Manulife

APPLICATION FOR REINSTATEMENT

STATEMENT PURSUANT TO SECTION 23(5) OF THE INSURANCE ACT 1966 OF SINGAPORE: 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

And for Corporate Policies…

- ✓ Enclose photocopies of NRIC/Passport of authorised signatories
- ✓ Enclose copy of the latest ACRA business profile extracted not more than 3 months from submission date

1 POLICY INFORMATION

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

Policy Number .....

2 NAME(S) OF INSURED PERSON(S)

A Life Insured .....

B Payor/Owner .....

C Payor's Spouse .....

3 HEALTH DECLARATION OF INSURED PERSON(S)

Step 1: Depending on the policy you are requesting to be reinstated, please indicate the relevant section(s) by ticking the appropriate box(es) in the table below. If you are requesting to reinstate more than 1 policy that is insuring the same life insured, and the policies fall under different sections, do ensure that the policy owner is the same. Otherwise, a separate reinstatement form is required.

Step 2: Based on the relevant box(es) you have ticked, follow the instructions to complete the relevant sections.

Note:

i. *Statement of Insurability is declared by Life Insured and Owner. However, if the Life Insured is under 16 years old, the Owner will be making the declaration.*

ii. *If a material fact is not disclosed in this form, any policy issued may not be valid. If you are in doubt as to whether a fact is material, you are advised to disclose it. This includes any information that you may have provided to the Representative but was not included in the form. Please check to ensure you are fully satisfied with the information declared in this form.*

Section	Plan(s) the section applies to	Instructions
☐ 3A. ReadyProtect (SIO)	• ReadyProtect (SIO)	Complete Section 3A & 4
☐ 3B. Critical Select Care (SIO)	• Critical Select Care (SIO)	Complete Section 3B & 4
☐ 3C. CancerCare or/and Manulife EarlyCancer Protect (SIO)	• CancerCare • Manulife EarlyCancer Protect (SIO)	Complete Section 3C & 4

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Section	Plan(s) the section applies to	Instructions
3D. Simplified Issuance Offer (SIO) Plans / Riders - **Group 1**	• eCriticalCare • eDecreasingTerm • TermProtect • MortgageTerm Protect • ProtectFirst • ManuProtect Decreasing Lite • ManuProtect Term Lite • ManuProtectMoneyBack • CancerCare Premium Waiver • Payor Premium Waiver	Complete Section 3D & 4
3E. Simplified Issuance Offer (SIO) Plans / Riders - **Group 2**	• Loss of Independence Income Benefit rider (optional rider that is attached to ManuProtect MoneyBack, Manulife SmartRetire, RetireReady)	Complete Section 3E & 4
3F. Full Medical Underwriting Plan	• All Plans/Riders other than the above	Complete Section 3F & 4

3A. ReadyProtect (SIO)

The policy may be reinstated within 3 months with back-payment of premium & interest from the date of policy lapse up to the date of reinstatement, subject to underwriting.

	Life Insured	Payor/Owner	Payor's Spouse
1. Since the inception of the Policy, has there been any change in your occupation, or country of residence? *If Yes, please provide the following details.*	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

Insured Person	Change	Details
Life Insured	☐ Occupation ☐ Country of Residence	

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3A. ReadyProtect (SIO)

The policy may be reinstated within 3 months with back-payment of premium & interest from the date of policy lapse up to the date of reinstatement, subject to underwriting.

	Life Insured	Payor/Owner	Payor's Spouse

Insured Person	Change	Details
Payor/Owner	☐ Occupation ☐ Country of Residence	
Payor's Spouse	☐ Occupation ☐ Country of Residence	

2. Have you ever had, or been told to have or been treated for Alzheimer's Disease / Severe Dementia, Parkinson's Disease, Depression, Stroke, Epilepsy, Alcoholism, Drug addiction, HIV or AIDS?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
3. Do you have any total or partial loss of sight, hearing or speech; or total or partial loss of use of limb(s); or require any physical device or mobility aids such as walker, cane, wheel chair, crutches to carry out your daily activities (bathing, dressing, feeding, toileting and moving from one place to another)?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

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3B. Critical Select Care (SIO)

The policy may be reinstated within 3 years with back-payment of premiums & interest from the date of policy lapse up to the date of reinstatement, subject to underwriting.

