Manulife

SINGLE PREMIUM TOP-UP

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.

Remember to

- Countersign any amendments
- ☑ Ensure appropriate boxes are checked
- Note that submission cut-off time is 3pm
- Use only 1 form per policy

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 OR
- ✓ Enclose copy of Registry for Society

1 POLICY INFORMATION

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

Policy Number .....

2 ADVICE

IMPORTANT NOTE 1: 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. For updated information of the fund(s) before your transaction(s), please refer to our website www.manulife.com.sg on Fund Summary(ies)/Prospectus(es), Product Highlight Sheet(s) and Fund Fact Sheet(s).

IMPORTANT NOTE 2: You may incur fees and charges as a result of (i) the disposal of, or reduction in interest in, an existing investment product/fund, and (ii) the acquisition of, or increase in interest in, a new investment product/fund. Before switching from one investment product/fund to another, you should find out whether you are entitled to free switching and consider carefully whether any fees, charges or disadvantages that may arise from a switch would outweigh any potential benefits. Some of the disadvantages associated with switching include the following:

(i) You may incur transaction costs without gaining any real benefit from the switch;
(ii) The new investment product/fund may offer a lower level of benefit at a higher cost or same costs, or offer the same level of benefit at a higher cost;
(iii) You may incur penalties for terminating the existing investment product/fund; and
(iv) The new investment product/fund may be less suitable for you.

IMPORTANT NOTE 3: Any inaccurate or incomplete information provided can affect the outcome of the assessment and may affect the suitability of the recommendation.

You should seek the advice of your financial adviser/Representative when in doubt or if you require further clarification.

Choose only one option from below.

Option		Acknowledgement
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	This option is **not permitted** if you did not pass CKA in Section 3. Complete Sections 3, 4, 6, 8 & 9 only.
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 5, 6, 8 & 9 only and submit the following documents with completion of Customer Knowledge Assessment (CKA) & Investment Risk Profile Questionnaire (IRPQ): **1. Plan Right Report** **2. Leader's Validation Checklist** If you are a **Selected Client** according to the **Vulnerability Assessment** in Section 5, 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 6, 7, 8 and 9 only.

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

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.

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.**

- Accountancy
- Actuarial Science
- Business/Business Administration/ Business Management/Business Studies
- Associate Financial Planner (AFP)
- Associate Financial Consultant (AFC)
- Chartered Financial Analyst (CFA)
- Capital Markets
- Commerce
- Economics
- Finance
- Diploma in Life Insurance
- Diploma in Financial Planning
- Association of Chartered Certified Accountants (ACCA)
- Financial Engineering
- Financial Planning
- Computational Finance
- Insurance

Type of Qualification: .....

Institution: ..... **Year of Attainment:** .....

Investment Experience

☐ 2. **In the past 3 years, I have performed at least 6 transactions^ 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

^Examples of transactions are:

- *New ILP purchase or unit subscription*
- *Premium re-direction into a new ILP sub-fund*
- *Full surrender of ILP/Full redemption of unit trust*
- *Single premium top up*
- *Partial withdrawal*
- *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 complete Section 4, 5 and 6.***

☐ 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 complete 4 and 6.***

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 complete 4, 5 and 6.***

☐ 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 complete 4 and 6.***

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 .....

.....
Signature of Trustee/Beneficiary

Date of Assessment .....(DD/MM/YYYY)

