

## MARKETING CONSENT WITHDRAWAL

CONTACT INFORMATION	
Name of Client	
NRIC / Passport No.	
Contact No. (s)	
Email Address	
Address	

WITHDRAWAL OF MARKETING CONSENT
I would like to opt-out of being informed of marketing, advertising and promotions information, materials and / or documents relating to products and services ("Market Messages") marketed by Manulife Financial Advisers Pte Ltd ("Manulife FA") (including Representatives of Manulife Financial Advisers), via the following communication channels:
<input type="checkbox"/> Voice Call
<input type="checkbox"/> Mail/Email/Any other avenues of marketing activities
<input type="checkbox"/> Text Messages/Fax

DECLARATION AND AUTHORISATION
<p>1. I understand and agree that with my withdrawal of marketing consent herein:</p> <ul style="list-style-type: none"> <li>a) I will no longer receive any Marketing Messages via the communication channel(s) as checked above;</li> <li>b) Manulife FA may continue to send Marketing Messages via communication channel(s) as checked within the next 30 days from the date of receipt of this completed form by Manulife FA;</li> <li>c) If I have any existing insurance policy (ies) and/or products purchased through Manulife FA, my insurance policy (ies) and/or products will still remain in force and I will continue to receive any reports, statement or letters concerning the servicing of my existing insurance policy (ies) and/or products; and</li> <li>d) Any other marketing consent which I may have previously provided to Manulife FA will be superseded.</li> </ul> <p>2. I hereby declare that I am the user and / or subscriber of the telephone numbers(s) provided above.</p> <p>3. I have read and understand the above statements.</p>  <p>_____</p> <p><b>Client Signature / Date</b></p>