

Full Name of Policyowner 保單持有人姓名

- All dollar amounts are stated in US dollar unless specified. 除指明外，所有金額皆以美元為貨幣單位。
- Any amendments should be endorsed by the Policyowner in full signature. 任何資料如有更改，保單持有人必須在更改的位置簽署作實。
- Manulife shall have the right to update this form from time to time and to accept or reject the form submitted by you if you fail to fulfill the Company's requirements. 宏利有權隨時更新表格內容，如閣下未能符合本公司的有關規定，宏利將保留接受或拒絕閣下遞交之申請表格的權利。
- Please indicate the type of service requested by putting a "✓" in the appropriate box. 請註明所要求之服務並於適當方格內填上「✓」號。
- Allocation percentage of each fund selected should be in whole number. All dollar amounts should be rounded to two decimal places. 所選每項基金分配百分比必須為整數。所有金額數目必須截至小數點後兩個位。

Part A: Single Subsequent Subscription 第一部份：單次增加認購 (1), (2)

IMPORTANT: Manulife may process the subscription only after the receipt of final payment of subscription monies as stated on the form in full and at Manulife's discretion upon cleared funds of subscription monies. 重要：宏利將於收到申請表上所註明的全數以及因應宏利酌情決定收到已結算妥當的基金認購款項後方可處理有關基金認購。

(Please fill in the subscription allocation in the table below. Subscription allocation specified below is applicable to this subsequent subscription only. 請於下表填妥認購分配，以下所填寫之認購分配只應用於是次增加認購。)

Payment Currency 付款幣值 USD 美元 HKD 港元 Payment Amount 付款金額 _____

Paid By 繳付方式 Cheque 支票 Bank Draft 匯票

Transfer from policy no. 調動自保單編號* _____

* For payment transfer from another policy, please state the policy number for our reference. The subscription allocation should be specified in percentage only. 如款項乃調動自另一保單，請註明保單編號以作參考之用。另必須以百分比方式作認購分配。

Manulife Secure Income Plus Funds 宏利優裕錦囊基金名稱	Fund Code 基金代號	Subsequent Subscription Allocation 增加認購分配 ^
		<input type="checkbox"/> % 百分比 <input type="checkbox"/> Amounts 金額 (USD or HKD 美元或港元)
MSIP Aggressive Portfolio 宏利優裕進取組合	SAP01	
MSIP Growth Portfolio 宏利優裕增長組合	SGP01	
MSIP Balanced Portfolio 宏利優裕均衡組合	SBP01	
TOTAL 合計 (100% OR 或 USD or HKD 美元或港元)		→

^ You should specify the subscription allocation either in percentage or by amounts by putting a "✓" in the appropriate box, except for payment transfer where the subscription allocation should be specified in percentage only. 閣下必須於適當方格填上「✓」號以註明以百分比或指定金額方式作認購分配；如涉及調動款項，則必須以百分比方式作認購分配。

Remarks on Part A 第一部份註釋

- Minimum amount for each Subsequent Subscription is USD10,000 with maximum of USD1,000,000 in the first policy year, and USD100,000 in the second policy year, subject to overall maximum of USD5,000,000 per Life or their equivalent HKD. If no subscription allocation is specified for this subscription, initial subscription allocation will be used to subscribe the funds. 增加認購的最低金額為 10,000 美元，而首個保單年度的最高增加認購金額為 1,000,000 美元；於第二個保單年度則為 100,000 美元，而每位受保人的最高總金額為 5,000,000 美元，或其相等價值之港元。若是次認購沒有註明有關認購分配，則按照首次認購分配辦理。
Please make cheque/bank draft payable to: "Manulife (International) Limited". 支票/匯票抬頭人請寫「宏利人壽保險(國際)有限公司」。
- In the event of currency exchange, the currency exchange rate will be provided by the Company from time to time. For the latest exchange rate, please contact your Insurance Advisor or visit the Company's web site at www.manulife.com.hk. 如涉及貨幣兌換，宏利將不時提供有關貨幣的兌換率。如欲查閱最新的兌換率，請聯絡閣下之保險顧問或瀏覽宏利的網站 www.manulife.com.hk。

Part B: Switching 第二部份：基金轉換

The Policyowner requests Manulife to switch the existing fund to the following fund as stated below. 保單持有人要求宏利對現有基金作出下列轉換。

* Please put a "✓" in the appropriate box 請於適當方格內填上「✓」號。

FROM Switching Out Fund 由：轉出基金 Fund Code 基金代號	Switching Out 轉出	TO Switching In Fund 至：轉入基金 Fund Code 基金代號
	<input type="checkbox"/> % 百分比 <input type="checkbox"/> Units 單位 <input type="checkbox"/> Amounts 金額 (USD 美元)*	

