

## CREDIT CARD DIRECT DEBIT AUTHORIZATION FORM

(For Refundable Daily Hospital Cash plan only)  
**信用卡直接付款授權書**  
 (只適用於保費回贈住院現金保障計劃)

Include Auto Re-debit of Overdue Premium and Levy 包括自動扣繳逾期保費及徵費

I hereby authorize Manulife (International) Limited ("Manulife") to effect debits of premium and levy from my Credit Card Account.

This authorization form is only applicable to Refundable Daily Hospital Cash plan.

I agree that my outstanding premium and levy before the effective month must be fully paid to make this authorization effective.

My said Credit Card Account means the account between me as the Cardholder and the credit card company in respect of any Credit Card (including replaced, renewed and substituted cards) issued or to be issued under VISA and/ or MasterCard and the same shall for the time being bear the number stated hereinbelow.

The debit will be processed at the earliest on the 25th day preceding the premium due date.

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 credit, 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. If you would like to change the auto re-debit arrangement, please fill in and return the prescribed form to us. The arrangement can normally take effect one month after we receive the request.

Manulife reserves the right to cancel this authorization if there is insufficient credit in the Credit Card Account indicated below.

This authorization shall have effect until further notice is received and processed by Manulife. Any notice of cancellation or variation of this authorization which I may give to Manulife shall be given at least one month's written notice prior to the date on which such cancellation or variation is to take effect.

I/We have received and read the Notice to Customers relating to the Personal Data (Privacy) Ordinance (version 20130401-01) ("Notice").

I/We understand and agree to the Notice.

本人現授權宏利人壽保險(國際)有限公司(「宏利」)自本人之信用卡帳戶內扣除保費及徵費。

本授權書只適用於保費回贈住院現金保障計劃。

為使本授權書正式生效,本人同意全數繳清在本授權書「生效月份」前之所需保費及徵費。

上述屬於本人之信用卡帳戶指任何已簽發或即將簽發,以本人為持卡人的任何 VISA 及/或萬事達卡帳戶(包括日後因補領、續領及轉換此信用卡而獲發新的替代號碼)。此信用卡現時載有下列帳戶號碼。

宏利將在保費到期日之前二十五天內由本人帳戶扣除保費及徵費。

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,但因信用額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。如欲更改有關自動扣繳逾期保費及徵費的安排,請填妥並交回指定表格給我們。有關安排一般於我們收妥申請後一個月後生效。

若本人下列帳戶之信用額不足,宏利有權取消本授權書。

本授權書將繼續生效直至本人作出另行通知及由宏利收到及完成處理其通知為止。若本人欲取消或更改本授權書,須於取消或更改生效日最少一個月前以書面通知宏利。

本人/吾等已收訖及閱畢《有關〈個人資料(私隱)條例〉的客戶通知(20130401-01版本)》(「通知」)。本人/吾等清楚明白及同意該通知之內容。

### Credit Card Cardholder must be the Policyowner 信用卡持有人須為保單持有人 To be completed in ENGLISH and in BLOCK letters 請用英文正楷填寫

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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Credit Card Number 信用卡號碼<br><br><div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div>                                                                                                                                                                                                                                                          | Policy Number 保單編號<br><br><div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div>                                                                                                                                                                                                                                                                                      |
| <u>English</u> Name of Credit Card Cardholder 信用卡持有人英文姓名<br><br><div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div>                                                                                                                                                                                                                          | Name of Policyowner 保單持有人姓名<br>(Please attach copy of Identity card/ passport 請附上身分證/護照副本)<br><br><div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div>                                                                                                                                                                                                              |
| Credit Card Expiry Date 信用卡到期日<br><br><div style="display: flex; justify-content: space-between;"> <div style="border-bottom: 1px solid black; width: 45%;"></div> <div style="border-bottom: 1px solid black; width: 45%;"></div> </div> <div style="display: flex; justify-content: space-between; font-size: small;"> <span>(MM 月)</span> <span>(YY 年)</span> </div> | Effective Month of First Direct Debit<br>首次自動轉帳之生效月份<br><br><div style="display: flex; justify-content: space-between;"> <div style="border-bottom: 1px solid black; width: 45%;"></div> <div style="border-bottom: 1px solid black; width: 45%;"></div> </div> <div style="display: flex; justify-content: space-between; font-size: small;"> <span>(MM 月)</span> <span>(YY 年)</span> </div> |
| Signature of Credit Card Cardholder 信用卡持有人簽署)<br><br><div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> <div style="font-size: x-large; font-weight: bold; margin-top: 5px;">X</div> <div style="font-size: x-small; margin-top: 5px;">(Signature should correspond with specimen signature on your credit card 簽署須與閣下信用卡的簽署式樣相符)</div>     | Signature of Policyowner 保單持有人簽署<br><br><div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> <div style="font-size: x-large; font-weight: bold; margin-top: 5px;">X</div>                                                                                                                                                                                           |
| Signature of Credit Card Cardholder 信用卡持有人簽署)<br><br><div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> <div style="font-size: x-large; font-weight: bold; margin-top: 5px;">X</div> <div style="font-size: x-small; margin-top: 5px;">(Signature should correspond with specimen signature on your credit card 簽署須與閣下信用卡的簽署式樣相符)</div>     | Date 日期<br><br><div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> <div style="font-size: small; margin-top: 5px;">(DD 日/MM 月/YYYY 年)</div>                                                                                                                                                                                                                        |

☐ 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。