	Life Insured / Owner
1. Since the inception of the Policy, has there been any change in your country of residence? *If Yes, please provide the following details.*	☐ Yes ☐ No

Changes	**Details**
☐ Country of Residence	

2. Do you have any investigation, test (such as x-rays, scans, ultrasound, mammograms, electrocardiogram (ECG)/Stress ECG, blood or urine tests, biopsy), consultation, follow-up, surgery or procedure recommended by a doctor which is still pending? We consider all these as "pending". • Awaiting to undergo an investigation, test, surgery, or procedure • Awaiting results of an investigation or test • Awaiting to attend a consultation • Not completely discharged from all follow-ups, check-ups, or investigations You DO NOT need to disclose to us any of these: • Pre-employment medical check-up • Undergoing routine check-up for raised blood pressure, raised cholesterol, raised triglyceride, diabetes mellitus, asthma, epilepsy, gastritis and Crohn's disease • Common cold, flu, influenza, dengue fever, malaria • Food poisoning • Dental treatment • Pregnancy and child-birth • General body ache	☐ Yes ☐ No
3. In the last 5 years, have you ever been hospitalised or undertaken surgery based on doctor's advice or investigation? You DO NOT need to disclose to us about your hospitalisation or surgery due to any of these: • Common cold, flu, influenza, dengue fever, malaria • Cataract, refractive eye surgeries such as Lasik • Appendicitis, tonsillitis • Food poisoning • Dental treatment • Child-birth	☐ Yes ☐ No
4. Have you ever been diagnosed with cancer (including carcinoma-in-situ), angina (chest pain), heart attack, stroke, kidney failure, dementia or mild cognitive impairment, chronic lung disease, Alzheimer's, parkinsonism, diabetic retinopathy, rheumatoid arthritis or osteoporosis?	☐ Yes ☐ No

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3C. CancerCare or/and Manulife EarlyCancer Protect (SIO)

The policy may be reinstated within 3 months with back-payment of premium & interest from the date of policy lapse up to the date of reinstatement, subject to underwriting.

	Life Insured / Owner
1. Since the inception of the Policy, has there been any change in your country of residence? *If Yes, please provide the following details.*	☐ Yes ☐ No

Changes	**Details**
☐ Country of Residence	

2. Do you have, or ever had a benign or malignant tumour, lump, polyp, cyst, nodule, growth, cancer, early-stage cancer, or carcinoma-in-situ?	☐ Yes ☐ No
3. Have you ever had abnormal results in any cancer tests^ or currently under investigation or waiting for results of cancer tests^? ^Cancer tests are any physical examinations, imaging investigations, biopsies or other procedures, or blood/body fluid tests done to investigate signs and symptoms of cancer, detect abnormal growth, or to confirm the diagnosis of cancer. Some examples include pap smear, mammogram, ultrasound, MRI, CT scan, medical scope, prostate examination, tumour marker blood tests.	☐ Yes ☐ No
4. Did you have any of these symptoms in the past 6 months: a) weight loss of 5 kgs or more without diet or lifestyle modification; or b) coughing with blood; or c) unusual bleeding or discharge from any body part for more than one week continuously; or d) persistent change in bowel or bladder habits for 2 weeks or more; or e) noticeable change in size, shape or colour in mole(s) or skin blemish(es) or f) persistent and un-investigated pain or fatigue?	☐ Yes ☐ No

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3D. Simplified Issuance Offer (SIO) Plans / Riders - Group 1

- eCriticalCare
- eDecreasingTerm
- TermProtect
- MortgageTerm Protect
- ProtectFirst
- ManuProtect Decreasing Lite
- ManuProtect Term Lite
- ManuProtectMoneyBack
- CancerCare Premium Waiver
- Payor Premium Waiver

The policy may be reinstated within 3 years with back-payment of premiums & interest from the date of policy lapse up to the date of reinstatement, subject to underwriting.

