

Important Notes 重要事項：

- Normal processing time of the Direct Debit Authorization is 8 weeks, which subject to your bank validation and previous payment arrangement will be superseded in accordingly. 一般直接付款授權處理需時八星期，此授權需待閣下的銀行確認並將取代閣下過往的付款安排。
- The autopay debit date will be (i) on the debit date stated in a valid DDA record of the policy; (ii) on the 3rd day of the month where the policy year date falls on a day between 1st to 19th day of the month; or (iii) on the 14th day of the month where the policy year date falls on a day between 20th to 28th day of the month. 自動轉帳日為 (i) 現有保單之有效直接付款授權記錄日期；(ii) 每月的三號 (適用於保單生效日為一號至十九號)；(iii) 每月的十四號 (適用於保單生效日為二十號至二十八號)。

Name of Party to be Credited (The Beneficiary) 收款的一方 (受益人)	Bank No. 銀行編號	Branch No. 分行編號	Account No. 帳戶號碼
Manulife (International) Limited	0 3 5	8 0 2	8 6 9 3 0 8 0 0 1

I/We hereby authorize my/our below named Bank to effect transfers from my/our account to that of Manulife (International) Limited ("Manulife") in accordance with such instruction(s) as my/our Bank may receive from Manulife from time to time. I/We agree that my/our Bank shall not be obliged to ascertain whether or not notice of any such transfer has been given to me/us. I/We jointly and severally accept full responsibility for any overdraft (or increase in existing overdraft) on my/our account which may arise as a result of any such transfer(s). I/We confirm that my/our signature(s) on this authorization is/are the same as that/those for the operation of my/our Savings/Current Account to be debited for the transfer. I/We agree to notify Manulife of any change of bank account or cancellation of payment method and further agree that should there be insufficient funds in my/our account to meet any transfer hereby authorized, my/our Bank shall be entitled, in its discretion, not to effect such transfer in which event the Bank may make the usual service charge and that it may cancel this authorization at any time on one week's written notice. The HK Dollar equivalent will be based on the US Dollar/Pound Sterling exchange rate at the time the debit is processed by Manulife. Because of possible fluctuation in the US Dollar/Pound Sterling exchange rate, I/We agree not to hold Manulife responsible for any loss caused by any diminution in the value of the Hong Kong currency. The autopay debit will be processed at midnight (00:00 a.m.) on the payment date indicated below or if such date falls on a non-banking day, the following banking day. For investment linked insurance policies: Investment choice/funds will be subscribed on the date when the receipt of payment is confirmed, which is normally within 5 working days after the debit date. Manulife reserves the right to either cancel this authorization if there is insufficient fund in the payor's account indicated below or to execute a payment mode change. This authorization shall have effect until further notice. I/We agree that any notice of cancellation or variation of this authorization which I/We may give to my/our Bank shall be given at least two working days prior to the date on which such cancellation or variation is to take effect. I/We understand that I/we, if not being the policyowner named under the below-numbered policy, shall claim no right or interest in any policy values or account balances of the below-numbered policy. I/We am/are required to update Manulife immediately on any changes of my/our personal information provided on this form. I/We am/are obliged to supply the information required under Part A to B, which is a condition precedent to process my/our direct debit authorization. I/We shall have the right to obtain access to and to request correction of my/our information under this form. Request should be made to the Company's Home Office (at Individual Financial Products, Manulife (International) Limited, 22/F., Manulife Financial Centre, 223-231 Wai Yip Street, Kwun Tong, Kowloon, Hong Kong). My/our data may be transferred to the bank provided in Part A for the purpose of processing my/our direct debit authorization and any relevant regulatory bodies to enable them to carry out their regulatory functions.

