

THIS DEED OF ASSIGNMENT is made this _____ day of _____ 20____ between:

Name: (per NRIC / Passport / Company Registration Certificate)	
NRIC / Passport / Company Registration Number:	
Address:	

(the “Assignor”) on the one part;

And

Name: (per NRIC / Passport / Company Registration Certificate)	
NRIC / Passport / Company Registration Number:	<i>✓ Please provide a copy of NRIC/Passport or evidence of incorporation, ownership, shareholdings (where applicable) of the Assignee.</i>
Address:	
Principal business or Occupation:	
	If assignee is a not-for-profit organization, does it solicit charitable financial donations from the public? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N.A
Relationship:	
Reason for assignment:	

(the “Assignee”) on the other part;

DOA-1114

It is agreed as follows:

1. The Assignor hereby unconditionally assigns and transfers absolutely all claims, options, privileges, rights, title and interest in and to the policy of insurance (the "Policy") issued by Manulife (Singapore) Pte. Ltd. (the "Insurer") detailed below to the Assignee.

Life Insured:	
NRIC / Passport Number:	
Policy Number:	
Policy Effective Date:	

2. The Assignor warrants that the Assignor is the owner of the Policy and has full rights and full warranty to make this assignment and transfer.
3. The Assignor warrants that the rights and benefits assigned under this Deed of Assignment are free and clear of any liens, encumbrances, adverse claims or interests.
4. The Assignor warrants that the Assignor has no knowledge of any dispute or defences on the Policy.
5. The Assignor confirms that any prior nomination made on the Policy has been duly revoked.
6. Subject to applicable laws and the terms of the Policy, the Assignee shall have the sole right to surrender and exercise any and all options under the Policy including, the right to receive all proceeds payable under the Policy.
7. This Deed of Assignment shall be binding on and inure to the benefit of the parties, their successors, assigns and personal representatives.
8. This Deed of Assignment is governed by and construed in accordance with the laws of the Republic of Singapore.
9. **Consent**
The Assignee agrees to authorise Manulife to collect, retain, use and / or disclose as it reasonably deems fit, any information in respect of the Assignee, that is received by Manulife to its Representatives and relevant third parties (including but not limited to companies within the Manulife Financial Group, reinsurers, medical organisations, my / our financial advisers, financial institutions, CPF agent banks, credit agencies, investigators, service providers, 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 the relevant law.

SIGNED UNDER SEAL on the date first written above.

ASSIGNEE	ASSIGNOR
<div style="border: 1px solid black; border-radius: 10px; height: 80px; margin-bottom: 5px;"></div> <p>Signature of Assignee (and company stamp if applicable)</p>	<div style="border: 1px solid black; border-radius: 10px; height: 80px; margin-bottom: 5px;"></div> <p>Signature of Assignor (and company stamp if applicable)</p>
WITNESS(ES)	
<div style="border: 1px solid black; border-radius: 10px; height: 80px; margin-bottom: 5px;"></div> <p>Signature of Witness</p> <p>Name (as per NRIC):</p> <p>NRIC No.</p> <p>Date:</p> <p>Contact No.</p>	<div style="border: 1px solid black; border-radius: 10px; height: 80px; margin-bottom: 5px;"></div> <p>Signature of Witness</p> <p>Name (as per NRIC):</p> <p>NRIC No.</p> <p>Date:</p> <p>Contact No.</p>

IMPORTANT NOTICE

1. Manulife (Singapore) Pte. Ltd. furnishes this form of assignment for the convenience of the parties. Manulife (Singapore) Pte. Ltd. is not a party to this assignment and assumes no responsibility for its legality, validity or its tax consequences. Parties are advised to seek their own legal and / or financial advice.
2. An original copy of the Deed of Assignment and the Notice of Assignment must be provided to Manulife (Singapore) Pte. Ltd. at the address stated below:
 - Manulife (Singapore) Pte. Ltd.
 - 51 Bras Basah Road
 - #09-00 Manulife Centre
 - Singapore 189554
 - Attention: Client Services Department
3. Assignment of policies purchased using funds from (a) Central Provident Fund contributions pursuant to the Central Provident Fund Investment Scheme (CPFIS) or (b) the Supplementary Retirement Scheme is not permitted.
4. All signatures must be signed in ink.
5. The witness must be 21 years old and above, and should not be the beneficiary of the Policy.