	Life Insured	**Payor/Owner**
1. Since the inception of the Policy, has there been any change in your occupation, or country of residence? *If Yes, please provide the following details.*	☐ Yes ☐ No	☐ Yes ☐ No

Insured Person	**Change**	**Details**
Life Insured	☐ Occupation ☐ Country of Residence	
Payor/Owner	☐ Occupation ☐ Country of Residence	

2. Have you ever: a. Been diagnosed with heart disease, stroke, cancer, diabetes, liver disease including Hepatitis, AIDS or been infected with HIV; b. Received medical advice or treatment for chest pain, hypertension or any abnormal growth; or c. Been declined, deferred or offered with restricted benefits or additional premiums in any of your previous or existing life, critical illness, accident or health insurance applications?	☐ Yes ☐ No	☐ Yes ☐ No

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	Life Insured	**Payor's Spouse**
3. In the past 5 years, have you: a. Undergone any investigation which required follow-up, or are you awaiting results of any investigation other than routine health check-up without any abnormality detected; or b. Been hospitalised for 5 or more consecutive days which are not due to: i) Trauma and injuries, for which you have fully recovered and discharged from follow-up for at least 6 months with no complication, disability nor deformity; or ii) Pregnancy, flu, food poisoning or dengue fever?	☐ Yes ☐ No	☐ Yes ☐ No
4. Are you currently or recently experiencing any medical issue or unexplained/persistent/prolonged symptoms, including but not limited to: a. Bleeding or blood in cough, vomiting, urine or stool; diarrhoea or constipation; coughing or difficulty breathing; fatigue; muscle, joint or bone pains; or b. Weight loss/gain of 5kg or more?	☐ Yes ☐ No	☐ Yes ☐ No
5. Is your Body Mass Index (BMI) more than 32? BMI = weight/ height2 (For example, your weight is 60kg and height is 1.6m, your BMI is 23.44)	☐ Yes ☐ No	☐ Yes ☐ No
6. Have any two or more of your immediate family members (refers to parents or siblings) whether living or passed on suffered from cancer, heart condition, stroke, renal failure or any other hereditary disease at or before age of 60? (if Critical Illness is applied)	☐ Yes ☐ No	☐ Yes ☐ No

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3E. Simplified Issuance Offer (SIO) Plans / Riders - Group 2

- Loss of Independence Income Benefit rider *(optional attached to ManuProtect MoneyBack, Manulife SmartRetire, RetireReady)*

The policy may be reinstated within 3 years with back-payment of premiums & interest from the date of policy lapse up to the date of reinstatement, subject to underwriting.

	Life Insured
1. Since the inception of the Policy, has there been any change in your country of residence? *If Yes, please provide the following details.*	☐ Yes ☐ No

Change	**Details**
☐ Country of Residence	

2. Have you ever been diagnosed, treated for, or currently undergoing tests for cancer, stroke, paralysis, heart attack or other heart disease, kidney failure, liver cirrhosis, diabetes mellitus, chronic obstructive pulmonary disease (COPD), interstitial lung disease, Alzheimer's disease, Parkinson's disease, dementia, cognitive impairment, multiple sclerosis, motor neuron disease, arthritis, HIV or AIDS.	☐ Yes ☐ No
3. Do you need any help or have needed any help in the past 365 days from another person or any special equipment such as walker or wheelchair to carry out my daily activities (bathing, dressing, feeding, toileting and moving from one place to another, transferring from bed to chair and vice versa).	☐ Yes ☐ No
4. Have you stopped doing any of your normal day-to-day activities such as housework, preparing meals, shopping, using public transport in the last 365 days due to a disability.	☐ Yes ☐ No

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3F. Full Medical Underwriting Plan (Plans/Riders other than the above)

The policy may be reinstated within 3 years with back-payment of premiums & interest from the date of policy lapse up to the date of reinstatement, subject to underwriting.

