc ID  PA016  PA017  PA021  PA024  PA026  PA030  PA043  PA044  NB108

## 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/<br>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<sup>^</sup> 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>*

<sup>^</sup>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 & 5.*

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 & 5.*

### **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 & 5.*

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 & 5.*

## 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 CHANGE POLICY DETAILS

- If your policy is placed under CPF Home Protection Scheme (HPS), any changes in Sum Insured under basic plan or supplementary coverage of the policy or commencement of Premium Holiday may impact 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 instalment, 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.
- For regular Premium Participating Policy/Rider, if your policy/rider has not acquired cash value when you reduce your sum assured, any reversionary/terminal bonus declared on your policy/rider will be reduced accordingly.
- For policy changes that has been accepted and effected, we will not be able to reinstate the policy to its original benefits. Please check your policy contract before performing any selected changes.

### A. Change Basic Plan Details

- Increase Premium of Basic Plan to \$ .....
  - ✓ For Investment-Linked Policies only (Subject to minimum Sum Insured). Please complete Sections 3A to D if applicable
  - ✓ 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\$50,000 and above
  - ✓ Please attach Plan Right Discovery and Solution form
- Decrease Premium of Basic Plan to \$ .....
- Increase Sum Insured of Basic Plan to \$ .....
  - ✓ Please attach the Regular Premium Application Form or Declaration of Insurability Form where applicable as further underwriting is required
  - ✓ Please attach Plan Right Discovery and Solution form
- Decrease Sum Insured of Basic Plan to \$ .....
  - ✓ Please note that for Traditional Policies, a decrease in Sum Insured is considered a partial surrender of the Policy

### B. Change Recurring Single Premium (RSP) Details - SRS policies only

- Commence RSP as at next Policy Anniversary  
Amount: \$ ..... End Date: Policy Anniversary after age .....
  - ✓ Please note that only Annual mode is available
  - ✓ Please complete Sections 3A to D if applicable
  - ✓ Please attach Plan Right Discovery and Solution form
- Increase RSP Amount to \$ .....
  - ✓ Please complete Sections 3A to D if applicable
  - ✓ 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\$50,000 and above
  - ✓ Please attach Plan Right Discovery and Solution form
- Decrease RSP Amount to \$ .....

### C. Change Payment Arrangement

- Change Payment Frequency to  Monthly(GIRO only)  Quarterly  Semi-Annually  Annually
- Change Payment Method to  GIRO

- For DBS/POSB account holder, you may setup GIRO arrangement via your internet banking account through your Digibank login.
- For non DBS/POSB account holder, please attach Application for Interbank GIRO form.

Please complete the following if 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	Source of Funds .....
✓ Please provide supporting documents such as evidence of title, copies of trust deeds, audited accounts, salary details, tax returns or bank statements if annualised regular premium is S\$50,000 and above	
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)	

- Terminate GIRO facility
- Commence Premium Holiday for ..... Years ..... Months  
If duration is not specified, premium holiday will continue to be in effect as long as the policy is in force.
- Commence Premium Freeze Option for 1 year Only applicable for ReadyBuilder and Ready LifeIncome.  
This option will take effect from next premium due date. Refer to contract for specific terms and conditions of this premium freeze.

### D. Change Rider/Supplementary Benefit Details

Increase Sum Insured of Rider/Supplementary Benefit to \$ .....

Name of Rider/Supplementary Benefit .....

✓ Please attach the Regular Premium Application Form or Declaration of Insurability Form where applicable as further underwriting is required

✓ Please attach Plan Right Discovery and Solution form

2.  Decrease Sum Insured of Rider/Supplementary Benefit to \$ .....

Name of Rider/Supplementary Benefit .....

3.  Add Rider(s)/Supplementary Benefit(s) .....

Sum Insured \$ .....

Sum Insured \$ .....

Sum Insured \$ .....