Remarks on Part B 第二部份註釋

- Please fill in the Fund Code by referring to Part A. 請參考第一部份並填上基金代號。
- Minimum switching from one fund to another fund is USD10,000. 每次由一項基金轉換至另一項基金之最低轉換金額為 10,000 美元。
- If the remaining Account Value of the switching out fund is less than USD10,000, all holdings, less switching fee (if any), of that fund may at Manulife's discretion be switched to the switching in fund according to the above allocation instruction. 如轉換後的基金帳戶價值低於 10,000 美元，宏利有權將所有轉出基金按上述分配於扣除基金轉換費(如適用)後轉換至轉入基金。

The Chinese version of this application is for reference only. In the event of conflicts between the Chinese and the English versions, the English version should prevail. 此申請表之中文譯本只供參考之用，若與英文有異，一概以英文為準。

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Part I: Declaration & Authorization 第九部份：聲明及授權

I, the Policyowner, agree to the application as stated above and understand that the above application is bound by the provisions stated in the Contract. For the case of surrender, I hereby agree to surrender the above policy for its policy value, if any, and return herewith the Contract for cancellation. In case of loss of policy, a Declaration of Loss of Policy is made. I understand that withdrawal charge may be levied as appropriate and that the above application is bound by the Surrender and Withdrawals provisions as stated in the Contract.

I shall make my own independent decisions/judgements in respect of subscription, withdrawal, or switching or any other matters relating to my holdings and my policy. I confirm and fully understand/aware of the associated risk and return of the Funds chosen by me, which may or may not be suitable for me. I declare that I do not have any bankruptcy petition made against me. I understand that all payments and benefits of the policy will not be payable by Manulife if the identification of the relevant parties does not completely follow the Company's guidelines and instructions provided in this application.

I, the Policyowner, declare that the above information is complete and true to the best of my knowledge and belief and form an integral part of the policy. All information in this application form together with any subsequent alterations or supplements of it are collected for the purpose of approving and underwriting this application, administering and reinsuring my policy and adjudicating any insurance or related claims thereof, my data may be transferred to any related companies or any service providers to fulfill the above purposes and may be transferred to any insurance regulatory bodies to enable them to carry out their regulatory functions, such authorization will survive me. I am obliged to supply the information required under this application which is a condition precedent for me to apply for the change and I have the right to obtain access to and to request correction of all my information under this application together with any subsequent alterations or supplements, if appropriate. Request may be made to the Company's Home Office (at the Customer Relations Department, Manulife (International) Limited, 36/F., Manulife Tower, 169 Electric Road, North Point, Hong Kong).

本人(即保單持有人)同意以上之申請及明白上述申請受保單合約內之條款約束。如屬退保之申請事宜，本人同意將以上保單退保以提取保單價值並謹此退回保單合約。在保單遺失情況下，本人已作出保單遺失聲明。本人明白宏利人壽保險(國際)有限公司可收取有關提取費用，亦明白上述之退保申請受保單合約內之退保及提款條款約束。

本人就認購、提取或轉換基金或其他基金持有及保單之事項作獨立決定／判斷。本人確認及充份理解／認識本人所選擇之基金所附帶之風險及潛在回報，而該風險可適合或不適合本人。本人聲明本人現時並沒有破產。本人明白倘相關人士之身分證明資料未能完全符合宏利於此申請上提供的指引及規定，宏利將不會根據保單作出任何付款及賠償。

本人(即保單持有人)謹此聲明上述為真實無訛，並明瞭以上一切資料將構成保單之部份內容。本申請表內所提供之資料與任何日後作出之修訂或補充，目的在於確保宏利之保險業務得以順利運作，而該等資料可供宏利用以批核此申請、管理本保單並安排分保及處理賠償申請，本人之資料可轉讓予任何相關公司、其他服務供應商作上述用途，並供保險業監管機構執行監管職權。即使本人去世，此授權仍然生效。本人有義務提供此申請表所需的資料作為申請更改保單之先決條件，及本人有權取得及要求修改本申請表內之所有個人資料，包括任何日後作出相關之修訂或補充。有關要求可向貴公司之總辦事處提出(地址：香港北角電氣道 169 號宏利保險中心 36 樓宏利人壽保險(國際)有限公司客戶服務部)。

Signed on this _____ day of _____, _____
簽署日期 Day 日 Month 月 Year 年

Signature of Policyowner 保單持有人簽署

X

For Office Use Only 公司專用

S.V. _____ Y N

Please return the completed form to Administration Office, Manulife (International) Limited, 31/F., Manulife Tower, 169 Electric Road, North Point, Hong Kong.
請將填妥的表格寄回香港北角電氣道 169 號宏利保險中心 31 樓宏利人壽保險(國際)有限公司行政部。