	Life Insured	Payor/Owner	Payor's Spouse
1. Please provide current Height.	☐ metres	☐ metres	☐ metres
2. Please provide your current Weight.	☐ kg	☐ kg	☐ kg
3. Has your weight changed in the last 12 months? *If Yes, please provide the following details.*	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

Life Insured	Payor/Owner	Payor's Spouse
Gain: _____kg OR Loss: _____kg Reason: _____	Gain: _____kg OR Loss: _____kg Reason: _____	Gain: _____kg OR Loss: _____kg Reason: _____

	Life Insured	Payor/Owner	Payor's Spouse
4. Since the inception of the Policy, has there been any change in your occupation, or country of residence? *If Yes, please provide the following details.*	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

Insured Person	Change	Details
Life Insured	☐ Occupation ☐ Country of Residence	
Payor/Owner	☐ Occupation ☐ Country of Residence	
Payor's Spouse	☐ Occupation ☐ Country of Residence	

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	Life Insured	Payor/Owner	Payor's Spouse
5. Have you ever been deferred or declined for Life, Critical illness, Accident, Health insurance, offered insurance with restricted benefits or other than at standard rates? *If Yes, please provide the following details.*	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

Insured Person	Insurance Company & Type of Policy (eg. Life, TPD, CI & etc)	Reason	Year
Life Insured			
Payor/Owner			
Payor's Spouse			

6. Since the inception of the Policy, have you engaged in or do you intend to engage in any hazardous pastimes or activity e.g. parachuting, hang gliding, motor sport of any kind (car, boat, motor cycle, go kart), underwater diving, rock climbing, mountaineering and/or flying other than as a fare paying passenger on a licensed commercial airline? *If Yes, please provide the following details and complete relevant questionnaire.*	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

Insured Person	Activity / Avocation
Life Insured	
Payor/Owner	
Payor's Spouse	

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	Life Insured	Payor/Owner	Payor's Spouse
7. Since the inception of the Policy, have you travelled outside of Singapore other than for holidays? *If Yes, please provide the following details.*	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

Insured Person	Reason	City	Country	Duration
Life Insured	☐ Business ☐ Personal ☐ Residing			
Payor/Owner	☐ Business ☐ Personal ☐ Residing			
Payor's Spouse	☐ Business ☐ Personal ☐ Residing			

8. Are you in the process of filing a claim or have you ever made a claim against any insurance company in respect of any Disability, Critical Illness, Medical, Hospitalization, Accident or Life insurance? *If Yes, please provide the following details.*	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	

Insured Person	Insurance Company & Type of Policy (eg. Life, TPD, CI & etc)	Claim Description	Date of Claim	Claim amount
Life Insured				
Payor/Owner				
Payor's Spouse				

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Genetic Questions

Important Note:
1. You are not required to disclose the results of any genetic tests for familial hypercholesterolemia (FH) done as part of the National FH Genetic Testing Programme, or predictive genetic tests conducted in the context of biomedical research.
2. In the event of disclosure of these tests, we will not use the results for underwriting your application.

Predictive genetic test: Predicts a future risk of disease in individuals without symptoms or signs of a genetic disorder (i.e. testing in asymptomatic individual).

Biomedical research: Refers to any systematic investigations with the intention of developing or contributing to generalisable knowledge, regardless of where or when the research was conducted or the nature of the research.

	Life Insured	**Payor/Owner**	**Payor's Spouse**
1. Do you have total existing, concurrent or pending Life cover amounting to more than S$2,000,000? *If Yes, please answer question 4 only. If No, please skip question 4, 5 and 6.*	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
2. Do you have total existing, concurrent or pending Total and Permanent Disability cover amounting to more than S$2,000,000? *If Yes, please answer question 4 only. If No, please skip question 4, 5 and 6.*	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
3. Do you have total existing, concurrent or pending Critical Illness cover amounting to more than S$500,000? *If Yes, please answer question 4 only. If No, please skip question 4, 5 and 6.*	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
4. Have you ever had a predictive genetic test done for Huntington's disease? *If Yes, please state result of genetic test. (eg. negative or positive)*	☐ Yes ☐ No Result: _____	☐ Yes ☐ No Result: _____	☐ Yes ☐ No Result: _____
Note: The BRCA (BRCA1 & BRCA2) gene test is a blood test that uses DNA analysis to identify any changes / mutations in either one of the two breast cancer susceptibility genes. ***(Refer to question 5 and 6.)***			
5. Have you ever had a predictive genetic test done for breast cancer - BRCA1? *If Yes, please state result of genetic test. (eg. negative or positive)*	☐ Yes ☐ No Result: _____	☐ Yes ☐ No Result: _____	☐ Yes ☐ No Result: _____
6. Have you ever had a predictive genetic test done for breast cancer – BRCA2? *If Yes, please state result of genetic test. (eg. negative or positive)*	☐ Yes ☐ No Result: _____	☐ Yes ☐ No Result: _____	☐ Yes ☐ No Result: _____

