


Remember to

- ✓ Countersign any amendments
- ✓ Ensure appropriate boxes are checked
- ✓ Note that submission cut-off time is 3pm

For Corporate Policies

- ✓ Enclose photocopies of NRIC/Passport of authorised signatories
- ✓ Enclose copy of the latest ACRA business profile extracted or relevant record from the Registry of Societies that is not more than 6 months from submission date

1 Policy Information

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

Your Change Requests

Please indicate your change request by ticking the appropriate box(es). Change requests that are marked with an asterisk (*) require consultation with a Representative. Refer to the documents required stated in the relevant section.

Change Plan Details (Basic Plan/Rider) – Complete Section 5A	
☐ Increase Premium* – Investment-Linked Policies only	☐ Decrease Premium – Investment-Linked Policies only
☐ Increase Sum Insured*	☐ Decrease Sum Insured
☐ Add Rider / Supplementary Benefit*	☐ Remove Rider / Supplementary Benefit
Change Recurring Single Premium (RSP) Details [SRS policies only] – Complete Section 5B	
☐ Commence Recurring Single Premium (RSP)*	☐ Increase Recurring Single Premium (RSP) Amount*
☐ Decrease Recurring Single Premium (RSP) Amount	
Change Payment Arrangement – Complete Section 5C	
☐ Change Payment Frequency (for individual Policy Owners)	☐ Commence Premium Holiday
☐ Change Payment Frequency (for corporate Policy Owners)	☐ Commence Premium Freeze Option for 1 year
Change Coupon/Dividend/Retirement Income Benefit Option/Income Payout Period – Complete Section 5D	
☐ Change Coupon Payout Option	☐ Change Retirement Income Benefit Option
☐ Change Dividend Option – Investment-Linked Policies only	☐ Change Income Payout Period
Change Insured Person – Complete 5E	
☐ Replace Life Insured	☐ Replace Keyman
Change Occupation – Complete Section 5F	
☐ Change Life Insured's Occupation	
Others – Complete Section 5G	
☐ Convert to Reduced Paid -Up	☐ Review Medical Loading/Exclusions*
☐ Other Changes	

INTERNAL USE - FOR REPRESENTATIVE

Update is for ☐ New Business ☐ Client Services ☐ PS
 Submitted by ☐ Servicing Rep ☐ Others _____ (Code)

INTERNAL USE - FOR STAFF

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

2 Advice

It is important that you have the knowledge or experience to transact in an unlisted Specified Investment Product before doing so. As such, we recommend that you consult with your Representative before completing this Application.

Choose only one option from the below.

☐ A	I/We did not meet with a Representative and do not wish to be referred to a Representative for advice before submitting this Application	Complete Section 5 & 6 This option is not permitted for the following change requests: - Increase Premium - Increase Sum Insured - Add Rider / Supplementary Benefit - Commence Recurring Single Premium (RSP) - Increase Recurring Single Premium (RSP) Amount For these change requests, please consult your Representative before completing the application.
☐ B	I/We did not meet with a Representative but wish to be referred to a Representative for advice before submitting this Application	Your application will not be processed. Please consult your Representative for advice.
☐ C	My policy is serviced by a Manulife Representative and I/we met him/her for advice	Complete Sections 3, 5 & 6 If you are a Selected Client according to the Vulnerability Assessment in Section 3, or your Manulife Representative is a Selected Representative, your Manulife Representative should also submit the Enhanced Sales Validation Checklist (for Policy Servicing & Fund Switch Transactions).
☐ D	My policy is serviced by a non-Manulife Representative and I/we met him/her for advice	Complete Sections 4, 5 & 6

3 Vulnerability Assessment

PDC-2025-12

Vulnerability Assessment	
Client is 62 years old and above	☐ Yes ☐ No
Client is not proficient in spoken or written English	☐ Yes ☐ No
Client does not have at least GCE 'N' or 'O' Level Certificate, or equivalent Academic Qualification	☐ Yes ☐ No
Is client a Selected Client? (Client is a Selected Client if any two of the above criteria are met)	☐ Yes ☐ No

For clients deemed to be a Selected Client, the Trusted Individual section must be completed.

Trusted Individual

Would you like to be accompanied by a Trusted Individual?

- ☐ Yes. (Please complete the Trusted Individual's Details table below.)
- ☐ No, I do not need to have a Trusted Individual to be present and I'm fully able to make decisions on my own without a Trusted Individual.

If you have answered "Yes" for the above question, please complete the following declaration:

- ☐ I consent to permit the Trusted Individual to be privy to my personal information.