✓ Please attach the Regular Premium Application Form or Declaration of Insurability Form where applicable as further underwriting is required

✓ Please attach Plan Right Discovery and Solution form

4.  Delete Rider(s)/Supplementary Benefit(s) .....

Depending on the type of Rider/Supplementary Benefits, deletion will be effective at the next monthly anniversary or premium due date.

### E. Change Insured Person

1.  Life Replacement Option

2.  Keyman Replacement Option

### F. Change Occupation Details of Insured

1. New Occupation Title .....

2. Effective Date of New Occupation .....

3. Annual Earned Income .....

4. Description of Job Duties .....

Please note that we may request further information for underwriting purposes.

### G. Other Policy-Related Changes

1.  Freelook Cancellation of Policy

Reason:

- Freelook Cancellation can only be exercised within 14 days from date of receipt of the policy contract by the Owner.
- Contract is deemed received within 7 days after date of postage.
- For ManuRetire Secure, please refer to your Policy Contract for information on the applicable valuation on your transaction.

1. Bank Account Number ..... This account must belong to the Policy Owner

2. Name of Bank .....

■ Please note that one of these **MUST** be submitted for verification of account number. Else, payout will be via cheque.

📄 Copy of Bank Statement OR 📄 Copy of Bank Passbook

■ Bank account must be a Singapore Bank account and the amount payable via EFT must be denominated in Singapore dollars

■ EFT is **NOT** applicable to any Policy that is the subject of any trust created under Section 49L of the Insurance Act (Cap.142) or Section 73 of the Conveyancing and Law of Property Act (Cap.61)

2.  Convert to Reduced Paid-Up

■ Any reinvested coupon and interest will be fully withdrawn and paid out upon the conversion to reduced paid-up.

Upon conversion:

- No further premiums need to be paid on the policy.
- The policy will/may cease to participate in future profits of the Company.
- Any existing cash bonus/ survival benefit and/ or riders with cash value will be paid as at date of conversion. Future cash bonus / survival benefits, if any, will/may cease to be payable.
- The benefits under the Total and Permanent Disability, and all riders attached to your policy, if any, will be cancelled.
- We will not be able to reinstate policy to your original benefits.
- Please check your policy contract before you submit request.

3. Change Coupon/Dividend Payout Option

Coupon	Dividend	Fund Name(s)
<input type="checkbox"/> Accumulate	<input type="checkbox"/> Reinvest	
<input type="checkbox"/> Payout	<input type="checkbox"/> Payout	

■ You will receive your payout via Cheque if you do not have a PayNow or Electronic Fund Transfer (EFT) account.

4.  Other Changes .....

# 5 DECLARATION & AUTHORISATION

1. I/We understand the contents of this Application and confirm that I/We wish to perform the transaction selected above.
2. I/We/The beneficiaries are not undischarged bankrupt(s). There are currently no pending or threatened bankruptcy proceedings against me/us.
3. Save as provided in this form, information provided on the Life Insured's health, occupation and engagement of hazardous activities is complete and remains accurate.
4. I/We agree to provide the Company with information of any change to the Life Insured's health, occupation or engagement of hazardous activities.
5. I/We confirm that the above information is true and correct, and I/We authorise the Company to effect the change(s) requested on my policy(ies).
6. **Applicable for submission via Facsimile / Electronic mail ("Electronic Services") where permitted by the Company -**  
I/We hereby authorise the Company to carry out the above-mentioned policy transaction(s) on my 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).*
7. 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 willful default.
8. I/We are aware that this Application will not be effective until it is formally accepted by the Company.
9. 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.
10. 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](http://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*
- 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. ....

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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**.

### Completed?

Submit the completed form with the required documents to us through any these modes:

- Log in customer portal, MyManulife ([www.mymanulife.com.sg](http://www.mymanulife.com.sg)) to upload your completed form (signature not required)
- Email to [forms@manulife.com](mailto:forms@manulife.com) (with matching signature)
- Mail to 8 Cross Street #15-01, Manulife Tower, Singapore 048424 (with matching signature and subject to operational hours)