



**WARNING: 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.**

- Any amendments would require the signature of the Proposed Life Insured / Owner

For Official Use Only

Policy No.: 2492846542

Campaign Code 1: FDGIRP2022E

Campaign Code 2: RL13DISC

Representative's Name : Wei Jie NG

Representative's Code: 471754

Name of Firm : DBS

Branch:

Contact : (Mobile No.): +6581388971

(Office No.): 18001111111

(Email): weijien@dbs.com

PERSONAL DATA PROTECTION NOTICE

YOUR PERSONAL DATA IS IMPORTANT TO US

This is an application for an insurance product provided by Manulife (Singapore) Pte. Ltd. We will use all information provided in this form to evaluate your application for our insurance product and services.

Before you provide any information in this form, please read our Statement of Personal Data Protection which is made available on our website at

SECTION A - PERSONAL DETAILS

A. Proposed Life Insured / Owner

☒ Adult ☐ Juvenile (age last birthday 17 and below)

1. Full Name Please indicate Name as in NRIC / Passport / Birth Certificate & underline Surname / Last name

CHEN SHAOQING

2. Nationality, Citizenship, Identification (ID) & Country of Birth Please attach a copy of the ID

NRIC/Passport/FIN No S8117821F

Country of Birth SINGAPORE

Age Last Birthday 41

DOB 10/06/1981

6. Residential Address *Please provide documentary proof of residential address like recent utility bill or correspondence from a government agency etc if there is no residential address in the identification document.*

700B ANG MO KIO AVENUE 6, #13-316, SINGAPORE

Country SINGAPORE

Postal Code 562700

Is residential address same as identification document / proof of residential address document?

☐

Yes

☐

No

7. Mailing Address *If different from above Residential Address*

.....

Country

Postal Code

8. Contact Details

Mobile No. +6598758156

Home/Office No. +6564599798

For overseas line, please indicate country name, country code and area code.

Email Address cshaoqing@yahoo.com.sg

Important Note: *If your email address as provided in this form ("Email Address") is different from our records, Manulife will automatically update all of your existing policies with this Email Address. Only policy owner will receive electronic policy contract(s), statements, letters and communications from Manulife. (Policy documents sent via email is not applicable for corporate policies).*

9. Occupational Details

Are you a business owner? ☐ No ☐ Yes

Occupation Clerk/ Executives - admin duties only

Specific Job Duties Executive

Employer Sembcorp Marine

No. of Years More than 5 years

Industry Shipping Business

10. Annual Earned Income *Total remuneration includes bonuses, regular allowances etc.*

Current Year S\$ 72,828.00

11. Net Worth *Your total assets (property, shares, investments, cash) less your liabilities (loans, mortgages etc).*

S\$ 165,051.93

12. Bankruptcy

Are you an undischarged bankrupt?

☐

No

☐

Yes

SECTION B - PLAN DETAILS

Basic Plan	Sum Insured / Monthly Benefit	Policy Term / Expiry Age	Premium Term	Premium
Ready LifeIncome (III)	150,000.00	79	10	S\$ 15,000.00
Total Premium Payable				S\$ 15,000.00

I confirm and agree that should my application for the Basic Plan and Supplementary Rider(s) / Benefit(s) exceed the benefit limits set out in the Product Summaries, this application shall be treated as an application for the Basic Plan only.

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SECTION C - PAYMENT DETAILS

1. Policy Currency

☒ SGD

2. Regular Premium Only

Payment Mode ☐ Monthly ☐ Quarterly ☐ Half-Yearly ☒ Annually

Initial Payment Method

☒ Direct Debit (Please submit credit advice slip) ☐ Credit Card (VISA or MasterCard) / PayNow

Subsequent Payment Method

☒ Interbank GIRO (Please note that if Monthly mode is chosen, premiums must be paid via GIRO)

☐ Cheque / Draft

☐ Electronic Transfer

SECTION D - PAYOR DETAILS

1. Initial Premium

☒ The Payor is the Owner / Proposed Life Insured.

☐ The Payor is NOT the Owner / Proposed Life Insured.

2. Subsequent Premium

☒ The Payor is the Owner / Proposed Life Insured. ☐ Payor's details are as per Initial Premium Payor

☐ Other Payor (Please complete other Payor's details)

SECTION E - PAYOUT OPTIONS

** Applicable for Distribution / Dividends Payout and Policy Benefits Payout excluding maturity / claims proceeds.*

** Please choose only 1 option.*

** If payment method is using SRS, the payout will be credited into the SRS account.*

☒ Option 1 To receive payout via direct credit into bank account.