4 INVESTMENT RISK PROFILE

A. Investment Risk Profile Questionnaire (IRPQ)

		Selection (Tick)	Score	Maximum Risk Profile
Q1	**In general, what is the time period intended for your financial investment?**			
	(a) Less than 1 year	☐	1	
	(b) 1 year to less than 3 years	☐	2	
	(c) 3 years to less than 5 years	☐	3	
	(d) 5 years to less than 8 years	☐	4	
	(e) 8 years or above	☐	6	
Q2	**How many years of investment experience in financial markets (excluding mandatory pension scheme if any) do you have?**			
	(a) No experience [Note: Your answer to question 3 will deem to be (f) even if you did not make any selection or have selected other options]	☐	0	
	(b) Less than 1 year	☐	1	
	(c) 1 year to less than 3 years	☐	2	
	(d) 3 years to less than 5 years	☐	3	
	(e) 5 years or above	☐	4	
Q3	**Which of the following investment products have you invested in during the past 3 years? (Tick one or more, if applicable. Your answer with the highest score is final)**			
	(a) Principal-protected products / Investment-grade bonds	☐	1	
	(b) Foreign currencies / Gold	☐	2	
	(c) Balanced funds / Mixed allocation funds	☐	3	
	(d) Stocks / ETFs / Equity funds	☐	5	
	(e) High yield bond funds / Hedge funds / Derivatives / Leveraged products.	☐	7	
	(f) None of above	☐	0	
Q4	**Which of the following best describes your current stage of life?**			
	(a) Actively working with little financial burden and not above 45 years old	☐	5	
	(b) Actively working with some financial burden and not above 45 years old	☐	3	
	(c) Actively working with little financial burden and above 45 years old	☐	6	
	(d) Actively working with some financial burden and above 45 years old	☐	4	
	(e) Retired or nearing retirement with little financial burden	☐	2	
	(f) Retired or nearing retirement with some financial burden	☐	1	Balanced
Q5	**What is the price fluctuation on financial investment you can tolerate within one year?**			
	(a) Around 5%	☐	1	Moderately Conservative
	(b) Around 10%	☐	2	Balanced
	(c) Around 15%	☐	3	
	(d) Around 25%	☐	5	
	(e) More than 25%	☐	7	
Q6	**Which of the following best describes your overall investment objective?**			
	(a) Capital preservation - keep investment loss at a minimum with little concern on returns	☐	1	Moderately Conservative
	(b) Income orientation - earn stable income or beat inflation	☐	2	Balanced
	(c) Income-and-growth - achieve returns on the balance of modest income and capital appreciation	☐	3	
	(d) Growth orientation - aim at returns with focus on capital appreciation.	☐	4	
	(e) Aggressive growth - look for maximum returns possibly from high-risk financial investments.	☐	5	
			Total Score	Maximum Risk Profile (Lowest from Q4 to 6)
			Total Score Risk Profile	

Risk Profile	Score Range
Conservative	4-9
Moderately Conservative	10-15
Balanced	16-22
Growth	23-29
Aggressive	30-35

Final Risk Profile (Lower of **Total Score Risk Profile & Maximum Risk Profile**)

5 VULNERABILITY ASSESSMENT

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 TM 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:

6 TOP-UP

	All Unit-linked Plans*	Signature Series & Fusion Plans	ManuRetire Secure	InvestReady & Manulife SmartWealth
Maximum no. of funds per policy	Fortune Accumulator: 3 All Others: 10	4	1	10
Minimum Top-Up amount per policy	$500	1000	$5,000	$2,500
Minimum Top-Up amount per fund	$500	NA	$5,000	$500

** Does not include Variable Annuity, Signature Series and Fusion Plans*

A. Top-Up Payment Details

1. Payment Method

☐ Cash/Cheque ☐ SRS ☐ CPFIS OA/SA

2. Single Premium Top-up $ .....

✓ *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$200,000 and above*

3. Payor Details

For Cash/Cheque mode, please complete the following:

☐ **The Payor is the Owner/Assignee/Life Insured.** ☐ **The Payor is NOT the Owner/Assignee/Life Insured.**

Payor's Name ..... **NRIC/Passport/FIN no.** .....

Relationship to Owner ..... **Annual Earned Incom $** .....

Source of Wealth ☐Employment ☐Inheritance ☐Investment ☐Savings ☐Others

✓ *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$200,000 and above*

Source of Funds .....

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)*

B. Top-Up Fund

■ ***Please note that any existing automatic fund rebalancing arrangement will cease upon this top up application. To continue this feature, you will need to submit a new automatic fund rebalancing request.***

Target Funds			**Distribution Payout Method** (only for dividend paying funds)	
Fund Name	**Fund Code**	**Percentage of Target Funds** (whole number)	**Paid out directly**	**Reinvest to purchase units**
		%	☐	☐
		%	☐	☐
		%	☐	☐

Target Funds			Distribution Payout Method (only for dividend paying funds)	
Fund Name	**Fund Code**	**Percentage of Target Funds** (whole number)	**Paid out directly**	**Reinvest to purchase units**
		%	☐	☐
		%	☐	☐
		%	☐	☐
		%	☐	☐
		%	☐	☐
		%	☐	☐
		%	☐	☐
Total:		**100%**		

For ManuRetire Secure, please refer to your Policy Contract for information on the applicable valuation on your transaction.