本人 / 吾等現授權本人 / 吾等之下述銀行，根據宏利人壽保險(國際)有限公司(「宏利」)不時給予本人 / 吾等銀行之指示，自本人 / 吾等之帳戶內轉帳予宏利。本人 / 吾等同意本人 / 吾等之銀行毋須證實該等轉帳通知是否已交予本人 / 吾等。如因該等轉帳而令本人 / 吾等之帳戶出現透支(或令現時之透支增加)，本人 / 吾等願共同及各別承擔全部責任。本人 / 吾等確認本授權書上的簽名式樣與本人 / 吾等支付該等轉帳之儲蓄 / 往來帳戶之簽名式樣一致。本人 / 吾等同意如更改銀行帳戶或取消付款時，將予通知宏利。本人 / 吾等並同意如本人 / 吾等之帳戶並無足夠款項支付該等授權轉帳，本人 / 吾等之銀行有權不予轉帳，且銀行可收取價常之服務收費，並可隨時以一星期書面通知取消本授權書。相等之港元將會以宏利處理自動轉帳時適用之美元 / 英鎊匯率為準。因美元 / 英鎊匯率可隨時變動，本人 / 吾等同意宏利不需承擔任何因港元貶價而引致之損失。自動轉帳將於下列付款日期之凌晨零時進行。若該日為銀行假期，則順延至下一個銀行工作天。適用於投資相連壽險保單：繳付款項將於確認成功收後(通常為自動轉帳日起計的五個工作天內)用作認購投資選項 / 基金。下列帳戶持有人之戶口若無足夠款項時，宏利有權取消本授權書，或更改其繳付保費之形式。本授權書將繼續生效直至另行通知為止。本人 / 吾等同意，本人 / 吾等取消或更改本授權書之任何通知，須於取消或更改生效日最少兩個工作天之前交予本人 / 吾等之銀行。本人 / 吾等明白本人 / 吾等如非下列保單編號之保單持有人，於下列保單編號並無任何權利或權益獲取保單價值或帳戶結餘。如本表格上所提供之個人資料有所更改，本人 / 吾等需通知宏利有關改動。本人 / 吾等有義務提供第一至第二部份之資料作為申請本人 / 吾等的直接付款授權之先決條件。本人 / 吾等有權取得及修改本表內之所有本人 / 吾等的個人資料。有關要求可向貴公司之總辦事處提出 (香港九龍觀塘偉業街223-231號宏利金融中心22樓宏利人壽保險(國際)有限公司個人理財產品業務部)。本人 / 吾等之資料可轉移予第一部份提供的銀行作為申請本人 / 吾等的直接付款授權及 / 或相關機構以執行監管職權。

Policy number 保單編號 (Debtor Reference 付款人參考)：	
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Part A: Information of Bank and Account Holder 第一部份：銀行及帳戶持有人資料 (Should correspond with bank account's record 必須與銀行帳戶檔案相符)

Bank Name and Branch Name 銀行及分行名稱	Bank No. 銀行編號	Branch No. 分行編號	Account No. 帳戶號碼
English Name of Account Holder 帳戶持有人英文姓名	English Name of Other Account Holder (Joint Account) 其他帳戶持有人英文姓名(聯名戶口)		
ID No. 身份證明文件號碼	ID No. 身份證明文件號碼		
Type 類別 <input type="checkbox"/> HKID 香港身份證 <input type="checkbox"/> Passport 護照 <input type="checkbox"/> Business Registration 商業登記 <input type="checkbox"/> Certificate of Incorporation 公司註冊成立證明書 <input type="checkbox"/> Other 其他 ()	Type 類別 <input type="checkbox"/> HKID 香港身份證 <input type="checkbox"/> Passport 護照 <input type="checkbox"/> Business Registration 商業登記 <input type="checkbox"/> Certificate of Incorporation 公司註冊成立證明書 <input type="checkbox"/> Other 其他 ()		
Contact No. 聯絡電話	Contact No. 聯絡電話		
Signature and Date 簽署及日期 X DD 日/ MM 月/ YYYY 年	Signature and Date 簽署及日期 # X DD 日/ MM 月/ YYYY 年		

For joint account holders: If only one account holder signs on this form, it is assumed that the direct debit of the mentioned bank account can be authorized by either one of the account holders. 適用於聯名帳戶：如只有其中一位帳戶持有人簽署，我們假設以上銀行帳戶只須其中一位帳戶持有人簽署便可授權直接付款。

Part B: Identity of Account Holder under the Policy 第二部份：帳戶持有人於保單內身份 (To be completed by policyowner 由保單持有人填寫)

<input type="checkbox"/> Policyowner 保單持有人	<input type="checkbox"/> (Proposed) Insured (擬)受保人	<input type="checkbox"/> Beneficiary 受益人	<input type="checkbox"/> Payer of Payor Benefit 保費支付人利益保障付款人
<input type="checkbox"/> Other 其他 ^ (Please attach copy of account holder's identification document 請附上帳戶持有人的身份證明文件副本)			
Relationship with Policyowner 與保單持有人關係：		Reason for paying premium for this policy 為此保單繳付保費原因：	
Name of Policyowner 保單持有人姓名		Signature of Policyowner and Date 保單持有人簽署及日期 X DD 日/ MM 月/ YYYY 年	

^ Manulife may request for additional identification documents for approving the Direct Debit Authorization. 宏利或會要求額外的身份證明文件以批核此直接付款授權書。

Insurance Advisor's name 保險顧問姓名	Insurance Advisor code 保險顧問編號	Branch Code 分行編號	Location 地點
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☑ Please return the completed form to Individual Financial Products, Manulife (International) Limited, 22/F., Manulife Financial Centre, 223-231 Wai Yip Street, Kwun Tong, Kowloon, Hong Kong.

請將填妥的表格寄回香港九龍觀塘偉業街223-231號宏利金融中心22樓宏利人壽保險(國際)有限公司個人理財產品業務部。

The Chinese version of this authorization is for reference only. In the event of conflicts between the Chinese and the English versions, the English version shall prevail. 此授權書之中文譯本只供參考之用，若與英文有異，一概以英文為準。



* OBJTSDDA *