Name of Account Holder CHEN SHAOQING

Account No. 131248245

Name of Bank DBS BANK LTD

Please ensure that the bank account belongs to the Policy Owner and submit a copy of the bank statement. The account should belong to the trustee(s) or assignee for trust and assigned policy. Do note that if the bank account details and bank statement are not furnished at the point of application, the payment will be made via cheque.

☐ Option 2 PayNow registered with Singapore NRIC / FIN.

i) PayNow account registered with mobile number will not be eligible.

(note: You may register or add your Singapore NRIC / FIN to the PayNow account via the "Manage PayNow" in your internet banking account or mobile banking application.)

ii) PayNow is only applicable for payout up to S\$200,000 to the policy owner's Singapore bank account.

iii) If PayNow transaction is unsuccessful, we will send a cheque to your mailing address as per our record.

☐ Option 3 To receive payout via cheque.

☐ Option 4 To reinvest payout with Manulife (Singapore) Pte. Ltd. at the prevailing non-guaranteed interest rate. (Not applicable for ILP)

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SECTION F - CUSTOMER DUE DILIGENCE

1. A beneficial owner is defined as the natural person who ultimately owns or controls the customer or the natural person on whose behalf business relations are established. It includes any person who exercises ultimate effective control over a legal person. (E.g. any person owning more than 25% of the legal person or legal arrangement, taking into account any aggregated ownership for companies with cross-shareholdings).

Is there a beneficial owner(s) in this application? If Yes, please list all beneficial owners.

Note: This is not a nomination of beneficiaries

☒ No ☐ Yes

✓ List all individuals - Please indicate his / her name, NRIC / Passport No., United States TIN (if applicable), occupation, address, relationship to Owner and enclose a copy of his / her NRIC / Passport.

✓ List all entities - Please indicate full legal name, place of incorporation, contact number, principal place of business (if different from Business Profile), relationship to Policy Owner & enclose a copy of Business Profile (within 3 months).

2. Prominent public functions includes the roles held by a head of state, a head of government, government ministers, senior civil or public servants, senior judicial or military officials, senior executives of state owned corporations, senior political party officials, members of the legislature and senior management of international organizations.

Have you or any immediate family members, beneficiary, natural person appointed to act on behalf of you, beneficial owner or beneficial owner of a beneficiary or close associate ever been entrusted with prominent public functions, whether in Singapore or a foreign country?

Have any connected party* of the corporation ever been entrusted with prominent public functions, whether in Singapore or a foreign country?

*Connected party of the Corporation;

(a) in relation to a legal person (other than a partnership), means any director or any natural person having executive authority in the legal person; OR

(b) in relation to a legal person that is a partnership, means any partner or manager

☒ No ☐ Yes

✓ List all individuals - Please indicate his / her name, occupation and relationship to Owner.

3. Have you appointed a person to act on behalf of you in this Application, or are you acting on behalf of another person?

☒ No ☐ Yes

✓ Please provide his / her name, NRIC / Passport No., residential address, enclose a copy of his / her NRIC / Passport and complete the Corporate Policy Owner Authorised Signatory form (if applicable).

SECTION G - FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA)

Self-Certification (Individual Policy Owner)

Owner

1. a. Are you a United States Citizen? ☐ Yes ☒ No
- b. Are you a United States Resident? ☐ Yes ☒ No
- c. Are you a United States Resident Alien (i.e. a so-called U.S. green card holder)? ☐ Yes ☒ No

If any of the replies is Yes, please provide W-9 Form and skip question 2. If No, please proceed to question 2.

2. a. Do you have United States taxpayer identification number (SSN / ITIN)? ☐ Yes ☒ No

If Yes, please indicate the number

- b. Do you have United States address (residential / mailing / permanent), United States telephone number or were you born in United States? ☐ Yes ☒ No

If you are born in the USA but not a US Tax Payor, please provide W8-BEN form and a copy of Loss of US Nationality / I-407.

If any of the replies is Yes, please provide W8-Ben Form.

SECTION H - TAX RESIDENCY SELF-CERTIFICATION *To be completed by Owner*

Warning: Please note that the Singapore Income Tax Act (Chapter 134) imposes a penalty of a fine not exceeding \$10,000 and / or imprisonment of up to 2 years, on individual that is known to provide false or misleading information. For more information, please refer to Section 105M of the Singapore Income Tax Act (Chapter 134).

A. Details of Tax Residency

Please provide information on your Tax Residency. (This will usually be where you are liable to pay income taxes.)

If you have any questions on how to define your Tax Residency status, please visit <http://www.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance> or speak to a professional tax adviser as we are not allowed to give tax advice.

