

**APPLICATION FOR DIVIDEND/
COUPON WITHDRAWAL OR TRANSFER
(TRADITIONAL/UNIVERSAL LIFE POLICY)
提取或調動紅利／現金儲備申請表
(傳統／萬用壽險保單)**

Branch code 分行編號 _____ Location 地點 _____
 Advisor code 保險顧問編號 _____
 Advisor's name 保險顧問姓名 _____
 Contact no. 聯絡電話 _____

Get your money 2x faster, log in at www.Manulife.com.hk
 Scan here or go to www.manulife.com.hk, log in and select "Portfolio" then "Transfer / withdraw policy value".

想更快收到款項?請即登入宏利網站www.Manulife.com.hk了解詳情。
 請掃描此處或前往www.manulife.com.hk，登入網站並選擇「資產組合」，再按「調動 / 提取保單價值」。款項到手就是如此簡單。

Important Notes 重要事項：

To comply with the industry guidelines, please attach copy of policyowner's valid ID card/Passport. For business entity, please also attach copies of Business Registration Certificate and other relevant identification documents. Please state the policy number(s) on the attachd copies. 為遵守保險業務守則，請附上保單持有人之有效的身份證／護照副本；商業實體則另須附上商業登記證及其他有關身份證明文件副本。請於該副本上註明保單編號。

- In this Form, "Manulife" or "the Company" shall mean Manulife (International) Limited (incorporated in Bermuda with limited liability). 於此表格內，「宏利」或「本公司」是指宏利人壽保險(國際)有限公司(於百慕達註冊成立之有限責任公司)。
- Any amendments should be clearly indicated and counter-signed by the policyowner. 任何資料如有更改，保單持有人必須清楚註明並在更改的位置簽署作實。
- Please put a "✓" in the appropriate box(es). All dollar amounts are stated in the policy currency unless otherwise stated. 請於適當方格內填上「✓」號。除特別指明外，所有金額之幣值皆為保單幣值。
- 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 read the Statement to Customers relating to the Manulife Personal Information Collection Statement ("Statement") before you complete this form. The Statement is available on Manulife's website (www.manulife.com.hk) or upon request from your Manulife Advisor. By completing and returning to Manulife the form, you are agreeing to the Statement. 當閣下填寫此表格前，請閱畢《宏利個人資料收集聲明》(「聲明」)。該聲明可於宏利網址 (www.manulife.com.hk) 或向閣下的宏利顧問索取。透過填妥及交回此表格，即表示閣下同意該聲明之內容。

Full name of policyowner 保單持有人姓名 _____

SECTION A	WITHDRAWAL/TRANSFER 第一項：提取／調動		
	For withdrawal, please also complete Section C 如提取金額，請同時填寫「第三項：付款指示」		
<p>The amount requested is subject to the maximum available dividend/growth bonus/non-guaranteed annual dividends/accumulated realized bonus or coupon/guaranteed income/guaranteed education allowance/guaranteed annual income of the policy and will be effective as soon as the company considers applicable. Note that the withdrawal/transfer of dividend/growth bonus/accumulated realized bonus or coupon is not allowed if the policy is on premium offset/premium offset with coupon (if applicable). 可申請之金額以該保單之最高可動用的紅利／增長紅利／非保證每年紅利／累積已鎖定終期紅利或現金儲備／保證入息／保證教育津貼／保證每年入息為限，而本公司將依據最快可行之日期作為申請金額之生效日。請注意，如保單正行使對減保費權益／行使對減保費權益而現金儲備已納入作對減保費，提取／調動紅利／增長紅利／累積已鎖定終期紅利或現金儲備將不會受理(如適用)。</p>			
<input type="checkbox"/> a Dividend or growth bonus or non-guaranteed annual dividends or accumulated realized bonus 紅利或增長紅利或非保證每年紅利或累積已鎖定終期紅利提取款項			
		Transfer (fill in where applicable) 調動(如適用請填寫)	
Policy No. 保單編號	Withdrawal/Transfer 提取／調動	To Policy No. 至保單編號	Purpose 用途
	<input type="checkbox"/> As at anniversary 計至保單周年日 <input type="checkbox"/> All 全部 <input type="checkbox"/> Amount 金額 _____ \$		<input type="checkbox"/> Payment of Premium 繳付保費 <input type="checkbox"/> Loan Repayment 償還貸款 <input type="checkbox"/> Other 其他 _____
	<input type="checkbox"/> As at anniversary 計至保單周年日 <input type="checkbox"/> All 全部 <input type="checkbox"/> Amount 金額 _____ \$		<input type="checkbox"/> Payment of Premium 繳付保費 <input type="checkbox"/> Loan Repayment 償還貸款 <input type="checkbox"/> Other 其他 _____
<input type="checkbox"/> b Coupon or guaranteed income or guaranteed education allowance or guaranteed annual income 現金儲備或保證入息或保證教育津貼或保證每年入息			
		Transfer (fill in where applicable) 調動(如適用請填寫)	
Policy No. 保單編號	Withdrawal/Transfer 提取／調動	To Policy No. 至保單編號	Purpose 用途
	<input type="checkbox"/> As at anniversary 計至保單周年日 <input type="checkbox"/> All 全部 <input type="checkbox"/> Amount 金額 _____ \$		<input type="checkbox"/> Payment of Premium 繳付保費 <input type="checkbox"/> Loan Repayment 償還貸款 <input type="checkbox"/> Other 其他 _____
	<input type="checkbox"/> As at anniversary 計至保單周年日 <input type="checkbox"/> All 全部 <input type="checkbox"/> Amount 金額 _____ \$		<input type="checkbox"/> Payment of Premium 繳付保費 <input type="checkbox"/> Loan Repayment 償還貸款 <input type="checkbox"/> Other 其他 _____
<input type="checkbox"/> c Premium Refund Benefit/ManuFlex Protector/ManuFlex Achiever Withdrawal 保費回贈保障／智選萬用壽險／成就萬用壽險提取款項			
		Transfer (fill in where applicable) 調動(如適用請填寫)	
Policy No. 保單編號	Withdrawal/Transfer 提取／調動	To Policy No. 至保單編號	Purpose 用途
	<input type="checkbox"/> As at anniversary 計至保單周年日 <input type="checkbox"/> All 全部 <input type="checkbox"/> Amount 金額 _____ \$		<input type="checkbox"/> Payment of Premium 繳付保費 <input type="checkbox"/> Loan Repayment 償還貸款 <input type="checkbox"/> Other 其他 _____