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Genetic Questions

For Proposed Life Insured / Joint Owner / Owner who are residing outside of Singapore:

	Life Insured	Payor/Owner	Payor's Spouse
7. **Have you ever had a genetic test (excluding genetic test done in a biomedical research and Direct-to-Consumer context)?** *If Yes, please provide the following details.* **Note: Direct-to-Consumer Genetic Test means a genetic test that is provided directly to consumers by the manufacturer or supplier of the test**	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

Insured Person	Type of test done	Result of Test Done *(Please state Negative or Positive)*
Life Insured		
Payor/Owner		
Payor's Spouse		

Health Questions

1. Have either of your parents or sibling(s) ever been diagnosed with: Amyotrophic lateral sclerosis (also called ALS or Lou Gehrig's disease) or other motor neurone disease, Alzheimer's disease, Cancer, Cystic Fibrosis, Diabetes, Familial cardiomyopathy, Haemochromatosis, Heart disease or any other heart condition, Hepatitis, High blood pressure, Huntington's chorea, Kidney disorders (including polycystic kidney disease), Multiple sclerosis, Parkinson's disease, Stroke or Any other hereditary disease?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

Insured Person	Relationship	Medical condition	Present state of health	Age onset / diagnosed	Age at death (if applicable)
Life Insured					

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Payor/Owner					
Payor's Spouse					

2. Have you ever consulted a doctor for any sign and symptom or medical concern/health problem for which you have not consulted a doctor or had any pending/completed testing or investigation recommended by doctor?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
3. Have you ever taken or been prescribed to take any medication for more than 10 consecutive days?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
4. Have you ever had, intended to, or been advised to be hospitalised or undergone any surgery procedure or admitted to an emergency room?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
5. In the last 5 years, have you undergone or intended to or been advised to undergo any investigation or medical test or health check-up which showed abnormal or inconclusive results?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
6. Have you ever suffered from diabetes, kidney disease, renal failure, hepatitis or liver inflammation, heart disease, stroke, multiple sclerosis, lung disease or breathing restriction, paralysis, any cancer, or tumour, physical or intellectual disability or handicap and/or any congenital disorder (physical or mental defects or conditions present since birth)?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

If you have answered yes to any of the questions from Question 2 to 6. Please confirm if you are consulting a regular doctor, specialist doctor or attending physician for the conditions declared above? If yes, please indicate the Question number(s) and provide details below.

Life Insured					
Question	**Condition / Diagnosis**	**Year Diagnosis**	**Test performed, dates and results**	**Treatment & Medication**	**Name and Address of Doctor**

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If you have answered yes to any of the questions from Question 2 to 6. Please confirm if you are consulting a regular doctor, specialist doctor or attending physician for the conditions declared above? If yes, please indicate the Question number(s) and provide details below.

Payor/Owner					
Question	**Condition / Diagnosis**	**Year Diagnosis**	**Test performed, dates and results**	**Treatment & Medication**	**Name and Address of Doctor**

Payor's Spouse					
Question	**Condition / Diagnosis**	**Year Diagnosis**	**Test performed, dates and results**	**Treatment & Medication**	**Name and Address of Doctor**

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7. Do you have a regular doctor, specialist doctor or attending physician for any other conditions other than those mentioned above? If yes, please indicate the Question number(s) and provide details below.