CRS Declaration of Tax Residency		Tick where applicable (You may tick more than 1)
1.	I am a tax resident of Singapore	<input checked="" type="checkbox"/> Please complete Section C (if required) and D
2.	I am a tax resident of other country(ies) / jurisdiction(s)	<input type="checkbox"/> Please complete Section B, C (if required) and D

B. Details of Foreign Tax Residency(ies)

Please provide **ALL the Country(ies) (excluding Singapore)** in which you are a tax resident and the associated Taxpayer Identification Number.

Country / Jurisdiction of Tax Residency	Taxpayer Identification Number (TIN)	Please tick one of the reasons* if you are unable to provide the TIN	If Reason B has been selected, please indicate why TIN is not available
1. SINGAPORE	S8117821F	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	

*Reason

A. The country where the Account Holder (Policyowner) is liable to pay tax does not issue TINs to its residents.

B. The Account Holder (Policyowner) is otherwise unable to obtain a TIN or equivalent number.

C. No TIN is required. (Note: Only select this reason if the authorities of the country of tax residency entered above do not require the TIN to be disclosed.)

C. Clarification of Tax Residency Information

If the country of your residential / mailing address, contact number, country of birth, nationality or citizenship differs from your declared country(ies) / jurisdiction(s) of tax residency, please provide the reason below.

D. Acknowledgement of Tax Residency

- ☒ I confirm that I am not a tax resident of any country(ies) other than the one(s) that I have declared above.
I also agree to provide assistance to Manulife for it to comply with relevant tax regulations.

SECTION I - RESIDENCY DECLARATION

1. Please select and complete the category below that reflects your residency status.

Proposed Life Insured

Singaporean

- a. Are you currently residing in Singapore? ☒ Yes ☐ No
- b. Have you resided outside of Singapore continuously for 5 or more years preceding the date of this application? (Even if you had returned to Singapore for one or more short visits during the period, you are still considered to have resided outside Singapore.) ☐ Yes ☐ No

Singapore PR / Work Pass

- a. Have you been residing in Singapore for 183 days or more in the last 12 months preceding the date of this application? ☐ Yes ☐ No

Dependent / Visit / Student Pass

- a. Have you been residing in Singapore for 90 days or more in the last 12 months preceding the date of this application? ☐ Yes ☐ No

SECTION J - REPLACEMENT DETAILS

1. Important Notes

It is usually disadvantageous to replace an existing life insurance policy(ies) with a new one. Some of the disadvantages are:

- insurance may not be granted on the same terms;
- a higher premium may have to be paid in view of changes in age or health;
- the financial benefits accumulated over the years may be lost.

In your own interest, we would advise that you consult your Representative before making a final decision.

2. Owner's Completion

1. Have you in the last 12 months disposed of / reduced your interest (fully or partially), OR in the next 12 months intend to dispose of / reduce your interest (fully or partially), in any designated investment product (e.g. Life Insurance or Unit Trust) from Manulife or other financial institutions?

☐ Yes ☒ No

If Yes, please provide the following.

Were you advised by your Representative to replace the designated investment product(s) above?

☐ Yes ☐ No

SECTION K - DECLARATION & AUTHORISATION

I/We understand and/or agree:

- that this Guaranteed Issuance Product that I /we am/are applying for is subject to the benefit limits as set out in the Product Summary and Manulife reserves the rights to decline my/our application should the coverage under this product exceed the limits set out therein.
- that the Policy applied for shall not take effect unless and until the Application is approved, and the premium is received in full.
- to inform Manulife (Singapore) Pte. Ltd. ("**Manulife**") if there is any change on the health, occupation, residency, lifestyle, aviation, travel or activity of the Proposed Life Insured at any time before the Policy is issued by Manulife.
- any such change may cause Manulife to accept this application on different terms, reject this application or void the Policy.
- Manulife may require the Proposed Life Insured(s) to be examined in Singapore by a physician appointed by Manulife, in the event of a claim made under this Policy.
- Manulife to obtain an investigation consumer report on me/us.