DOA-1114

This page is intentionally left blank

To: **Manulife (Singapore) Pte. Ltd. ("Company" or "Manulife")**
51 Bras Basah Road
#09-00 Manulife Centre
Singapore 189554

Date

Policy Number (The "Policy")

Life Insured (The "Life Insured")

1. We hereby give you notice that by a Deed of Assignment dated _____ (enclosed) and made between the persons specified below, the Assignor has assigned to the Assignee the Policy issued by the Company.
2. We hereby request you to deliver to us a written acknowledgement of the receipt of this Notice.
3. We understand that the Company does not assume any responsibility for the validity, legality or effect of the Assignment. However, the Company reserves the right to not to acknowledge the notice of assignment until all required documents and forms are provided and in order.

PERSONAL DATA PROTECTION NOTICE

If you have any questions or concerns about our personal data protection policies and practices or wish to request access to, update or correct your personal data, please contact:

The Data Protection Officer
Manulife (Singapore) Pte. Ltd.
51 Bras Basah Road
#09-00 Manulife Centre
Singapore 189554

Email: sgp_data_protection_office@manulife.com

YOUR PERSONAL DATA IS IMPORTANT TO US

We know that the privacy of your personal data is important to you and it is equally important to us. Personal data is fundamental to our business as it allows us to evaluate, issue, and administer the insurance policy you are applying for. We have safeguards in place to protect your personal data and keep it safe.

A detailed list of purposes for which your personal data may be used or disclosed can be found in our Statement of Personal Data Protection which is available at www.manulife.com.sg. For example, we may use your personal data that we collect from you from time to time to:

- confirm your identity and uniquely identify you;
- confirm the accuracy of the information collected;
- properly administer the products and services we provide, including the investigation, review, assessment and settlement of claims;
- communicate with you, especially with respect to your policy(ies), updates and changes;
- provide you with ongoing services and respond to your inquiries or instructions;
- make or obtain payments;
- recover any debt owed to us;
- detect and prevent fraud, unlawful or improper activities;
- coach employees and monitor for quality assurance;
- reinsure risks and for reinsurance administration;
- comply with all legal and regulatory requirements within and outside Singapore including disclosures to judicial, regulatory, government, statutory authorities and industry entities;
- resolve complaints, and handle requests for data access or correction;
- compliance monitoring and audit reviews; and
- compiling statistics for us to design and improve products and services, or industry exercise and studies

We will only collect and use personal data in a lawful way. We do not, without your consent, give your personal data to any person and/or entity for the purpose of that person and/or entity marketing its own products or services directly to you. We will use and disclose your personal data only with your consent or where such is permitted or required under any relevant law. Where personal data is provided to our service providers, we will require them to protect the personal data in a manner that is consistent with our personal data protection policies and practices. If you wish to review your personal data maintained or retained by us, or if you wish to obtain copies of our Statement of Personal Data Protection, or make other enquires or express concerns about our personal data protection policies and practices, you may do so by contacting our Data Protection Officer.

1 DETAILS OF ASSIGNEE

Personal Details of Assignee

1. Full Name of Assignee
2. NRIC/Passport/Company Registration Number
3. Citizenship
✓ Please state all if more than one

Contact Details of Assignee

1. Residential Address

Country
Postal Code
2. Mailing Address (if different from Residential Address)

Country
Postal Code

✓ Acknowledgement will be sent to Mailing Address
3. Permanent Address (if different from Residential Address)

Country
Postal Code
4. Mobile No. Home/Office No.
✓ For overseas line, please indicate Country Name, Country Code and Area Code
5. Mobile No. for easyTouch
6. Email Address

For Individual Assignee's Completion

1. Is the Assignee a United States citizen? Yes No
2. Is the Assignee a United States resident? Yes No
3. Is the Assignee a United States resident alien (i.e so called US green card holder) Yes No

If any of the above is Yes, a W9 form is required to be completed and submitted by the Assignee.

If all of the above is No, and the Assignee has any of the following, a W8-Ben is required to be completed and submitted by the Assignee.

- (i) residential address in the United States;
- (ii) mailing address in the United States;
- (iii) permanent address in the United States;
- (iv) United States telephone number;
- (v) United States as country of birth.