Trusted Individual's Details

Title: ☐ Dr ☐ Mdm ☐ Mr ☐ Ms ☐ Mrs	Full name:
ID type: ☐ Singapore IC ☐ Singapore PR ☐ FIN ☐ Passport ☐ Malaysian IC ☐ Others: _____	ID number:
Contact number:	Relationship to client:
☐ I acknowledge that I have fulfilled the following criteria of a Trusted Individual: • At least age 21; • Obtained at least GCE 'N' or 'O' level Certificate, or Equivalent Academic Qualification; • Proficient in spoken and written English; • A person who has the trust of the Client; and • Someone who does not present potential conflicts of interests (e.g.a Manulife Representative) ☐ I declare that I will re-explain or translate the contents of the Plan Right™ report to the applicant based on the representative's explanation. I authorise and consent to have Manulife collect, use, disclose and process my information and personal data for matters and purposes relating to such re-explanation or translation. I have read, understood and agreed to the Manulife Statement of Personal Data Protection, which is made available on www.manulife.com.sg, as may be amended from time to time.	
Trusted Individual's Signature: _____ Date: _____	

4 Acknowledgement by Non-Manulife Representative

This client has obtained advice from the Non-Manulife Representative and confirm to proceed with the requested transaction(s).

Client's Signature _____

Manulife Representative's Signature _____

Client's Name _____

Manulife Representative's Name _____

Date _____ / _____ / _____

Manulife Representative's Code _____

Date _____ / _____ / _____

5 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. If your HPS exemption is voided, you would be required to re-apply 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 taken effect, we will not be able to reinstate the policy to its original benefits. Please check your policy contract before performing any selected changes.

Section 5A

A. Change Plan Details

	Basic Plan	Rider / Supplementary Benefit	
☐ Increase Premium (only for investment -linked policies)	New Premium Amount \$ _____		
☐ Increase Sum Insured	New Sum Insured \$ _____	Rider / Supplementary Benefit Name _____	New Sum Insured \$ _____
☐ Add Rider/ Supplementary Benefit		Rider / Supplementary Benefit Name _____	Sum Insured \$ _____
		Rider / Supplementary Benefit Name _____	Sum Insured \$ _____
		Rider / Supplementary Benefit Name _____	Sum Insured \$ _____
		Rider / Supplementary Benefit Name _____	Sum Insured \$ _____

Change request	Documents required
Increase Premium – Investment-Linked Policies only	• Plan Right Report (including the completion of CKA for Investment-Linked Policies) [Applicable to Manulife Representatives] • If the amount is S\$50,000 and above: Evidence of title, copies of trust deeds, audited accounts, salary details, tax returns, or bank statements
Increase Sum Insured	• Plan Right Report (including the completion of CKA for Investment-Linked Policies) [Applicable to Manulife Representatives] • Regular Premium Application Form or Declaration of Insurability Form
Add Rider / Supplementary Benefits	• Plan Right Report (including the completion of CKA for Investment-Linked Policies) [Applicable to Manulife Representatives] • Regular Premium Application Form or Declaration of Insurability Form

Applicable to Manulife Representatives: To submit Plan Right Report and Leader’s Validation Checklist together

☐ **Decrease Premium (only for investment-linked policies)**

Basic Plan

New Premium Amount

\$ _____

Decrease of premium can only be applicable after end of Minimum Investment Period (where applicable).

*Minimum premium amount may differ among policies. Please check your policy documents for the minimum premium amount required.

Rider / Supplementary Benefit

☐ **Decrease Sum Insured**

New Sum Insured

\$ _____

Rider / Supplementary Benefit Name

New Sum Insured \$ _____

In the event that you did not specify to decrease the Sum Insured of your rider(s), but a reduction is necessary to decrease the overall Sum Insured for your Basic Plan, do you still wish to proceed?

☐ Yes
☐ No
(Please tick your preferred option)

Important Notes

- For investment-linked policies, Increase in Premium is subject to minimum Sum Insured.
- For traditional policies, a Decrease in Sum Insured is considered a partial surrender.

☐ **Remove Rider / Supplementary Benefit**

Rider / Supplementary Benefit Name

Rider / Supplementary Benefit Name

Rider / Supplementary Benefit Name

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

1.
☐ **Commence RSP as at next Policy Anniversary**
- Amount: \$ _____
End Date: Policy Anniversary after age _____
- Please note that only Annual mode is available
2.
☐ **Increase RSP Amount to** \$ _____
3.
☐ **Decrease RSP Amount to** \$ _____

Change request	Documents required
Commence Recurring Single Premium (RSP)	- Plan Right Report (including the completion of CKA for Investment-Linked Policies) [Applicable to Manulife Representatives] - If the amount is S\$50,000 and above: Evidence of title, copies of trust deeds, audited accounts, salary details, tax returns, or bank statements
Increase Recurring Single Premium (RSP)	- Plan Right Report (including the completion of CKA for Investment-Linked Policies) [Applicable to Manulife Representatives] - If the amount is S\$50,000 and above: Evidence of title, copies of trust deeds, audited accounts, salary details, tax returns, or bank statements

Applicable to Manulife Representatives: To submit Plan Right Report and Leader’s Validation Checklist together

C. Change Payment Arrangement

1. Change Payment frequency (for individual Policy Owners)

- ☐ Annually ☐ Semi-annually ☐ Quarterly
- ☐ Monthly (you must have an existing GIRO arrangement successfully set up before applying to change your payment frequency to monthly. Otherwise, we will not process this payment frequency change. You can set up GIRO in just a few minutes by logging in to our customer portal, MyManulife, at www.mymanulife.com.sg and navigate to the Payment section to follow the instructions for e-GIRO.)