Declaration and confirmation

- I am/We are responsible for my/our own tax affairs and ensuring that my/our Application for this Policy is in compliance with the tax laws of the relevant jurisdiction within which I/we reside, am/are domiciled or am/are tax citizen(s) of;
- I am/ We are aware of Singapore's commitment of safeguarding its financial system from being used to harbour or launder tax evasion monies or proceeds from serious tax offences;
- I/We understand serious tax crimes include omissions, falsifications or fraudulent conduct perpetrated with wilful intent to evade tax or to assist others in evading tax;
- I/We have not wilfully committed nor have been convicted of any serious tax crimes;
- To the best of my/our knowledge, all monies paid to Manulife in connection with the purchase of this Policy are sourced from legitimate sources and are not proceeds of serious tax crimes;
- 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;
- To the best of my/our knowledge, this Application will not be used in connection with any serious tax crimes;
- I/We understand that Manulife will rely on the information I/we have provided above when considering whether to accept this Application;
- I/We understand that Manulife is not responsible for providing me/us with any legal or tax advice and I/we confirm that I/we have not relied on Manulife to provide me/us with such advice;
- I/We agree that I/we should take advice from a tax expert in the jurisdiction of my/our tax residence; and
- I/We will notify Manulife immediately if there is any change to the circumstances declared above.
- I/We declare that no material fact that is likely to influence the assessment and acceptance of this Application has been withheld and the information supplied in this Application 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.
- I/We declare that the email address given in this Application or previously provided to/registered with Manulife is a valid and working email address which I am/we are able to access at all times.
- (Only applicable if any of the answers under Section: Details of Replacement is "Yes".) I/We declare that I am/we are aware that should I/we wish to buy a similar policy in future, I/we may incur additional charges and be possibly disadvantaged by doing so. I/we may also not be subjected to similar terms and conditions as before.

Consent to Use, Withdrawal, Termination and Provision of Information and Data

- I/We 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 which is made available on our website at www.manulife.com.sg, as may be amended from time to time.
- I/We agree on my/our behalf and on behalf of every insured person that in addition to the release of information to any medical source, or other entity mentioned in this Application 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 to 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 will be kept strictly confidential and be used, disclosed and retained in accordance with relevant law.
- I/We understand that Manulife is a member of the Manulife Financial Group and it has obligations to meet the requirements of both local and foreign regulatory authorities (including local and foreign tax authorities) as well as other legal obligations from time to time relating to, but not limited to, information sharing and tax reporting and withholding of any payments due to me/us from Manulife from time to time ("**regulatory and legal requirements**").
- I/We consent to the use of information provided to Manulife and I/we will provide Manulife with information that Manulife request from time to time, and allow Manulife to share such information with the local and foreign authorities (including local and foreign tax authorities) to meet the relevant regulatory and legal requirements.
- I/We will notify Manulife as soon as possible of any change in the information that I/we have provided to Manulife, including any circumstances that would result in a change in my/our taxpayer status, such as a change in my/our residence, mailing address, telephone number and citizenship.
- I/We hereby waive any rights I/we may have that would prevent Manulife from meeting any regulatory and legal requirements.
- I/We understand and agree that Manulife can: withhold on payments to me/us (or any successor owner or payee); or Manulife can suspend or terminate the Policy if I/we (or any successor owner or payee under the terms and conditions of the Policy) fail to provide the information which Manulife requests from time to time to comply with any legal and regulatory requirements (within and outside Singapore) or if at any time I/we (or any successor owner or payee under the Policy) withdraw the consent or contest the waiver provided above.

Consent to communication from Manulife

- I/We consent that any communication and other documents (including but not limited to the sending of notices, confirmations, annual and semi-annual fund reports, and transaction and performance statements or reports and policy documents and contracts) from Manulife may be sent to me/us via any form of electronic dissemination (including via email), or any other means of dissemination as Manulife may determine in its sole discretion.
- Manulife (Singapore) Pte. Ltd. (including Manulife group of companies and their service providers) may, from time to time, contact you to provide information on exclusive offers such as vouchers or discount, or inform of new products and/or services. We will do so via email, SMS, call, or other forms of communications. Please let us know if you would like to receive such communications.

SMS – No

Voice Call – No

Email/Mail/Other forms of communication – No

Please note that this consent is in addition to and does not supersede any consent provided to Manulife (Singapore) Pte. Ltd. (including Manulife group of companies and their service providers) previously.

Statement on Solicitation by Owner:

I / We confirm and declare that:

1. The Representative, Wei Jie NG (Name) of DBS (Name of Agency / Bank / Financial Adviser) has solicited the insurance business from me in Singapore;
2. Manulife marketing materials, Manulife Cover Page (if applicable), Manulife Policy Illustration, Product Summary, Bundled Product Disclosure Document (if applicable) and Manulife brochures were presented to and discussed with me in Singapore, (whether by personal meeting, facsimile, electronic means or other form of communication); and
3. This Application was signed or confirmed (in the event of a statement by the Settlor) in Singapore.

