

AUTOPAY ARRANGEMENT FORM 自動轉帳付款安排申請表

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	

Policy Number 保單號碼 _____

Full name of policyowner 保單持有人姓名 _____

Important Notes 重要事項：

- All dollar amounts are stated in the policy currency unless otherwise stated.
除特別指明外，所有金額之幣值皆為保單幣值。
- 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。
- The arrangement can normally take effect one month after the Company receives the request. If an effective month/date is not indicated or it is less than a month from the date of receipt, the arrangement will be effected as soon as the Company considers applicable.
有關安排一般於本公司收妥申請後一個月後生效。如未有註明生效月份 / 日期或此申請在不足一個月內收訖，本公司將依據最快可行之日期作為有關安排的生效日。
- 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 Notice to Customers relating to the Personal Data (Privacy) Ordinance (version 20130401-01) (applicable to Hong Kong) ("Notice") before you complete this form. The Notice 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 Notice. 當閣下填寫此表格前，請閱畢《有關〈個人資料(私隱)條例〉的客戶通知(20130401-01版本)》(適用於香港)。該通知可於宏利網址(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，即表示閣下同意該通知之內容。

Autopay Arrangement 自動轉帳安排

<input type="checkbox"/> Suspend/cancel existing autopay 暫停 / 取消自動轉帳	Effective date 生效日期：_____ (DD日/MM月/YYYY年) Reason 原因：_____
<input type="checkbox"/> Resume previous autopay 恢復自動轉帳	Effective date 生效日期：_____ (DD日/MM月/YYYY年)
<input type="checkbox"/> Payment of outstanding premium and levy through autopay 以自動轉帳支付欠繳保費及徵費	Effective month and year 生效月份及年份：_____ (MM月/YYYY年) Effective date 生效日期： <input type="checkbox"/> 3rd 三日 <input type="checkbox"/> 14th 十四日 <input type="checkbox"/> 28th 廿八日 Number of instalments 分期付款次數# _____ # Applicable to investment-linked policy only. Total amount should be a multiple of planned premium. 只適用於與投資相連的壽險計劃，總金額必須為按期保費之倍數。
<input type="checkbox"/> Repayment of loan through autopay 以自動轉帳繳還保單貸款 (Applicable to traditional policy only. 只適用於傳統保單)	Amount 金額：_____ <input type="checkbox"/> Lump sum 一次繳還 <input type="checkbox"/> By instalments until loan is paid off 分期付款至全部貸款償清 Effective month and year 生效月份及年份：_____ (MM月/YYYY年)
<input type="checkbox"/> Change autopay debit date to 更改自動轉帳日至	<input type="checkbox"/> 3rd (for Policy Year Date 1st-19th only) 三日 (只適用於保單生效日期介乎一日至十九日) <input type="checkbox"/> 14th (for Policy Year Date 20th-28th only) 十四日 (只適用於保單生效日期介乎廿日至廿八日) Effective month and year 生效月份及年份：_____ (MM月/YYYY年)

Auto Re-debit of Overdue Premium and Levy Arrangement 自動扣繳逾期保費及徵費安排

Any overdue premium and levy (excluding loan repayment and top up premium) will be re-debited automatically on next month's debit date. It is applicable to payment mode of monthly, quarterly, semi-annually and annually. For example, if the original autopay debit date for the policy premium is 3rd June but it's not settled due to insufficient fund, such unsettled premium and levy will be re-debited on the same debit date of the following month (i.e. 3rd July), regardless of which payment mode is selected. 逾期的保費及徵費 (不包括繳還保單貸款及額外供款) 將會於下個月的轉帳日再次自動扣繳。此安排適用於月繳、季繳、半年繳及年繳的繳付形式。例如：今期保單的自動轉帳日為6月3日，但因戶口資金不足以致保費及徵費逾期未繳，不論任何繳付形式，該筆款項將於下月的同一轉帳日 (即7月3日) 自動扣繳。

<input type="checkbox"/> Register auto re-debit of overdue premium and levy 登記自動扣繳逾期保費及徵費	Effective date 生效日期：_____ (DD日/MM月/YYYY年)
<input type="checkbox"/> Cancel auto re-debit of overdue premium and levy 取消自動扣繳逾期保費及徵費	Effective date 生效日期：_____ (DD日/MM月/YYYY年)

Declaration and Authorization 聲明及授權

I/we hereby declare that the above information is complete and true to the best of my/our knowledge and agree that (1) I/we agree to inform Manulife immediately in writing of any change in (a) my/our personal information provided on this form; (b) the personal particulars of any of the persons mentioned in this application; and/or (c) the other information provided by me/us in this form or any other document, including but not limited to any change of the person(s) who has/have any legal or beneficial interest in the policy directly or indirectly and (2) I/we declare that I/we do not have any bankruptcy petition made against me/us. 本人 / 吾等謹此聲明以上資料均為確實無訛並同意下列各項：(1) 本人 / 吾等茲同意 (甲) 本人 / 吾等於本表格的個人資料及 / 或 (乙) 本申請所提及任何人士的個人資料及 / 或 (丙) 本人 / 吾等於本表格或任何其他文件提供的資料如有任何變動 (包括但不限於直接或間接於保單擁有任何法定或實益權益的人士有所更改)，本人 / 吾等將即時以書面通知宏利及(2) 本人 / 吾等聲明本人 / 吾等現時並沒有破產。

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

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

X
Signature of policyowner 保單持有人簽署

☑ Please return the completed form to Individual Financial Products, Manulife (International) Limited, 22/F., Manulife Financial Centre, 223-231 Wai Yip Street, Kwun Tong, Kowloon, Hong Kong. 請將填妥的表格寄回香港九龍觀塘偉業街223-231號宏利金融中心22樓宏利人壽保險(國際)有限公司個人理財產品業務部。

