

PART II: DECLARATION AND AUTHORIZATION (CONTINUED) 第二部份：聲明及授權（續）

IT IS DECLARED, UNDERSTOOD AND AGREED that:

- (1) the answers in this form together with this declaration and authorization are complete and true to the best of my/our knowledge;
- (2) failure to disclose any material facts or information which may influence or which the Company would regard as likely to influence the assessment and acceptance of the subscription of Manulife Inv Citi China Select Fund, may render the relevant application document voidable by the Company. In the event of doubt as to whether a fact or information is material, it should be disclosed in this form;
- (3) all information in this form together with any subsequent alterations or supplements of it are collected to enable the Company to carry on insurance business and may be transferred to and/or used by the Company (including its subsidiaries, affiliated companies and associated companies, whether they are located or registered in Macau or outside Macau) and any service providers (whether they are located or registered in Macau or outside Macau) for the purpose of approving and underwriting this application, administering and reinsuring the policy, marketing or promoting products and services, preventing money laundering and/or terrorist financing activities, and/or adjudicating any insurance or related claims thereof;
- (4) information in this form may be used by the Company or its associated companies to analyse my/our financial needs and promote insurance or financial related products or services through insurance intermediaries or direct marketing;
- (5) I/we can disagree to give my/our consent in respect of paragraph (4) by crossing out;
- (6) my/our data may be transferred to any relevant regulatory bodies to enable them to carry out their regulatory functions;
- (7) I/we fully understand and accept the associated risk and return of the Investment Choice selected by me/us since it is as likely that losses will be incurred as profit made;
- (8) I/we agree to subscribe to the Investment Choice and declare that I/we have made this decision based on my/our own judgment after my/our cautious consideration of my/our investment horizon, investment objective, risk profile, financial circumstances and particular needs.

謹此聲明本人／吾等清楚明白及同意下列各項：

- (1) 填報於本表格內之資料連同此聲明及授權均為本人／吾等所知之全部及真實無訛；
- (2) 如未有披露任何重要事實或資料，而該等重要事實或資料足以影響貴公司評估及接受宏利智富花旗中國精選基金之認購，貴公司有權將所簽發的有關申請文件宣告無效。假如未能確定事實或資料的重要性，則須於本表格披露該等事實或資料；
- (3) 本表格所提供之所有資料與任何日後作出之修訂或補充，目的在於確保貴公司之保險業務得以順利運作，而該等資料可供貴公司（包括其附屬公司、關聯公司及聯繫公司，不論它們位於或註冊於澳門或澳門境外）及任何服務供應商（不論它們位於或註冊於澳門或澳門境外）轉移及／或用以批核此申請、管理此保單並安排分保、推廣或宣傳貴公司的產品及服務、防止洗黑錢及／或恐怖分子融資活動及／或處理有關之保險或索償申請；
- (4) 本表格的資料可供貴公司或相關公司分析本人／吾等之財政需要、透過保險中介人或以直接推廣方式推銷保險或有關財務之產品或服務；
- (5) 本人／吾等可拒絕接納上述第(4)項並將其刪除；
- (6) 本人／吾等之資料可轉移予相關機構以執行監管職權；
- (7) 本人／吾等完全瞭解及接受本人／吾等所選擇之投資選項所附帶之風險及回報並知悉可能會獲利，亦可能會招致損失；
- (8) 本人／吾等同意認購上述投資選項，並謹此聲明此投資決定乃本人／吾等經審慎考慮本身之投資年期、投資目標、風險狀況、財務狀況及個別需要後而作之自行判斷。

Signatures 簽署

Signed at Macau on this _____ day of _____, _____ Year 年
簽署地點：澳門 Day 日 Month 月

X
Signature of Second Policyowner 第二保單持有人簽署
(For Joint Policyowner Only 只適用於聯名保單持有人)

X
Signature of First Policyowner 第一保單持有人簽署

(Full Name 姓名：_____)

(Full Name 姓名：_____)

PART III: INSURANCE ADVISOR DECLARATION 第三部份：保險顧問聲明

1. DERIVATIVES KNOWLEDGE 衍生工具知識

- I, as Insurance Advisor, declare that I have completed the "Understanding the Use of Derivatives for Accessing China A-share Market" training or other training courses that are approved by the Company.
本人（保險顧問）謹此聲明本人已完成《認識如何使用衍生工具進入中國A股市場》之培訓或獲本公司認可的其他培訓課程。

2. VERIFICATION OF DETAILS 核實資料

- I, as Insurance Advisor, declare that I have verified (i) the identity of the policyowner(s) against their identification documents, and (ii) personal details and declaration stated by the policyowner(s) in Part I and Part II above being consistent with the information stated in the "Financial Needs Analysis" and "Risk Profile Questionnaire" (if applicable).
本人（保險顧問）謹此聲明本人已查閱 (i) 保單持有人的身份證明文件以核實其身份，及 (ii) 保單持有人於上述第一部分及第二部分所提供的個人資料及所作出的聲明均與「理財需要分析」及「風險水平測試問卷」所提供的資料一致（如適用）。

X
Name of Insurance Advisor 保險顧問姓名

X
Insurance Advisor's Signature 保險顧問簽署

X
Date 日期 (DD/MM/YYYY日/月/年)