2. Change Payment frequency (for Corporate Policy Owners)

- ☐ Annually ☐ Semi-annually ☐ Quarterly
- ☐ Monthly (a GIRO arrangement is mandatory for monthly payment frequency. If you do not already have an existing GIRO arrangement, please complete and attach the **Interbank GIRO Application Form** (available on our Manulife website at www.manulife.com.sg) together with this form submission.

3. ☐ Commence Premium Holiday for ____ Years ____ Months (only applicable for investment-linked policy sub-funds)

If duration is not specified, premium holiday will continue to effect as long as the policy is inforce.

4. ☐ Commence Premium Freeze option for 1 year (only applicable for policies with Premium Freeze feature)

Please submit your request 2 weeks before your next premium due date. Refer to your policy contract for specific terms and conditions of the Premium Freeze feature.

D. Change Coupon/Dividend/Retirement Income Benefit Option/Income Payout Period

1. Change Coupon Payout Option

- ☐ Accumulate ☐ Payout* ☐ Offset Basic Premium (Only applicable for policies with Offset premium feature)
- For Offset Base Plan Premium option, please note that supplementary rider is not inclusive and would require additional payment.

2. Change Dividend Payout Method (only for dividend paying funds)

Fund Name	Paid out directly*	Reinvest to purchase units
1.	☐	☐
2.	☐	☐
3.	☐	☐
4.	☐	☐
5.	☐	☐

*If you choose to receive as payouts, we will default your policy payout method to PayNow by NRIC/FIN, provided your policy is of SGD currency and your ID type with us is NRIC/FIN.

Alternatively, if you prefer to set up Electronic Fund Transfer (EFT) under your policy, please complete the PayNow/Electronic Fund Transfer (EFT) Instruction Form and upload the form with a copy of bank statement via our customer portal.

Any dividend payout below \$40 will be re-invested regardless of payout method.

3. Change Retirement Income Benefit Option

- ☐ 100% Payout
- The retirement income will be paid out according to your preferred payout method (less any outstanding policy debt).
- ☐ 100% Accumulate
- ☐ Accumulate _____ (please indicate the percentage between the range of 10-100%; in multiples of 10)
- Only applicable for Manulife FlexiRetire plan.
 - If the amount chosen for accumulation is less than 100%, the remaining percentage will be paid out.
 - You will receive your payout via cheque if you do not have a PayNow or Electronic Fund Transfer (EFT) account registered with us.

4. Change Income Payout Period (only for RetireReady Plus plans)

- ☐ 5 years* ☐ 10 years ☐ 15 years ☐ 20 years ☐ Lifetime

- The request must be submitted to us at least 2 years before the selected retirement age.
- Guaranteed Monthly Income (GMI) will be revised according to the new income payout period.

*Income payout period of 5 years is not applicable for policy with premium payment term of 5 years or Single Premium.

E. Change Insured Person

1. ☐ **Replace Life Insured** Name of New Life Insured:
2. ☐ **Replace Keyman** Name of New Keyman:

F. Change Occupation – Details of Life Insured

- A. **New Occupation Title:**
- B. **Effective Date of New Occupation:**
- C. **Annual Earned Income:**
- D. **Description of Job Duties:**

G. Other Policy-Related Changes

1. ☐ **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 rider with cash value will be paid as 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.

2. ☐ **Review Medical Loading/Exclusion(s)**

Please contact your Representative to complete the Declaration of Insurability Form and submit any relevant medical reports related to the condition (at your own expense) for our review.

3. ☐ **Other Changes**

6 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; or (b) obtaining a hard copy from Manulife.

Signature of Owner/Assignee

Name _____

Contact No. _____ Date ____/____/____

Additional Authorisation for Policy under a Trust

Pursuant to Section 132 (formerly S49L) of Insurance Act 1966

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:
Any one Trustee(s) who is not the policyowner **OR** All Beneficiary(ies)

Section 73 (Conveyancing & Law of Property Act 1886)

Who to sign:

All Trustee(s) of the Policy; **OR**

All Beneficiary(ies) who are at least 21 years old

- Proceeds payable to:
Trustee(s) **OR** All 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. _____

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 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

Completed?

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

- a. Log in customer portal, MyManulife (www.mymanulife.com.sg) to upload your completed form (signature not required)
- b. Email to forms@manulife.com (with matching signature)
- c. Mail to 8 Cross Street #15.01, Manulife Tower, Singapore 048424 (with matching signature and subject to operational hours)