For Entity Assignee's Completion

1. Is the Assignee incorporated in or organised under the laws of the United States? Yes No

If Yes, a W9 form is required to be completed and submitted by the Assignee.

If the entity is not incorporated in or organised under the laws of United States, the entity will have to submit the W8-Ben-E or the form "Simplified Self-Certification for Business Entities with no Beneficial Owners who are U.S. Taxpayers" (the "Simplified Form") (if the Simplified Form is applicable in the Assignee's instance).

To determine whether the Simplified Form can apply, please refer to the section "Reference Guide to Determine-which Form Business Entity is required to Complete to Satisfy the Foreign Account Tax Compliance Act (FATCA) Requirements".

2 CUSTOMER DUE DILIGENCE (To be completed by Assignee)

Payment Information

1. Will premium payment for the policy be made by the Assignee? Yes No N.A.

If No, please complete the following:

(a) Name of Payor	Please provide (i) Copy of Payor's Identification Document [NRIC or Passport] or (ii) Evidence of incorporation, ownership and shareholdings if Payor is an Entity.
(b) Principal Business or Occupation of Payor	
(c) Address of Payor	
(d) Relationship to the Assignee	
(e) Source of funds	

Beneficial Owner

1. A beneficial owner is defined as the natural person who ultimately owns or controls a customer or the person on whose behalf a transaction is being conducted.

Is there any Beneficial Owner in relation to this Assignment? Yes No

If Yes, please complete the following:

(a) Name of Beneficial Owner	Please provide a copy of NRIC/Passport or Evidence of incorporation, ownership, shareholdings if Beneficial Owner is an Entity.
(b) Occupation of Beneficial Owner	
(c) Address of Beneficial Owner	
(d) Relationship to the Assignee	

Politically Exposed Person (PEP)

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

Have you or any immediate family members or Beneficial Owners ever been entrusted with prominent public functions whether in Singapore or in a foreign country? Yes No

If Yes, please provide the following:

(a) Number of PEP(s)	
(b) Completed ECDD questionnaire.	

3 ENHANCED CUSTOMER DUE DILIGENCE QUESTIONNAIRE - Political Exposed Person (PEP)

1. Have you or any immediate family members or Beneficial Owners ever been entrusted with prominent public functions whether in Singapore or in a foreign country? Yes No

If Yes, please provide the following:

(a) Name of PEP(s):	
(b) Position held:	
(c) Country:	
(d) Relationship with Assignee:	
(e) Source of Wealth:	
(f) Source of Funds:	

Notes:

1. "Prominent Public Functions" includes the roles held by head of state, a head of government, government ministers, senior civil servants, senior judicial or military officials, senior executive of state owned corporations and senior political party officials.
2. "Source of Wealth" is defined as the description of the economic activity which has generated the net worth.
3. "Source of Funds" is defined as the description of the origin and the means of transfer for monies that are accepted for the account opening.
4. If there is more than one (1) PEP, Please complete additional PEP questionnaire.

DOA-1114

4 DECLARATION, AUTHORISATION & ACKNOWLEDGEMENT BY ASSIGNEE

Consent, Declaration & Authorisation

1. 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 form, the Company 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 the Company to its representatives and relevant third parties (including but not limited to companies within the Manulife Financial Group, reinsurers, medical organisations, my/our financial advisers, financial institutions, CPF agent banks, credit agencies, investigators, service providers, judicial, regulatory, government, statutory authorities, dispute resolution parties and industry entities) whether within or outside Singapore. As far as reasonably possible, the Company 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 the relevant law.
2. I/We hereby consent to the Company (including Representatives of the Company), Manulife group of companies and their service providers to contact me/us (even though my/our telephone number(s) are already registered or may be registered on the National Do Not Call Registry, by way of
 - voice call
 - mail / email / any other avenues of marketing activities
 for marketing purposes and provide me/us with marketing, advertising and promotional information, materials and/or documents relating to products and services marketed by the Company or its related companies.
3. I/We am/are aware that the consent provided by me/us in this form is in addition to and does not supersede, vary or nullify any consent which I/we may have provided previously in respect of the above purposes, unless my/our consent is withdrawn through the withdrawal form. I/we hereby represent and warrant that I/we am/are the user(s) and/or subscriber(s) of the telephone number provided by me/us in this form or other forms furnished by the Company, and agree that I/we have read and understood the above provisions.
4. I/We also declare that the information supplied in this form is true, complete and accurate to the best of my/our knowledge. I/We will promptly update you if any information supplied to the Company is incomplete, changed or has become inaccurate or misleading on the understanding that the Company has the right to review the validity and continuation of the policy after receipt of the updated information.
5. 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 the Company's Statement of Personal Data Protection, as may be amended by the Company from time to time. I/We have obtained a copy of the Company Statement of Personal Data Protection by:
 - (a) downloading a soft copy from www.manulife.com.sg; or
 - (b) obtaining a hard copy from the Company.