Important note for CPFIS Policy

The Cash Fund is recommended to be used as a short term holding fund and not as a form of long term investment as the Cash Fund may not yield returns that are higher than the prevailing CPF interest rates. If you need further clarification, you should consult your Representative.

C. Distribution Payout Method (Manulife Income Series Funds only)

Name of Fund	Paid out directly	Reinvest to purchase additional units
.....	☐	☐
.....	☐	☐
.....	☐	☐

- ***Applicable for Cash policies only***
- ***Available for 1st time Switch in/Redirection to Manulife Income Series Fund(s) only***
- ***Payout is subject to our prevailing terms and conditions. Payouts which are below the minimum amount of $40 will be reinvested into the fund***
- ***Dividends will be reinvested into the fund by default if no selection is made***

**** No Payout for SRS Plans***

D. Health Declaration by Life Insured

This section is to be completed by the Owner if the Life Insured is below 16 years of age. Since the commencement of this policy.

1. Has there been any change in the Life Insured's health, occupation or country of residence? ☐ Yes ☐ No

2. Does the Life Insured has any symptom or medical concern for which he/she has not consulted a doctor or had any consultation, testing or investigation recommended by a doctor which has not yet been completed? ☐ Yes ☐ No

3. Has the Life Insured been recommended for any operation, treatment, hospital care, medical investigations not of a routine nature or is the Life Insured currently under any medication? ☐ Yes ☐ No

4. Has the Life Insured ever been deferred or declined for Life, Critical Illness, Accident, Health insurance, or offered insurance with restricted benefits or other than at standard rates? ☐ Yes ☐ No

   If yes, please provide the following details.

Insurance Company	Details

5. Is the Life Insured engaged in or 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? ☐ Yes ☐ No

   If Yes, please complete the relevant questionnaire.

6. Has the Life Insured travelled, worked or resided abroad more than 60 days/yr in the past 2 years? ☐ Yes ☐ No

   If Yes, please provide the following details.

Travelling Date	Destination	Duration	Frequency

7. Please provide the Life Insured's current height and weight.

   Height: ..... m Weight: ..... kg

8. Is the Life Insured 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? ☐ Yes ☐ No

   If Yes, please provide the following details.

Insurance Company	Type of Plan	Description of claim	Date of Claim	Claim Amount

If any of the answers to Question 2 and 3 is "Yes", please indicate the Question number(s) and provide details below.

Question	Condition/Diagnosis	Year at onset	Test performed, dates and results	Treatment and Medication	Doctor/Hospital/ Clinic consulted

7 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

Client's Name .....

Date ..... / ..... / .....
Day Month Year

Non-Manulife Representative's Signature

Non-Manulife Representative's Name .....

Non-Manulife Representative's Code .....

Date ..... / ..... / .....
Day Month Year

8 ACKNOWLEDGEMENT – DISCLOSURES & DOCUMENTATION

☐ I have received a copy of the following documents and have understood the information disclosed within:

- **Fund Summary(ies) / Prospectus(es), if applicable**
- **Product Highlight Sheet(s)**

The documents mentioned above can be obtained from our Client Service Centre or your financial adviser or from our website at www.manulife.com.sg

9 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. I/We declare that no material facts, that is, facts likely to influence the assessment of this Application for Single Premium Top-Up have been withheld and to the best of my/our knowledge and belief the information given herein is true and complete.
4. I/We agree to inform the Company if there is any change in the state of health, occupation or activity of the Life Insured between the date of this Application or medical examination and the issue of the above benefit. On receiving the information of any change, the Company is entitled to accept or reject my Application.
5. I/We have read the Section 25(5) of the Insurance Act (Cap 142) warning stated on this Form.
6. I/We are aware that this Application will not be effective until it is formally accepted by Manulife.
7. 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.
8. I/We further confirm that I/we have read and understood and hereby consent to the collection, use, disclosure and processing of 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:

Any 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. .....

SPTU-2025-12

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 of 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 further assistance.
Alternatively, you may email us at service@manulife.com or call our **Client Services Officers** at **6833 8188**.

If you need the list of funds, please refer to our **website at www.manulife.com.sg**

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)