• If there is no default e-Payout method set in our record, it will be issued by cheque. 如未有設立電子預設付款方法，總額將以支票形式支付。

- Paid by Cheque in HKD 以港元支票支付^(a)
 Paid by Cheque in MOP 以澳門元支票支付^(a)
 For USD policy - Paid by Cheque in USD (drawn in United States) 適用於美元保單 - 以美元支票支付 (由美國的銀行付款)^(b)

Cheque collection method 支票交付方式

- Through my Insurance Advisor 經由本人的保險顧問轉交
 By mail to my latest correspondence address with Manulife 寄往本人於宏利紀錄的最新通訊地址
 By registered mail to my latest correspondence address with Manulife (only applicable to payment cheque amount of HKD1,000,000 or above or equivalent in other currency.) 以掛號方式寄往本人於宏利紀錄的最新通訊地址 (只適用於支票金額為港元1,000,000或以上或相等的其他貨幣)^(c)

- Notes 註：
- (a) The HKD/MOP equivalent will be based on the currency exchange rate provided by the Company at the time of issue of the cheque and it can be changed from time to time. 相等之港元/澳門元將會以支票發出時的貨幣兌換率計算，而宏利將不時提供有關的貨幣兌換率。
- (b) In general, it takes a long settlement period to clear a foreign cheque in Macao. Bank charges may be incurred by client for clearing the cheque. 銀行通常需要較長的結算時間於澳門兌現外幣支票；另銀行或會向客戶徵收兌現支票的相關手續費。
- (c) If the payment cheque amount is less than HKD1,000,000 or equivalent in other currency, the cheque will be sent by ordinary mail. 如支票金額少於港元1,000,000 或相等的其他貨幣，支票會以普通郵寄方式寄出。

SECTION D SPECIAL REQUEST 第四項：特別指示

SECTION E DECLARATION AND AUTHORIZATION 第五項：聲明及授權

I, hereby agree to the application(s) as stated above and understand that the above application(s) is/are bound by the provisions stated in the Contract(s). 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.

本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。本人聲明本人現時並沒有破產。本人明白倘相關人士之身份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。

Signature(s) of irrevocable beneficiary(ies) (if applicable)
不可更改之受益人簽署 (如適用)

Signature of collateral assignee (if applicable)
附屬抵押轉讓受讓人簽署 (如適用)

Signature of witness 見證人簽署 (Name 姓名： _____)

Signature of policyowner 保單持有人簽署

DD/MM/YYYY 日/月/年

Please return the completed form to Macao Administration Office, Manulife (International) Limited, Avenida De Almeida Ribeiro No.61, Circle Squire, 14 andar A, Macao. 請將填妥的表格寄回澳門新馬路61號永光廣場十四樓A宏利人壽保險(國際)有限公司澳門分行行政部。