

# Top-up/Subsequent Premium

## (Variable Universal Life)

**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 on business day

**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

### Section 1 Policy Information

Full Name of Owner: \_\_\_\_\_

NRIC/Passport No.: \_\_\_\_\_ Policy Number: \_\_\_\_\_

### Section 2 Top-up/Subsequent Premium

Refer to the Additional Asset List Notification below.

- Option 1: **Self-Managed**
- Option 2: **Third Party Asset Manager**
- Option 3: **DBS Discretionary Portfolio Management (DPM)**
  - ✓ As per the policy currency (USD or SGD) as stated in your policy contract
  - ✓ Annex A is not required for DPM
  - \$ \_\_\_\_\_

### Section 3 Additional Asset List Notification

In accordance with clause 2.1 of Asset Transfer Agreement entered into by myself/ourselves and Manulife (Singapore) Pte. Ltd. (“Manulife”) for the purposes of the Variable Universal Life Policy as stated in Section 1 of this form (“the Policy”), I/we hereby notify Manulife of the Additional Asset intended to be transferred to Manulife as payment of Premium in accordance with the terms and conditions of the Asset Transfer Agreement.

No.	Currency	Asset Type	Quantity/Notional	Description	ISIN Code	Indicative Market Value*
1						
2						
3						
4						
5						

<p><b>Internal Use - for Representative</b></p> <p>Submitted by: <input type="checkbox"/> Servicing Rep <input type="checkbox"/> Others _____ (Code)</p>	<p><b>Internal Use - for Staff</b></p> <p>Doc ID: PA035</p>
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### Section 3 Additional Asset List Notification (continued)

No.	Currency	Asset Type	Quantity/ Notional	Description	ISIN Code	Indicative Market Value*
6						
7						
8						
9						
10						

\* The value specified is for indicative purpose only and subject to the valuation and revaluation to be carried out by Manulife or third party appointed by Manulife. If the valuation amount is higher than the intended Premium amount for the purpose of asset transfer to Manulife, the full excess amount will be treated as Subsequent Premium or Top Up (where applicable). Premium Charge will apply if the total Top Ups made within any Policy Year is in excess of 5% of the prevailing Face Amount. Capitalised terms used in this paragraph shall have the meaning assigned to them in the policy contract.

### Section 4 Declaration and Authorisation by Policy Owner

1. I/We understand the contents of this application and confirm that I/we wish to perform the transaction as stated in this form.
2. I/We declare 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.
3. I/We declare that no facts that are likely to influence the assessment of this application have been withheld and to the best of my/our knowledge and belief the information given herein is true and complete.
4. I/We have read the Section 25(5) of the Insurance Act (Cap 142) warning statement as stated on this form.
5. I/We am/are aware that this application will not be effective until it is formally accepted by Manulife.
6. To the best of my/our knowledge, all monies paid to Manulife or assets transferred to Manulife in connection with this form are sourced from legitimate sources and are not proceeds of tax crimes or any other criminal or illegal conducts.
7. I/We agree to provide copies of the relevant documents where necessary to Manulife upon request and Manulife may, where required, disclose any and all information to any statutory and revenue authorities, the police, any public officer conducting an investigation, any branch or head office of Manulife in or outside Singapore.
8. **Applicable for submission via facsimile / electronic mail (“Electronic Services”) where permitted by Manulife -**  
I/We hereby authorise Manulife to carry out the above-mentioned policy transaction(s) on the Policy received via “Electronic Services”. I/We agree that Manulife is not responsible to verify or authenticate the instruction(s) given by me/us or purported to be given by me/us. Manulife reserves the right to withhold or disallow the execution of instruction(s) for verification or other purposes and shall not be liable for any losses incurred in connection therewith. 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 instruction(s) 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).

## Section 4 Declaration and Authorisation by Policy Owner (continued)

9. I/We understand that Manulife is not responsible for providing me/us with any legal or tax advice and I/we declare that I/we have not relied on Manulife to provide me/us with such advice in relation to my/our decision to transfer in the monies / assets under this form.
10. I/We agree that I/we should take advice from a tax expert in the jurisdiction of my/our tax residence.
11. I/We have considered and understood the investment risks associated with the Policy. I/We understand that Manulife does not provide investment recommendation or advice. I/We shall make my/our own independent investigation and appraisal of the Policy, and where necessary, to consult my/our own investment adviser.

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date signed (DD/MM/YYYY)

Name: \_\_\_\_\_

Contact No.: \_\_\_\_\_

## Additional Authorisation for Policy under a Trust

### Section 49L Insurance Act (Chapter 142)

#### 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)

\_\_\_\_\_  
Signature of Trustee/Beneficiary

\_\_\_\_\_  
Signature of Trustee/Beneficiary

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_ NRIC No.: \_\_\_\_\_

Date: \_\_\_\_\_ NRIC No.: \_\_\_\_\_

Contact 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](http://www.manulife.com.sg))



#### Need help?

Please contact your **Financial Representative** for further assistance. Alternatively, you may email us at [service@manulife.com](mailto:service@manulife.com) or call us at **6833 8188** 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)