

Branch code 分行編號	Location 地點
Insurance Advisor code 保險顧問編號	
Insurance Advisor's name 保險顧問姓名	

## ManulifeMOVE Enrollment Form ManulifeMOVE 會員登記表格

Form submission is **NOT** required if:

**1)** the Policy Owner and Insured of the eligible plan\* are the same person **AND 2)** the policy was issued **on or after April 1, 2019**.  
MOVE membership activation email will be automatically sent once the policy is issued.

請**無須**遞交此表格如：

1) 該合資格保險產品\*保單持有人及受保人為同一人 **及** 2) 該保單於**2019年4月1日或之後**批核。  
MOVE會籍啟動電郵將於保單批核後自動發出。

Please complete in **BLOCK** letters and tick where appropriate. 請以**正楷**填寫，並在適當的地方加上剔號。

This form is applicable to applicant of the eligible plan\* with the following conditions:  
此表格適用於符合以下情況之合資格保險產品\*的申請人：

- The Policy Owner and Insured are **NOT** the same person; or  
保單持有人和受保人**並非**同一人；或
- The Policy Owner and Insured are the same person, and it was issued **before April 1, 2019**.  
保單持有人及受保人為同一人，並於**2019年4月1日之前**批核。

### POLICY DETAILS 保單資料

Name of Proposed Insured

(In English 英文)

Surname

Given name

擬受保人姓名

(In Chinese 中文)

姓

名

Policy number

保單號碼

#### Critical Illness 危疾保障

- ManuBright Care「活耀人生危疾保」  
 ManuBright Care 2「活耀人生危疾保 2」  
 ManuBright Care 2 Plus  
「活耀人生危疾保 2(加強版)」  
 ManuEssential Care「樂康無憂危疾保」  
 ManuLove Care「心愛一家保」  
 ManuPrime Care「樂健無憂危疾保」  
 ManuVital Care「悠然危疾保」

#### Quality Medical Care 醫療保障

- ManuMaster Healthcare Series/Benefit  
「晉領醫療保障系列 / 附加保障」  
 ManuShine Healthcare Series/Benefit  
「活亮人生醫療保障系列 / 附加保障」  
 Cancer Treatment Benefit  
「癌症治療附加保障」

#### VHIS 自願醫保計劃

- Manulife Shelter VHIS Standard Plan  
「宏利愛守護自願醫保標準計劃」  
 Manulife First VHIS Flexi Plan  
「宏利全護航自願醫保靈活計劃」  
 Manulife Supreme VHIS Flexi Plan  
「宏利晉悅自願醫保靈活計劃」

### CONTACT INFORMATION 聯絡資料

Need not be answered if you are **BOTH** the insured and policy owner of the above policy **AND** already an existing Manulife customer, ManulifeMOVE will use your previously registered email address / mobile number for communication.

如閣下**同時**為上述保單持有人和受保人**及**宏利之現有客戶，則無需填寫。ManulifeMOVE會使用閣下以往所登記的電郵地址 / 流動電話作通訊用途。

Email Address

電郵地址

Mobile Number

流動電話

Hong Kong 香港

852-

Macau 澳門

853-

Language Preference

語言選擇

Traditional Chinese 繁體中文

English 英文



**PERSONAL INFORMATION COLLECTION STATEMENT 個人資料收集聲明**

I have received and read the "ManulifeMOVE Personal Information Collection Statement for ManulifeMOVE Members in Hong Kong/Macau" (version 20200429) ("Notice"). I confirm my consent as referred to in the sections entitled **Use of Personal Data in Direct Marketing** and **Provision of Personal Data for Use in Direct Marketing** of the Notice subject to any objection as indicated by me below: (IMPORTANT NOTES: Please note that direct marketing can include offers of special discounts, coupons or gift items. You can leave this box blank.)

本人已收訖及閱畢「ManulifeMOVE會員的收集個人資料聲明（適用於香港/澳門）」（20200429版本）（「通知」）。除本人如下所示提出之任何反對外，本人確認同意該通知內以**個人資料在直接促銷中的使用及提供個人資料作直接促銷**為標題之內容。（重要提示：請注意直接促銷用途可包括提供特別折扣、優惠券或禮品。你可將這空格留空。）

I object to Manulife using my personal data in direct marketing as referred to in the section entitled **Use of Personal Data in Direct Marketing and Provision of Personal Data for Use in Direct Marketing** of the Notice.

本人反對宏利按該通知內以**個人資料在直接促銷中的使用及提供個人資料作直接促銷**為標題的部份，將本人之個人資料作直接促銷用途。

Scan the QR Code for  
"ManulifeMOVE  
Personal Information  
Collection Statement  
for ManulifeMOVE  
Members"

掃描QR碼以參閱  
「ManulifeMOVE會員  
的收集個人資料聲明」

**Declaration and Acknowledgment of Proposed Insured 擬受保人聲明及確認**

By signing on this enrollment form, I hereby acknowledge, confirm and agree that

- 1) I confirm that I am aged 18 or above, and I agree to use my personal data registered at Manulife to receive communications relating to ManulifeMOVE.
- 2) I have read and agreed to be bound by the ManulifeMOVE Terms & Conditions, eligibility and benefits defined in the offer brochure or [www.ManulifeMOVE.hk](http://www.ManulifeMOVE.hk) and ManulifeMOVE Personal Information Collection Statement for ManulifeMOVE Members in Hong Kong / Macau.
- 3) I understand, acknowledge and agree that my personal data provided to Manulife may be transferred to policy owner(s) of policy stated above for the purposes prescribed in the Notice.

本人簽署本表格並謹此確認、聲明及同意

- 1) 本人為18歲或以上，並同意宏利使用本人於宏利所登記的個人資料作收取ManulifeMOVE的相關通訊。
- 2) 已細閱並同意接受有關ManulifeMOVE條款及細則、刊載於優惠指南內或[www.ManulifeMOVE.hk](http://www.ManulifeMOVE.hk)上的會籍資格、優惠詳情及ManulifeMOVE會員的收集個人資料聲明（適用於香港/澳門）所限制。
- 3) 明白、確認及同意本人的個人數據提供給宏利或會分享至上述保單的保單持有人作為通知中所指定的目的。

X

\_\_\_\_\_  
Signature of proposed insured  
擬受保人簽署

\_\_\_\_\_  
Date (DD/MM/YYYY)  
日期 (日 / 月 / 年)

\*Eligible plans are subject to change from time to time. Please refer to [www.ManulifeMOVE.hk](http://www.ManulifeMOVE.hk) for the latest updates. The programme is subject to ManulifeMOVE Terms & Conditions.  
有關ManulifeMOVE內的合資格保險產品會不時更改，請留意[www.ManulifeMOVE.hk](http://www.ManulifeMOVE.hk)內的最新公布。ManulifeMOVE計劃受條款及細則約束。

Manulife (International) Limited (Incorporated in Bermuda with limited liability)  
宏利人壽保險（國際）有限公司（於百慕達註冊成立之有限責任公司）