Consent to Withholding, Termination and Provision of Information

1. 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").
2. 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 these regulatory and legal requirements.
3. 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, address, telephone number and citizenship.
4. I/we hereby waive any rights I/we may have that would prevent Manulife from meeting any regulatory and legal requirements.
5. I / We understand and agree that Manulife can: withhold on payments to me / us if I / we 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 withdraw the consent or contest the waiver provided above.

Signature of Assignee

Date

Signature of Assignor

Date

SUBMISSION CHECKLIST

S/No.	Documents to be submitted for Assignment	Tick	Remarks
1.	1.1 Collateral Assignment Form 1.2 Deed Of Assignment Form <i>Please complete the correct form depending on the type of assignment</i>	<input type="checkbox"/>	
2.	Notice of Assignment Form	<input type="checkbox"/>	
3.	Photocopy of Assignor's NRIC / passport	<input type="checkbox"/>	
4.	Photocopy of Assignee's NRIC / passport	<input type="checkbox"/>	
	<u>For Entity/Corporate Assignees</u>		
5.	5.1 Copy of ACRA search within 3 months if Assignee / Assignor is a company and a photocopy of both sides of NRIC/passport of authorised signatory. Board of resolution/account opening signatories may be required depending on policy modal 5.2 Corporate Owner Certification Form (Available in ManuTouch)	<input type="checkbox"/>	
6.	For GIRO mode of payment - new GIRO form for deduction from Assignee's account or consent letter from Assignor to continue GIRO deduction from existing bank account	<input type="checkbox"/>	
7.	Prepayment facility - Instruction from Assignor to continue with prepayment facility or withdraw remaining prepayment amount	<input type="checkbox"/>	
8.	Change form to delete payor benefit / parent's option / keyman replacement option rider(s) (if any)	<input type="checkbox"/>	
9.	9.1 W-9 9.2 W8-BEN 9.3 W8-BEN-E <i>Please complete the correct form accordingly. They are available in the U.S IRS website at http://www.irs.gov</i>	<input type="checkbox"/>	

SUBMISSION REQUIREMENTS


1. Policy must be in-force.
2. All columns in the assignment form must be completed (no blank fields).
3. If Assignor and Assignee sign on different dates, the date of the Deed of Assignment shall be the later of the two dates.
4. Please note that the Deed of Assignment and Notice of Assignment must be submitted to Manulife (Singapore) Pte. Ltd. as soon as possible.
5. The following policies may not be assigned:
 - a) policies purchased with funds from CPFIS – OA/SA;
 - b) policies purchased with funds from Supplementary Retirement Scheme;
 - c) policies subject to trust under Section 49L of the Insurance Act or Section 73 of the CLPA (unless trustee and all beneficiaries consent to revocation);
 - d) policies pledged in connection with the Home Protection Scheme exemption; or
 - e) attached with Payor Benefit / Parent's Option / Keyman Replacement riders (unless riders are terminated before assignment)
6. If the Assignor / Assignee / Witness fills up the form incorrectly, the person correcting his or her details has to sign against the correction
7. Witness to the signing must be above age 21 and shall be a person other than Assignor / Assignee.
8.
 - a) Assignor / Assignee should be of age 18 years and above.
 - b) Where Assignor / Assignee is below age 18 years, please contact our Client Services Officers at 6833 8188.

** For Universal Life Plan, please note that the requirements may be different.*

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 **51 Bras Basah Road, #01-02C Manulife Centre Singapore 189554** during service hours.

Completed?

You may submit the completed and signed form with all relevant documents to us through:
 **Mail –51 Bras Basah Road #09-00 Manulife Centre Singapore 189554**