I / We have read and understood the following documents and the contents had been explained to my / our satisfaction:

- Your Financial Profile Form
- Cover Page (if applicable)
- Policy Illustration
- Product Summary
- Bundled Product Disclosure Document (if applicable)
- Fund Summary(ies) and Product Highlights Sheet(s) (applicable to Investment-Linked Policies only)

I / we have received a copy of the Your Financial Profile Form, Cover Page (if applicable), Policy Illustration, Product Summary and Bundled Product Disclosure Document (if applicable). I / We have also received or have viewed or downloaded a copy of the Fund Summary(ies) and Product Highlights Sheet(s) from www.manulife.com.sg (applicable to Investment-Linked Policies only).

I / We confirm that I / We have been informed and directed to view or download a copy of Your Guide to Life Insurance as well as Your Guide to Health Insurance / Your Guide to Participating Policies / Your Guide to Investment-Linked Insurance Plans (where applicable) from www.manulife.com.sg or www.lia.org.sg

If a material fact is not disclosed in this Application, 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 or the customer service staff in the case of an Application for a Basic Insurance Product but was not included in the Application. Please check to ensure you are fully satisfied with the information declared in this Application.

Representative Declaration

1. I confirm that the residential address stated in the application form is the same as the residential address stated in the Identity card / ID document. ☒ Yes ☐ No
2. I confirm that I have seen the Policy Owner / Proposed Life Insured / Payor's identity card / Passport / ID document of which the document bears the same resemblance to the person whom I have contacted for this application. I have uploaded a copy of the same document via the system. ☒ Yes ☐ No
3. Is this sales process conducted through teleconference? ☐ Yes ☒ No






Signature of Proposed Life Insured / Owner
Date 11 Jun 2022



Signature of Representative (Witness)
Date 11 Jun 2022

For Manager or Representative who is witnessing a Representative's Application, please write your name and NRIC number below your signature under this Section.

Completed? Please submit this form together with all relevant documents to  **8 Cross Street #15-01, Manulife Tower, Singapore 048424**

- Please remember...**
-  To countersign any amendments
 -  The use of correction fluid/tape is not allowed
- And for 3rd party payor (for change of Bank Account for GIRO)**
-  Please complete and submit the Policy Details Change Form (Section 4C) together with this Interbank GIRO Application Form with your identification documents

1 FOR APPLICANT'S COMPLETION

A. Policy Owner Details

Full Name of Policy Owner **CHEN SHAOQING** NRIC / Passport No. **S8117821F**

Billing Organization's Reference Number(s)/ Policy Number(s)

2	4	9	2	8	4	6	5	4	2

Plan Name(s) **Ready LifeIncome (III)**

B. Account Holder Details & Authorisation

- I / We hereby instruct you to process Manulife (Singapore) Pte. Ltd.'s instructions to debit my / our account.
- You are entitled to reject Manulife (Singapore) Pte. Ltd.'s debit instruction if my / our account does not have sufficient funds and charge me / us a fee for this. You may also at your discretion allow the debit even if this results in an overdraft on the account and impose charges accordingly.
- This authorisation will remain in force until terminated by your written notice sent to my / our address last known to you or upon receipt of my / our written revocation through Manulife (Singapore) Pte. Ltd.

Name of Billing Organization **MANULIFE (SINGAPORE) PTE. LTD.** Date

Name of Bank **DBS Bank Ltd** Branch Code / Name

Bank Account Number **131248245**

Name(s) of Account Holder(s) **CHEN SHAOQING** NRIC / Passport No(s). **S8117821F**

Contact Number(s) of Account Holder(s) **+6598758156**



Signature(s) / Thumbprint(s) of Account Holder(s) as in Bank's Records

For thumbprint(s), please visit the bank's branch with your identification documents, your thumbprint needs to be verified by the Bank's staff.

2 FOR MANULIFE (SINGAPORE) PTE. LTD.'S COMPLETION

Bank	Branch	Manulife (Singapore) Pte. Ltd.'s Bank Account Number
7 1 7 1	0 0 3	0 0 3 9 0 0 9 5 4 2

3 FOR BANK'S COMPLETION

To : Manulife (Singapore) Pte. Ltd.

The Application is hereby **REJECTED** (Please ) for the following reason(s) :

- ☐ Signature Differs
- ☐ Account Operated by Signature / Thumbprint
- ☐ Signature Irregular
- ☐ Wrong Account Number
- ☐ Thumbprint must be taken & witnessed at bank's branch
- ☐ Others:

Name & Signature of Approving Officer

Date

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)

Need Help?

Please contact your **Financial Representative** for further assistance.
Alternatively, you may call our **Client Services Officers** at **6833 8188** or visit us at **8 Cross Street #01-01A, Manulife Tower, Singapore 048424** during service hours.

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**

INTERNAL USE - FOR MANULIFE

Doc ID ☐ NB106 ☐ PA017

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