Manulife

NEW BUSINESS AMENDMENT

NOTICE: PURSUANT TO SECTION 25(5) OF THE INSURANCE ACT (CHAPTER 142), YOU ARE TO DISCLOSE IN THE APPLICATION, FULLY AND FAITHFULLY, ALL FACTS WHICH YOU KNOW OR OUGHT TO KNOW, OTHERWISE THE POLICY MAY BE VOID.

1 POLICY INFORMATION

Policy Number .....

Full Name of Proposed Life Insured ..... **NRIC/Passport No.** .....

✓ *To be completed by parent/guardian if the Life Insured is below 18 years old*

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

2 AMENDMENT DETAILS

I/We hereby request my/our Application to be amended as follows:

A. Change Payment Frequency

☐ **Monthly** ☐ **Quarterly** ☐ **Half-Yearly** ☐ **Yearly**

B. Change Initial Payment Method

☐ **Electronic Transfer** ☐ **Credit Card** ☐ **PayNow** ☐ **Others:** _____

C. Change Subsequent Payment Method

☐ **Electronic Transfer** ☐ **Interbank GIRO** ✓*Please attach duly signed Interbank GIRO form*

D. Decrease Policy Benefits

1. ☐ **Decrease Basic Sum Assured to** .....
2. ☐ **Decrease Sum Assured of the following Rider(s)/Supplementary Benefit(s)**

Name of Rider		Sum Assured	
Name of Rider		Sum Assured	
Name of Rider		Sum Assured	

3. ☐ **Delete the following Rider(s)/Supplementary Benefit(s)**

Name of Rider		Sum Assured	
Name of Rider		Sum Assured	
Name of Rider		Sum Assured	

E. Increase Policy Benefits

✓ *Please note that any increase in Policy benefits must be validated by the Representative's Manager/Director.*
✓ *Please attach an updated Benefit Illustration.*
✓ *Please note that signatures of the Representative and the Representative's Manager/Director is required in Section 3.*

1. ☐ **Increase Basic Sum Assured to** .....
2. ☐ **Increase Sum Assured of the following Rider(s)/Supplementary Benefit(s)**

Name of Rider		Sum Assured	
Name of Rider		Sum Assured	
Name of Rider		Sum Assured	

3. ☐ **Add the following Rider(s)/Supplementary Benefit(s)**

Name of Rider		Sum Assured	
Name of Rider		Sum Assured	
Name of Rider		Sum Assured	

F. Change of address for current application

New Address:

☐ **Applicable to Residential Address only**

☐ **Applicable to Mailing Address only**

☐ **Applicable to both Residential and Mailing Addresses**

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.*

1. Bank Account Number ..... *This account must belong to the Policy Owner*
2. Name of Bank .....

✓ *Please note that a copy of the bank statement MUST be submitted for verification of account number. We accept bank statement with the bank balance and transactions being blanked out or masked. We also accept truncated e-statement downloaded from bank's mobile application, as long as the document shows the bank account holder's name and account number on the same page. Please note that if the bank account details and bank statement are not submitted, payment and payout under the policy will be made via PayNow registered with Singapore NRIC/FIN.*

2. ☐ **Other Changes**

Please specify below:

NBA-0525-1

3 DECLARATION AND AUTHORISATION

1. I/We have read the above statements and answers and they are complete and true to the best of my/our knowledge and belief. I/We understand they will form part of the Application to Manulife (Singapore) Pte. Ltd. for insurance on the above named Life Insured/Joint Life Insured/Owner.
2. I/We declare that there has been no change in the Proposed Life Insured/Joint Life Insured/Owner's health conditions, occupation and activity and I/We have received no medical consultation or examination whatsoever, since the date of completion of the Application for the inception for this Policy.
3. I/We declare that any statements provided to Manulife (Singapore) Pte. Ltd. prior to this Amendment Form for change (including all current applications and existing policies with Manulife (Singapore) Pte. Ltd.) in connection with the Life Insured's health, occupation or activity are still valid and true.
4. I/We acknowledge the increase in policy benefits (if any).

Signature of Proposed Life Insured
(For age last birthday 16 and above)

Date .....

Signature of Joint Life Insured/Owner
(If different from Life Insured)

Date .....

✓For increase in Policy benefits, signatures of the Representative and Representative's Manager/Director is required below.

Signature of Representative

Date .....

Signature of Representative's Manager/Director

Date .....

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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)

Completed? You may submit the completed and signed form with all relevant documents to us through:

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