Life Insured					
Question	**Condition / Diagnosis**	**Year Diagnosis**	**Test performed, dates and results**	**Treatment & Medication**	**Name and Address of Doctor**
Payor/Owner					
Question	**Condition / Diagnosis**	**Year Diagnosis**	**Test performed, dates and results**	**Treatment & Medication**	**Name and Address of Doctor**
Payor's Spouse					
Question	**Condition / Diagnosis**	**Year Diagnosis**	**Test performed, dates and results**	**Treatment & Medication**	**Name and Address of Doctor**

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4 DECLARATION & AUTHORISATION

I/We understand and agree to the following:

1. I/We confirm that the information provided on the Life Insured's health, occupation and engagement of hazardous activities is complete and remains accurate. I/We agree to provide Manulife with information of any change to the Life Insured's health, occupation or engagement of hazardous activities.
2. I/We understand that Manulife reserves the right to call for any medical or financial evidence to assess the suitability of the proposed new Life Insured.
3. I/We declare that no material fact that is likely to influence the assessment and acceptance of the information herein has been withheld and the information supplied in this Application for Reinstatement Questionnaire is true, complete and accurate to the best of my/our knowledge. I/We will promptly update Manulife if any information supplied to Manulife is incomplete, changed or has become inaccurate or misleading on the understanding that Manulife has the right to review the application, validity and continuation of the Policy after receipt of the updated information.
4. I/We have read the Section 23(5) of the Insurance Act 1966 of Singapore warning stated on this Form.
5. I/We understand, confirm and authorised on my/our behalf and on behalf of every insured person under the Policy, that in addition to the release of information to any medical source, or other entity mentioned in this reinstatement form, Manulife is authorised to collect retain, use and/or disclose as it reasonably deems fit, any information in respect of me/us/any insured person, that is received by Manulife through its representatives and relevant third parties, companies within the Manulife Financial Group, reinsurers, medical organisations, my/our financial advisers, financial institutions, CPF agent banks, credit agencies, investigators, service providers (who may have to disclose my/our data to their service providers such as medical providers, reinsurers, medical evacuation agencies), judicial, regulatory, government, statutory authorities, dispute resolution parties and industry entities whether within or outside Singapore. As far as reasonably possible, Manulife will release such information to such parties on the understanding that the information
6. I/We agree that the statements and answers in this questionnaire, which include any supplementary form relating to my/our health, aviation, travel, residency, or lifestyle will form the basis for and become part of any life insurance issued as a result thereof.
7. I/We agree that no representative, broker, agent or medical examiner has the authority to make or modify any life insurance Policy that may be issued on the Life Insured, to decide whether I/We am/are an acceptable risk or waive any rights of requirements of any insurance company.
8. Applicable to submission via facsimile /electronic mail ("**Electronic Services**") :

   a. I/We hereby authorised Manulife to carry out the above-mentioned transaction instructed via Electronic Services.

   b. 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 purposed and shall not be liable for any losses incurred in consequence.

   c. 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.

   d. 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.

   e. Please note that 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).
9. I/We understand that only an original, duly completed and signed reinstatement form (whether in physical or electronic form as acceptable to Manulife) is considered a valid request for the above selected transaction(s). This application will not be effective until it is formally accepted by Manulife. Once accepted by Manulife, it will be irrevocable.
10. I/We confirm that the above information is true and correct, and I/We authorise Manulife to effect the requested on my/our Policy(ies).
11. I/We agree that the personal data collected in this application will be used by Manulife for the purpose of complying with my/ our request and other related purposes only.

STATEMENT PURSUANT TO SECTION 23(5) OF THE INSURANCE ACT 1966 OF SINGAPORE: 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.

4 DECLARATION & AUTHORISATION (continued)

12. 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 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

I/We agree that Manulife or its representative(s) may verify through independent means, any information, including financial information, provided by me/us in this questionnaire.

If a fact with respect to the questionnaire is not disclosed, any requested transaction may be invalid. If you are in doubt as to whether a fact should be disclosed, you are advised to disclose it. This includes any information that you may have provided to the representative but was not included in the questionnaire. Please check to ensure that you are fully satisfied with the information declared in this questionnaire.

Signature & Date of Owner/Assignee Name: Contact No:	Signature & Date of Life Assured (16years and above) Name: Contact No:
Signature & Date of Payor's Spouse Name: Contact No:	

If you wish to understand the list of purpose for which your personal date 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 future assistance.

Alternatively, you may call our Client Services Officers at **6833 8188**

Completed?

You may submit the completed and signed form with all relevant documents to us through any of the following modes:

Email – forms@manulife.com

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