



IMPORTANT NOTE: ALL FIELDS WITH (*) ARE MANDATORY. PLEASE USE CAPITAL LETTERS, BLACK INK AND ON THE RELEVANT BOXES.

FOR ACCOUNT HOLDER'S COMPLETION

Type of Application * New Application Maintenance Termination

Account Holder's Name (Primary) *

ID Number (without '-' or '/') * New IC Passport Old IC Business Reg.

Saving, Current or Card Account No (without '-' or '/') *

Telephone Number Bank Abbreviation * (Refer to guideline for abbreviation list)

E-Mail

Purpose of Payment * **I N V E S T M E N T W I T H M A N U L I F E**

Maximum amount to debit per transaction (RM)* - (Subject to maximum limit specified by the DD Operator)

Maximum frequency * 002 Mode of frequency * Daily Weekly Monthly Yearly

Effective Date * (DDMMYY) DDMMYY Expiry Date (DDMMYY) DDMMYY

Declaration:

- a. I/We hereby acknowledge that the information in this form will be disclosed or released to the Corporation, Corporation's bank and the Direct Debit Operator for the purpose of the Direct Debit collection.
- b. I/We hereby acknowledge that a fee/charge will be charged to me/us in the event my/our Account has insufficient balance to make Direct Debit payment instruction(s). I/We hereby agree the Bank to debit related fees/charges from my/our Account as a consequence of having insufficient fund for Direct Debit payment(s).
- c. I/We confirm that I/we have checked the accuracy and correctness of the details furnished by me/us in this application form and I/we are aware of the content and the scope of the services provided therein.
- d. I/We hereby declare that all information provided is to the best of my/our knowledge true and correct.
- e. I/We hereby agree to be bound by the Terms and Conditions.
- f. This Direct Debit authorization will remain in force until terminated by I/we with prior written notice sent to Bank/Corporation.
- g. I/We hereby authorise the Bank to debit my/our Account for the Direct Debit payment(s) including the relevant transaction fees/charges not payable by the Corporation.

Signature / Company Stamp* Date* (DDMMYY) DDMMYY

Account Holder's Signatures as per Bank's record (For Joint Account - Signature as per Bank's signing condition)

FOR CORPORATION'S COMPLETION

Biller ID * **S E 0 0 0 0 0 4 8 7** Date* (DDMMYY) DDMMYY

Payment Reference No. (e.g. Policy No., etc.) (Must be unique) *

FOR ACCOUNT HOLDER'S COMPLETION

Manulife A/C Preferred SI Date (10th or 28th) TH **FOR OFFICE USE ONLY**

Fund(s) Code with Amount: Remark:

Work Item:

Time Stamp: