

Manulife Advanced Fund SPC Account Opening Pamphlet

This pamphlet contains:

- 1) Shareholder Account Opening Form
- 2) Risk Profile Questionnaire For Individuals
- 3) Suitability Check Table For Manulife Advanced Fund SPC Shareholder Account Opening Application

For shareholder account opening, please complete and sign Items 1 to 3.

MANULIFE ADVANCED FUND SPC - SHAREHOLDER ACCOUNT OPENING FORM

1. APPLICANTS DETAILS

Account Type (please tick) ✓ **Individual** **Joint** **Corporation / Unincorporated**

A. First Holder

Mr Mrs Ms Surname Given Name

Hong Kong I.D. No. Passport No.

Passport Issuing Country

Are you currently engaged by any licensed or registered person to carry out any regulated activities as defined in the Securities and Futures Ordinance? If yes, please provide your employer's or principal's letter of consent for you to open a shareholder account with Manulife Advanced Fund SPC.

Yes No

Occupation Business Nature

Annual Income a. Below HK\$100,000 b. HK\$100,000 - 300,000
c. HK\$300,001 - 600,000 d. Above HK\$600,000

Net Worth (Excluding Value of Self-occupied Property) Available for Investment

a. Below HK\$500,000 b. HK\$500,000 - 1,000,000 c. HK\$1,000,001 - 2,000,000 d. Above HK\$2,000,000

B. Second Holder (For joint holder only)

Mr Mrs Ms Surname Given Name

Hong Kong I.D. No. Passport No.

Passport Issuing Country

Are you currently engaged by any licensed or registered person to carry out any regulated activities as defined in the Securities and Futures Ordinance? If yes, please provide your employer's or principal's letter of consent for you to open a shareholder account with Manulife Advanced Fund SPC.

Yes No

Occupation Business Nature

Annual Income a. Below HK\$100,000 b. HK\$100,000 - 300,000
c. HK\$300,001 - 600,000 d. Above HK\$600,000

Net Worth (Excluding Value of Self-occupied Property) Available for Investment

a. Below HK\$500,000 b. HK\$500,000 - 1,000,000 c. HK\$1,000,001 - 2,000,000 d. Above HK\$2,000,000

C. Corporate Holder / Unincorporated Holder (i.e. Trust or Partnership)

Name Business Nature

(i) Ultimate Beneficial Owner(s)

(ii) Name, country and business nature/occupation of the shareholder/trustee/partner who controls 10% or more of the applicant's voting rights/issued share capital/assets

(iii) Name, country and business nature/occupation of each of the applicant's directors/managing partners

D. Address

Please provide your residential address if you are a member of any provident fund scheme(s) administered by Manulife.

Room/Flat/Floor/Block/Name of Building/Estate

Street No./Street Name

District Hong Kong Kowloon New Territories Others

Contact Numbers

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Residential	Office	Ext	Mobile	Pager	Fax

E-mail Address

The above contact information applies to and updates that on record for all of your existing products or services in Hong Kong and Macau provided by all companies within the Manulife group of companies ("Manulife") and companies that provide trustee or custodian services to Manulife.

If you are a member of any provident fund scheme(s) administered by Manulife, the address provided above will become the registered residential address under the scheme(s) and supersede any residential address(es) previously registered under the scheme(s), unless you tick the box below.

I/We confirm that the above address applies only to this shareholder account being applied for by me/us.

▶ If the application is for three or four joint holders, please provide the required information on the left on a separate sheet and attach certified true copies of the Hong Kong I.D. or photo page of the passport of the applicants. Please refer to the "Third Party Certification" section of this form for the certification requirements.

▶ The definition of "beneficial owner" is provided in item 1(a) of "Notes and Instructions" section. Corporate Holder applicants must provide the documents listed in item 5. Unincorporated Holder applicants must provide the documents listed in item 6. Details may be provided on a separate sheet signed by authorized person(s).

▶ Individual Holder applicants and Joint Holder applicants must provide proof of their residential addresses, i.e. a certified true copy of bank statement, utility bill, telecommunications invoice, government notice, account statement from a regulated financial institution or other documents issued within the last three months and acceptable to Manulife Asset Management (Hong Kong) Limited ("the Distributor").

▶ Proof of residential address is required for an applicant who wishes to use a P.O. Box as the correspondence address. An applicant not residing in Hong Kong must contact the Distributor on (852) 2108 1110 for further details to complete this form.

E. Option of Joint Holders' Special Authorization (please tick) ✓

We agree that either one of us may give instructions to Manulife Advanced Fund SPC and/or the Distributor.

F. Option of Instructions by Facsimile (please tick) ✓

I/We wish to place my/our subsequent instructions by facsimile (see item 1(b) of "Notes and Instructions" section)

2. PAYMENT METHOD (please tick) ✓

- Cheque or Draft (please make cheque payable to: **Citi Lux – MAF Subscription Account**) (see item 2 of "Notes and Instructions" section for details)
- Hong Kong Dollar or U.S. Dollar transfer via Hong Kong Clearing House Automated Transfer System ("HK CHATS") (see items 2 and 3 of "Notes and Instructions" section for bank account details)
- U.S. Dollar telegraphic transfer (see items 2 and 4 of "Notes and Instructions" section for details) (Please note that a contract note will be issued and mailed by Citibank NA HK Branch to the applicant's above provided address)

► **Payments made by a third party or through direct deposit of cash will not be accepted** (see items 2 to 4 of "Notes and Instructions" section.)

3. SOURCE(S) OF FUND AND INVESTMENT PORTION (please tick) ✓

This section must be completed

- a. Saving
- b. Wages
- c. Self-employment income
- d. Investment income
- e. Sale of an asset
- f. Gift or inheritance
- g. Settlement of insurance
- h. Other (please specify) _____

Including this subscription, what percentage of your total liquid assets (i.e. assets which may be easily converted into cash, excluding real estate) is invested in Manulife unit trusts/mutual funds?

- a. Below 20%
- b. 21% - 40%
- c. 41% - 60%
- d. 61% - 80%
- e. Above 80%

4. SFC LICENSED PERSON / OTHER LICENSED PERSON* / QUALIFIED INTERMEDIARY INFORMATION (IF APPLICABLE)

Name of SFC Licensed Person / Other Licensed Person / Qualified Intermediary: _____

Manulife Agent Code : _____

SFC Licensed Person CE No. / Other Licensed Person No. / Qualified Intermediary No. : _____

*Please specify the other type of license: _____

5. APPLICANT(S)' DECLARATIONS AND SIGNATURE(S)

- a. I/We certify that I am/we are over 18 years of age. (Please note that no shareholder account can be opened in the name of an individual aged below 18.)
- b. I am/We are not, Mainland China Person, US Person or resident of Canada, and I am/we are not acting on behalf of such person(s). (Please refer to the latest prospectus of Manulife Advanced Fund SPC and any further addenda and supplements to it as issued from time to time ("Prospectus") for details.)
- c. I/We have received and read and understood the Prospectus, and the latest financial reports of Manulife Advanced Fund SPC and undertake to be bound by the terms of the Prospectus and Articles of Incorporation of Manulife Advanced Fund SPC, as amended from time to time.
- d. I/We have read and understood the "Disclosure of Sales Related Information" section of this form prior to my/our signing this completed form.
- e. I/We agree to inform the Distributor immediately in writing of any change in (I) the personal particulars of any applicant(s) in this form; and/or (II) the information provided by me/us in this form or any other document(s), including, but not limited to, any change in the ultimate beneficial owner(s). (Please refer to item 1(a) of "Notes and Instructions" section for the definition of "beneficial owner".)
- f. I/We confirm that I am/we are the beneficial owner(s) of this shareholder account being applied for by me/us; OR, We, as Corporate Holder/Unincorporated Holder, confirm that the information on our ultimate beneficial owner(s) as provided in the "Applicant Details" section 2 is true and correct. (Please refer to item 1(a) of "Notes and Instructions" section for the definition of "beneficial owner".)
- g. I/We consent to all information, including any subsequent alterations or supplements, relating to my/our application(s), transaction(s) and shareholdings being disclosed to the Distributor which performs marketing and investor servicing duties for Manulife Advanced Fund SPC, and Manulife, and its service providers (regardless of where they are located or registered) and, if applicable, to my/our investment funds intermediary who is licensed with the Securities and Futures Commission and accredited to the Distributor ("Manulife Investment Funds Intermediary") for servicing purpose. I/We acknowledge that I/we should write to the Data Privacy Officer of the Distributor at 22/F., Tower A, Manulife Financial Centre, 223-231 Wai Yip Street, Kwun Tong, Kowloon, Hong Kong, if I/we do not wish to reveal my/our shareholder account information to the Manulife Investment Funds Intermediary or to be contacted for marketing purpose.

► All Joint Holders applicants must sign this form. Corporate Holder/Unincorporated Holder applicants must have their authorized person(s) sign this form and affix the company stamp or seal. Please note that shares will be issued in non-certificated registered form.

Signature of First Holder applicant or Authorized Signatory(ies) and Company Stamp of the Corporate Holder/Unincorporated Holder applicant

Signature of Second Holder applicant

For office use
checker's sign off

Date (DD/MM/YY) _____

Date (DD/MM/YY) _____

I confirm that the attached copy(ies) of the Hong Kong I.D. and/or photo page of the passport is a/are true and complete copy(ies) of the original(s).

Signature of witness _____

Date (DD/MM/YY) _____

Name of witness _____

(Witness's SFC Licensed Person CE No./Other Licensed Person No./Qualified Intermediary No. _____)

Please return this form duly completed and signed together with a) applicant(s)' supporting documents ("Applicant Details" section), b) proof of payment ("Payment Method" section and item 2 of "Notes and Instructions"), and c) the latest versions of the Risk Profile Questionnaire and Suitability Check Table duly signed to:
Manulife Asset Management (Hong Kong) Limited
22/F, Tower A, Manulife Financial Centre, 223-231 Wai Yip Street, Kwun Tong, Kowloon, Hong Kong
Telephone: (852) 2108 1110
Facsimile : (852) 2810 9510
Website : www.manulife.com.hk

6. DISCLOSURE OF SALES RELATED INFORMATION

a. Capacity and Affiliation

Manulife Asset Management (Hong Kong) Limited ("the General Adviser and Distributor") is acting as an agent in the capacity as the General Adviser and Distributor of Manulife Advanced Fund SPC, the Product Issuer. The General Adviser and Distributor is also the Investment Manager of the China A Segregated Portfolio and the Renminbi Bond Segregated Portfolio (this bond fund is denominated in US dollars only and not in Renminbi) of Manulife Advanced Fund SPC.

b. Monetary Benefits

- The General Adviser and Distributor is entitled to receive an initial charge of up to 5% of the net asset value per participating share.
- The above charge may be paid partially or wholly to any other distributors appointed by the General Adviser and Distributor.

c. Discount of Fees and Charges

The General Adviser and Distributor may offer a discount on fees and charges to shareholders of the Manulife Advanced Fund SPC from time to time in accordance with the terms and conditions in the applicable promotion material. In addition, the General Adviser and Distributor may offer a discount on fees and charges to applicants of participating shares of Manulife Advanced Fund SPC based on the subscription amount.

I confirm that I have verbally invited the applicant(s) in Chinese or English as preferred by the applicant(s) to read the above sales related information and ask questions about the content of such information and, if needed, seek independent advice.

Signature of Manulife Investment Funds Intermediary: _____

Name of Manulife Investment Funds Intermediary: _____

Manulife Agent Code and SFC Licensed Person CE No: _____

Notes and Instructions

- (a) Beneficial owner is defined as any natural person who ultimately owns or controls the applicant(s) or shareholder account holder(s) and/or any natural person on whose behalf a transaction or activity is to be conducted in the shareholder account being applied for.
 - (b) If the box "Option of Instructions by Facsimile" under the "Applicant Details" section is ticked, the shareholder may send instructions for redemption or subsequent subscriptions of shares by facsimile (at their own risk) without the need to send further original written instructions.
 - (c) If the box "Option of Instructions by Facsimile" under the "Applicant Details" section is not ticked, any redemption or subsequent subscriptions instruction must be received in writing.
 - (d) No responsibility will be accepted by Manulife Advanced Fund SPC or the Distributor for any loss arising from applications sent by facsimile to, but not received by, Manulife Advanced Fund SPC or the Distributor. Manulife Advanced Fund SPC may, in its absolute discretion, refuse to act upon any facsimile instructions purportedly given by the shareholder or on the shareholder's behalf and may require original written instructions instead. Manulife Advanced Fund SPC is not obliged to verify the authority or identity of the person giving such instructions as long as it in good faith believes that person to be the shareholder or someone authorized by the shareholder.
 - (e) Please refer to the Prospectus of Manulife Advanced Fund SPC for details of the dealing procedures.
- If payment is made by a bank draft or cashier order, the applicant's identity must be checked by the issuing bank and confirmed by a bank certification or bank advice provided together with the bank draft or cashier order.
If payment is made by a cheque deposit, a copy of the cheque showing the applicant's name must be attached to the bank pay-in slip.
If payment is made via telegraphic transfer or HK CHATS, the applicant's name must be shown on the remittance advice.
Proof of the aforementioned payment must be provided together with this form duly completed and signed to the Distributor.
- For payment via HK CHATS: (Please do not deposit in cash)

Hong Kong Dollar		US Dollar	
Beneficiary Bank	: Citibank NA HK Branch	Beneficiary Bank	: Citibank NA HK Branch
SWIFT Code	: CITIHKHX	SWIFT Code	: CITIHKHX
Beneficiary A/C No	: 5/170254/009	Beneficiary A/C No	: 5/170254/017
Beneficiary Name	: Citi Lux-MAF Subs Account	Beneficiary Name	: Citi Lux-MAF Subs Account
Quoting	: The applicant's name and the selected Fund(s)	Quoting	: The applicant's name and the selected Fund(s)
- Telegraphic Transfer in U.S. dollars: (Remitter must be the applicant.)

Beneficiary Bank	: Citibank NA HK Branch
SWIFT Code	: CITIHKHX
Beneficiary A/C No	: 5/170254/017
Beneficiary Name	: Citi Lux-MAF Subs Account
Correspondent Bank	: Citibank NA New York (SWIFT CITIUS33)
Quoting	: The applicant's name and the selected Fund(s)
- A Corporate Holder applicant is required to submit the following:
 - (a) Certified true copy of the latest business registration certificate (if applicable) and certificate of incorporation/registration
 - (b) Certified true copy of the Hong Kong ID card/photo page of the passport of all the authorized signatories who sign on this form
 - (c) Certified true copy of the Memorandum and Articles of Association
 - (d) Board resolution to prove that the signatory(ies) who sign(s) this form is/are authorized to open a shareholder account with Manulife Advanced Fund SPC for and on behalf of the applicant
 - (e) Company search record confirming the current directors and shareholders of the applicant or certified true copy of the latest register of directors and shareholders of the applicant
 - (f) Certified true copy of the Hong Kong ID Card/photo page of the passport of all the individual shareholders and at least two directors (including the managing directors)
 - (g) Group chart of the applicant with the shareholding percentages shown if the applicant has a number of layers in its ownership structure and identification of the ultimate beneficial owner(s) of the applicant
- An Unincorporated Holder applicant is required to provide a certified true copy of the business registration certificate, partnership agreement, or, if applicable, declaration of trust/trust deed. Please refer to the "Third Party Certification" section of this form for the certification requirements.

7. For the purpose of anti-money laundering and counter-terrorist financing (“AML/CTF”), shareholders are required to notify Manulife Advanced Fund SPC via the Distributor any changes of particulars (e.g. change of address and change of name) and furnish to Manulife Advanced Fund SPC via the Distributor the requisite supporting documents for verification. Shareholders may be required to provide further documents (including but not limited to identification documents) to Manulife Advanced Fund SPC via the Distributor from time to time for regulatory or compliance purposes. Failure to notify Manulife Advanced Fund SPC on such changes or failure to provide the requisite documents may result in delays in executing any dealing instructions or redemption requests from the shareholders, who have responsibility to bear any possible losses arising from such delays.

In addition, Manulife Advanced Fund SPC is obliged to identify the source of the funds received from a financial institution which is not subject to a compulsory identification procedure equivalent to that required under the laws of Luxembourg. Dealing may be temporarily suspended until identification of the source of the funds is provided. Any such information provided to Manulife Advanced Fund SPC is collected for AML/CTF compliance purposes only.

It is generally accepted that professionals of the financial sector resident in a country that has ratified the conclusions of the Financial Action Task Force (“FATF”) are deemed to have an identification obligation equivalent to that required by the laws of Luxembourg. As of June 2010, the following countries have ratified the FATF/GAFI agreement/regulations;

- | | | | |
|-----------------------|-----------------------------|-------------------------------|----------------------------|
| • Argentina | • Finland | • Italy | • Russian Federation |
| • Australia | • France | • Japan | • Singapore |
| • Austria | • Germany | • Kingdom of the Netherlands* | • South Africa |
| • Belgium | • Greece | • Luxembourg | • Spain |
| • Brazil | • Gulf Co-operation Council | • Mexico | • Sweden |
| • Canada | • Hong Kong, China | • New Zealand | • Switzerland |
| • China | • Iceland | • Norway | • Turkey |
| • Denmark | • India | • Portugal | • United Kingdom |
| • European Commission | • Ireland | • Republic of Korea | • United States of America |

* the Kingdom of the Netherlands: the Netherlands, the Netherlands Antilles and Aruba.

8. Once supplied by the applicant, such information, financial and other information on the shareholder account, if used, may be disclosed from time to time for purposes connected with the applicant’s investment in the Fund(s) to the service providers and agents of Manulife Advanced Fund SPC, Manulife and the relevant regulatory authorities. Subject to declarations made by the applicant(s) in the “Applicant(s) Declarations and Signature(s)” section above, such information will not be released to any other party unless the Distributor is compelled to do so by a government or regulatory authority under the applicable laws. Applicants and shareholders are entitled at any time to request information on the policies and practices of the Distributor in relation to personal data, or to request access to the information held by the Distributor about themselves and their shareholder accounts. To update and correct such personal data, please write to the Data Privacy Officer of the Distributor at 22/F., Tower A, Manulife Financial Centre, 223-231 Wai Yip Street, Kwun Tong, Kowloon, Hong Kong.
9. Manulife Advanced Fund SPC reserves the right to reject an application in whole or in part, if the application and required documents are incomplete or invalid. Applicants are recommended to contact the Distributor to ascertain the documents required for shareholder account opening with Manulife Advanced Fund SPC.

Third Party Certification

(This certification must be completed where the applicants do not reside in Hong Kong and do not sign/execute this form in the presence of a staff member of the Distributor, an SFC licensed person, other licensed person or a qualified intermediary. Where this applies, any of the persons mentioned below must (a) witness the applicant(s) signature/execution of this form; (b) certify respective copy(ies) of the photo page(s) of the applicant(s) passport(s)/required documents in accordance with the “Applicant Details” section of this form against production of the originals; and (c) complete the certification below. The certified copies must be returned with this form. The following persons may conduct the certification: a bank branch manager, certified public accountant, lawyer, notary public or Justice of Peace.)

I hereby certify that the applicant(s) named in the “Applicant Details” section of this form has/have signed or executed this form in my presence and that I have seen the original identification document(s) and other document(s) of the applicant(s), certified true copies of which are required to be, and which are, enclosed with this form.

Certified this _____ day of _____

Signature or Company Stamp of the Certifier

Name

Position/Registration Status

Date

RISK PROFILE QUESTIONNAIRE FOR INDIVIDUALS

This questionnaire helps Manulife Asset Management (Hong Kong) Limited (“Manulife”) to provide you with quality financial service and consider whether your chosen Manulife’s investment fund (i.e. a unit trust or mutual fund) is suitable for you. Your answers to the ten questions below only provide some indication of your general personal risk profile, which may not accurately reflect your actual ability to take risk and your risk tolerance level. When needed, you may choose to complete this questionnaire again in future to re-assess your risk profile.

Note: For a joint account, the individual applicant / holder who places orders or makes investment decisions for the account should complete and sign this questionnaire. Manulife at any time acknowledges only the last completed and returned risk profile questionnaire by any of the holders for the purpose of suitability assessment. If you have any query, please contact your Manulife Investment Funds Intermediary or Customer Services Hotline at 2108 1110.

1. Which age group do you belong to?
 - A) 18 to 24
 - B) 25 to 34
 - C) 35 to 49
 - D) 50 to 64
 - E) Under 18 or Above 64
2. What is your highest educational qualification?
 - A) Primary school or below
 - B) Secondary school
 - C) Post secondary school
 - D) University / professional qualification unrelated to Economics or Finance
 - E) University / professional qualification related to Economics or Finance
3. How long is your investment experience in financial products (e.g. certificates of deposits, foreign currencies, stocks, bonds, investment funds, credit linked notes, structured products, futures, warrants, and commodities, etc)? (Note: For the purpose of this question, mandatory provident funds are excluded because of the compulsory nature.)
 - A) No experience at all
 - B) Less than 1 year
 - C) 1 year to less than 2 years
 - D) 2 years to less than 5 years
 - E) 5 years or more
4. What investment product(s) have you ever held during the past 24 months? (Tick one or more)
 - A) Margin Trading / Futures / Options / Equity Options / Accumulators / Forwards / Credit-linked Notes with exposure to Structured Products
 - B) Stocks / Equity-linked Investments (non-Blue Chips) / Investment Funds exposed to emerging markets, regional markets, single country or single sector / Hedge Funds / Foreign exchange Options / Option Embedded Products
 - C) Stocks / Equity-linked Investments (Blue Chips) / Global Equity Investment Funds / Balanced Investment Funds / Bond Investment Funds exposed to emerging markets, regional markets, single country / High-yield Bond Investment Funds / Currency-linked Deposits / Credit-linked Notes without exposure to Structured Products
 - D) Bonds / Global Bond Investment Funds / Foreign Currencies
 - E) Certificates of Deposits / Capital-guaranteed Investment Products / Money Market Funds
 - F) None of the above during the past 24 month but some of the above or other financial products prior to the past 24 months
 - G) Never held any investment products so far
5. How many dependent(s) do you need to give financial support?
 - A) None
 - B) 1 only
 - C) 2 only
 - D) 3 only
 - E) 4 or more
6. What is the average percentage of your after-tax income that can be allowed for saving or investment?
 - A) Less than 10%
 - B) 10% to 20%
 - C) 21% to 30%
 - D) 31% to 50%
 - E) More than 50%
7. What is the percentage of your current net-worth (excluding the value of your self-occupied property) that can be allowed for investment purpose?
 - A) Less than 10%
 - B) 10% to 20%
 - C) 21% to 30%
 - D) 31% to 50%
 - E) More than 50%
8. How many months of your normal expenses could be covered by your liquid assets (i.e. cash and assets easily converted into cash, for example, money market accounts, actively traded stocks, and investment funds) in case of an unexpected event?
 - A) Less than 1 month
 - B) 1 month to less than 6 months
 - C) 6 months to less than 12 months
 - D) 12 months to less than 24 months
 - E) 24 months or more
9. How long is your expected investment horizon?
 - A) Less than 1 year
 - B) 1 year to 5 years
 - C) 6 years to 10 years
 - D) 11 years to 20 years
 - E) More than 20 years

10. Which statement can best describe your general attitude towards financial investment?

- A) I cannot put up with any price fluctuation and have no interest on earnings.
 B) I can only put up with little price fluctuation and wish to have earnings slightly higher than bank deposit rates.
 C) I can put up with some price fluctuation and wish to have earnings much better than bank deposit rates.
 D) I can put with high degree of price fluctuation and wish to have earnings comparable to stock market indexes.
 E) I can put up with any price fluctuation and wish to have earnings remarkably higher than stock market indexes.

How to Score the Risk Profile Questionnaire?

Please calculate your points according to the table below:

Question Number	A	B	C	D	E	F	G	Your Points
Question 1	1	3	5	3	1			
Question 2	1	2	3	5	7			
Question 3	0	2	3	4	5			
Question 4 * (One or more answers)	9	7	5	3	1	1	0	
Question 5	5	4	3	2	1			
Question 6	1	2	3	4	5			
Question 7	1	2	3	5	5			
Question 8	0	1	3	5	5			
Question 9	1	2	3	5	5			
Question 10	0	1	3	4	5			

* As the question allows multiple answers, only the answer carries the highest score is used in the calculation.

Please total your points from the ten questions and write your risk score in the box:

Risk Score	General Risk Profile Description
6 - 12	Risk Profile 1: Conservative You can accept small returns of your investments with low risk exposure and price fluctuation.
13-25	Risk Profile 2: Moderate You can accept some returns of your investments with low to medium risk exposure and price fluctuation.
26-38	Risk Profile 3: Balanced You can accept a balanced investment portfolio with capital growth potential and medium to high risk exposure and price fluctuation.
39-48	Risk Profile 4: Growth You can accept growth of capital with high risk exposure and price fluctuation.
49-56	Risk Profile 5: Aggressive You can accept high growth of capital with higher risk exposure and significant price fluctuation.

Remarks:

This risk profile questionnaire and the results should not be regarded as investment advice on, an offer to sell, or a solicitation for an offer to purchase any investment products or services. Manulife and its associated companies accept no responsibility or liability as to the accuracy or completeness of the information provided in this questionnaire and the results. This questionnaire is not a comprehensive financial planning tool and is not a substitute for independent professional advice.

Investment involves risks. Past performance is not indicative of future performance in respect of any investment.

All information obtained from this questionnaire and related information may be utilized by and/or transferred to Manulife or its associated or related companies and/or their service providers regardless of where they are located or registered to enable them to perform marketing and investor servicing duties. Should you wish to access and/or correct your personal data held by Manulife or opt-out from receiving Manulife's promotional and/or direct marketing information, please contact Manulife Privacy Officer whose information is available on www.manulife.com.hk.

Completed and Signed by:

Signature of Investor*:

Full Name of Investor:

Investment Fund Account Number
(where applicable):

Date (DD/MM/YYYY):

Witnessed by (if applicable):

Signature of SFC Licensed Person /
Qualified Intermediary:

Full Name of SFC Licensed Person /
Qualified Intermediary:

CE Number of SFC Licensed
Person / Number of Qualified
Intermediary:

Date (DD/MM/YYYY):

* For a joint account, the individual applicant / holder who places orders or makes investment decisions for the account should complete and sign this form.

SUITABILITY CHECK TABLE FOR MANULIFE ADVANCED FUND SPC SHAREHOLDER ACCOUNT OPENING APPLICATION

Important Notes:

- (a) This Suitability Check Table helps to assess whether your intended subscription to one or more sub-fund(s) ("Fund(s)") of Manulife Advanced Fund SPC is consistent with your risk profile.
 - (b) Please attach your completed and signed Risk Profile Questionnaire and Suitability Check Table to your signed Shareholder Account Opening Form for submission.
 - (c) If you have ticked Applicant(s)' Declarations (B) in your completed Suitability Check Table, you will receive a call or SMS message from our Operations staff seeking your telephone confirmation as below:
 1. Names of your chosen Fund(s) and the corresponding subscription amount(s); and
 2. Your clear understanding of the content of your completed Applicant(s)' Declarations (B).
 - (d) To accord investor protection as a high priority, we have discretion to partially or fully decline your application and, where needed, will return your submitted Shareholder Account Opening Form if:
 1. you cannot be reached for pre-trade telephone confirmation; or
 2. you cannot verbally confirm your understanding of the content of your completed Applicant(s)' Declarations (B) during the pre-trade call.
- If you have any question on the above, please do not hesitate to contact your Manulife Investment Funds Intermediary or our Customer Service Hotline on (852) 2108 1110.

As this is your initial subscription application, please ensure your completion of our Risk Profile Questionnaire to know your Risk Score and tick the applicable box below to indicate your preferred investment method:

Lump-sum → Please fill in the initial subscription amount(s) in Step 1.

Please start with Part 1, follow the steps therein and tick all the appropriate boxes. You may need to complete Part 2, depending on your answers in Steps 4, 5 and 6. If needed, please refer to the attached Illustration.

Notes for Part 1

Note 1: Please fill in the amount in Hong Kong Dollars or a clearly specified currency subject to our approval.

Note 2: Risk Score: 1 = Conservative; 2 = Moderate; 3 = Balanced; 4 = Growth; 5 = Aggressive

Note 3: Minimum initial investment amount for each Fund is HK\$20,000. Minimum subsequent investment amount for each Fund is HK\$1,000. An initial charge of up to 5% of the subscription amount will be levied in respect of Share Class AA.

PART 1 (Please complete this part to indicate your intended subscription application) Risk Deviation = Your Risk Score minus (-) Fund Risk Level (e.g. 3 - 5 = -2; 3 - 2 = +1)

(Step 1) Fill in Intended Lump-sum Subscription Amount	(Step 2) Write Your Risk Score Based on Your Last Completed Risk Profile Questionnaire or Our Record (Note 2 Above) →		(-) Minus →	Fund Risk Level →	Step 3) (=) Equal Positive (+) / Negative (-) Risk Deviation
In Hong Kong Dollars (Note 1 Above)	Manulife Advanced Fund SPC	Share Class		Please see (#) below	↓
	China A Segregated Portfolio	AA		5	
	Renminbi Bond Segregated Portfolio (this bond fund is denominated in USD only and not in RMB)	AA		2	
Total:	# Remark: The Fund Risk Levels only indicate historical volatilities as explained in the relevant fund performance reports and should not be relied upon as investment advice.				

(Step 4)

Does your above intended subscription carry **Negative Risk Deviation**? (Please check Step 3 above, tick the appropriate box below and complete the rest.)

Yes - Negative Risk Deviation → Please go to Step 5.

No Negative Risk Deviation → Please complete Applicant(s)' Declarations (A) on page 2 as your intended subscription is an acceptable transaction.

(Step 5)

Do you belong to one or more of the following three groups? (Please tick the appropriate box(es) below)

- aged below 18 or above 64
- highest educational qualification is primary school or below
- have no investment experience in financial products, excluding mandatory provident fund schemes. Note: this group does not include corporate or unincorporated applicants.

Yes → Please go to Step 6.

No → Please complete Applicant(s)' Declarations (B) on page 2 as your intended subscription is a reviewable transaction.

(Step 6)

Does more than 30% of your intended lump subscription carry **Negative Risk Deviation**? (Please compute and tick the appropriate box below)

More than 30% → Please reconsider your intended subscription and we apology for declining your application.

30% or below → Please complete Part 2 and Applicant(s)' Declarations (B) on page 2 as your intended subscription is a reviewable transaction.

$$\frac{\text{Sum of Intended Lump-sum Subscription Amount(s) Carrying Negative Risk Deviation (\$ \quad \quad \quad)} \times 100\% = \quad \quad \quad \%}{\text{Total Intended Lump-sum Subscription Amount (\$ \quad \quad \quad)}}$$

PART 2 (Please tick the appropriate box and fill in the applicable blanks to complete this part if your answer in Step 6 is "30% or below")

- I/We confirm no solicitation or recommendation of my/our intended subscription by Manulife Investment Funds Intermediary.
- I/We have had my/our subscription application process audio recorded as arranged by Manulife Investment Funds Intermediary.
- I/We have been accompanied by my/our trusted relative / friend (please cross out as appropriate) who has completed and signed below to confirm his/her presence throughout my/our subscription application process. I/We confirm that my/our trusted relative is my/our _____ (please write either "not applicable" or the relationship, e.g. spouse, son, daughter and ensure your trusted relative or friend complete and sign this part.)
- I confirm having accompanied the applicant(s) throughout the subscription application process and declare that I am aged between 18 and 64 with educational qualification of secondary school or above.

Full Name of the Relative / Friend: _____

Signature of the Relative / Friend: _____

APPLICANT(S)' DECLARATIONS

- I/We confirm that the above information is true and correct and I/we provide the Distributor of Manulife Advanced Fund SPC, Manulife Asset Management (Hong Kong) Limited ("Distributor"), with the above information wholly based on my/our own judgment and decision. I/We consent to complete and return my/our updated Risk Profile Questionnaire at the Distributor's request if my/our answers above are inconsistent with the Hong Kong Distributor's existing record.
- I/We declare, understand and agree that all information supplied in this Suitability Check Table and any future alteration of it, can be used or transferred in the same manner as those data supplied by me/us in the Shareholder Account Opening Form or any other data collection forms. By writing to the Data Privacy Officer at 22/F, Tower A, Manulife Financial Center, 223-231 Wai Yip Street, Kwun Tong, Kowloon, Hong Kong, I/we can have access to my/our personal data collected and held by the Hong Kong Distributor.

Depending on your answers in Steps 4, 5 and 6, please tick Applicant(s)' Declarations (A) or (B):

- Applicant(s)' Declarations (A)** – I/We confirm that I/we fully understand and accept the associated risk and return of the Fund(s) chosen by me/us since it is as likely that losses will be incurred as profit made as a result of buying and selling investment funds. I/We agree to subscribe to the Fund(s) and declare that I/we have made this decision solely based on my/our own judgment after prudent consideration of my/our investment horizon, investment objective, risk profile, financial circumstances and particular needs in lieu of any advice from the Hong Kong Distributor on my/our subscription of the Fund(s).
- Applicant(s)' Declarations (B)** – I/We acknowledge that the arrangement of this subscription with Negative Risk Deviation as indicated above is not in any way an endorsement by the Distributor that it is suitable for me/us. I/We confirm that I/we fully understand and accept the associated risk and return of the Fund(s) chosen by me/us since it is as likely that losses will be incurred as profit made as a result of buying and selling investment funds. I/We agree to subscribe to the Fund(s) because of the reason(s) below and declare that I/we have made this decision solely based on my/our own judgment after prudent consideration of my/our investment horizon, investment objective, risk profile, financial circumstances and particular needs in lieu of any advice from the Distributor on my/our subscription of the Fund(s).

(Please tick one or more box(es), where appropriate)

- I/We have my/our specific investment objective for the subscription.
- I/We recognize the subscription amount taken as a small portion of my/our liquid assets.
- I/We have previous investment experience of the chosen Fund(s) or similar product(s) and fully understand the risks involved.
- I/We find the features of the chosen Fund(s) in line with my/our investment horizon and preferences.
- I/We regard the subscription as a good investment opportunity.
- I/We have my/our own reason for the subscription as follow: _____

Completed and Signed by : _____ If applicable : _____
 Signature of Holder applicant* : _____ Signature of other joint holder(s) : _____

Full Name of Holder applicant : _____ Full name of other joint holder(s) : _____

Date (DD/MM/YYYY) : _____ Date (DD/MM/YYYY) : _____

* For a **joint account**, the individual Holder applicant who places orders or makes investment decisions should complete and sign this form. The Distributor at any time acknowledges only the last completed and returned risk profile questionnaire from any of the joint holders for the purpose of suitability assessment. For a **corporate or unincorporated account**, the authorized signatory who makes investment decisions on behalf of the company should complete and sign this form and write the full name of the authorized signatory in the "Signature of Holder applicant" part with the company stamp.

Illustration

This illustration shows how to complete the Suitability Check Table by using a **hypothetical investor's profile** as follows.

- + Aged 65
- + Post-secondary school education
- + 2 years to less than 5 years of investment experience
- + Selected Fund A, Fund B, Fund D and Fund E and noted Negative Risk Deviation of - 1 and - 2 due to intended subscription to Fund A and Fund B
- + Completed Part 2 and Applicant(s)' Declarations (B) in the Suitability Check Table.

PART 1 (Please complete this part to indicate your intended subscription application) Risk Deviation = Your Risk Score minus (-) Fund Risk Level (e.g. 3 - 5 = - 2 ; 3 - 2 = + 1)					
(Step 1) Fill in Intended Lump-sum Subscription Amount	(Step 2) Write Your Risk Score Based on Your Last Completed Risk Profile Questionnaire or Our Record (Note 2 Above) →	3	(-) Minus →	Fund Risk Level →	Step 3) (=) Equal Positive (+) / Negative (-) Risk Deviation
In Hong Kong Dollars (Note 1 Above)	Hypothetical Fund Name		Share Class	Please see (#) below	↓
100,000	Fund A		AA	5	-2
200,000	Fund B		AA	4	-1
	Fund C		AA	3	
300,000	Fund D		AA	2	+1
400,000	Fund E		AA	1	+2
Total: 1,000,000	# Remark: The Fund Risk Levels only indicate historical volatilities as explained in the relevant fund performance reports and should not be relied upon as investment advice.				
(Step 4) Does your above intended subscription carry Negative Risk Deviation? (Please check Step 3 above, tick the appropriate box below and complete the rest.) →					
<input checked="" type="checkbox"/> Yes - Negative Risk Deviation → Please go to Step 5. <input type="checkbox"/> No Negative Risk Deviation → Please complete Applicant(s)' Declarations (A) on page 2 as your intended subscription is an acceptable transaction.					
(Step 5) Do you belong to one or more of the following three groups? (Please tick the appropriate box(es) below)					
<input checked="" type="checkbox"/> aged below 18 or above 64 <input type="checkbox"/> highest educational qualification is primary school or below <input type="checkbox"/> have no investment experience in financial products, excluding mandatory provident fund schemes. Note: this group does not include corporate or unincorporated applicants. <input checked="" type="checkbox"/> Yes → Please go to Step 6. <input type="checkbox"/> No → Please complete Applicant(s)' Declarations (B) on page 2 as your intended subscription is a reviewable transaction.					
(Step 6) Does more than 30% of your intended lump-sum subscription carry Negative Risk Deviation? (Please compute and tick the appropriate box below)					
<input type="checkbox"/> More than 30% → Please reconsider your intended subscription and we apology for declining your application. <input checked="" type="checkbox"/> 30% or below → Please complete Part 2 and Applicant(s)' Declarations (B) on page 2 as your intended subscription is a reviewable transaction.					
$\frac{\text{Sum of Intended Lump-sum Subscription Amount(s) Carrying Negative Risk Deviation (\$ 300,000)}}{\text{Total Intended Lump-sum Subscription Amount (\$ 1,000,000)}} \times 100\% = 30\%$					
PART 2 (Please tick the appropriate box and fill in the applicable blanks to complete this part if your answer in Step 6 is "30% or below")					
<input checked="" type="checkbox"/> I/We confirm no solicitation or recommendation of my/our intended subscription by Manulife Investment Funds Intermediary. <input type="checkbox"/> I/We have had my/our subscription application process audio recorded as arranged by Manulife Investment Funds Intermediary. <input type="checkbox"/> I/We have been accompanied by my/our trusted relative / friend (please cross out as appropriate) who has completed and signed below to confirm his/her presence throughout my/our subscription application process. I/We confirm that my/our trusted relative is my/our _____ (please write either "not applicable" or the relationship, e.g. spouse, son, daughter and ensure your trusted relative or friend complete and sign this part.) <input type="checkbox"/> I confirm having accompanied the applicant(s) throughout the subscription application process and declare that I am aged between 18 and 64 with educational qualification of secondary school or above.					
Full Name of the Relative / Friend: _____ Signature of the Relative / Friend: _____					

