

Policy no. : \_\_\_\_\_  
 保單編號 : \_\_\_\_\_  
 Full name of existing policyowner (assignor) : \_\_\_\_\_  
 現時保單持有人 (轉讓人) 姓名 : \_\_\_\_\_  
 Full name of insured : \_\_\_\_\_  
 受保人姓名 : \_\_\_\_\_

(Fill in only if different from policyowner 若非保單持有人方需填寫)

The policyowner ("assignor") hereby transfers and assigns absolutely all rights and interests in the above policy to the new policyowner as stated below and revokes any beneficiary designation previously made in respect of the proceeds ("death proceeds") payable upon the death of the life insured and directs that such proceeds be paid to the new policyowner unless otherwise specified in Beneficiary Designation.

保單持有人 (「轉讓人」) 現將上述保單之所有權利及利益絕對轉讓予以下所示之新保單持有人, 同時撤銷原有收取身故賠償金額 (因受保人身故) 的指定受益人, 並授權將賠償款項支付予新保單持有人或指定受益人。

It is the requirement of the regulator, Manulife (International) Limited is regulated by the Bermuda Monetary Authority and Bermudian laws and regulations which requires provision of customer proof of residential address at onboarding. The customer proof of residential address shall be submitted together with the application or in any event before transfer of ownership / reversion of ownership.

根據監管機構的要求, 宏利人壽保險 (國際) 有限公司受百慕達金融管理局和百慕達法規的監管, 而需向新客戶索取住址證明。客戶的住址證明應與申請書一併提交, 或在任何情況下, 在完成轉讓保單之權利及利益予新保單持有人 / 轉換保單持有人之前提交。

| PART I : PERSONAL DETAILS<br>第一部份 : 個人資料                                                                                                                                                                                                                                                                                                | NEW FIRST POLICYOWNER<br>新第一保單持有人                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | NEW SECOND POLICYOWNER<br>(Only applicable to Joint Policyowner for<br>Manulife Investment Solutions)<br>新第二保單持有人 (只適用於宏利智富錦囊聯名保單持有人)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |           |                                             |                               |                                                                                                                                                                               |                      |           |                      |                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------------------------------------------|-------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|-----------|----------------------|-------------------------------|
| <b>1. Name 姓名</b><br>(As shown on Identity Document<br>如身份證明文件所示)                                                                                                                                                                                                                                                                       | <table border="1"> <tr> <td>English /<br/>Company Name<br/>英文姓名 /<br/>公司名稱</td> <td>Surname 姓</td> </tr> <tr> <td>Chinese /<br/>Company Name<br/>中文姓名 /<br/>公司名稱</td> <td>Given name &amp; middle name(s) 名</td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | English /<br>Company Name<br>英文姓名 /<br>公司名稱                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Surname 姓 | Chinese /<br>Company Name<br>中文姓名 /<br>公司名稱 | Given name & middle name(s) 名 | <table border="1"> <tr> <td>English Name<br/>英文姓名</td> <td>Surname 姓</td> </tr> <tr> <td>Chinese Name<br/>中文姓名</td> <td>Given name &amp; middle name(s) 名</td> </tr> </table> | English Name<br>英文姓名 | Surname 姓 | Chinese Name<br>中文姓名 | Given name & middle name(s) 名 |
| English /<br>Company Name<br>英文姓名 /<br>公司名稱                                                                                                                                                                                                                                                                                             | Surname 姓                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |           |                                             |                               |                                                                                                                                                                               |                      |           |                      |                               |
| Chinese /<br>Company Name<br>中文姓名 /<br>公司名稱                                                                                                                                                                                                                                                                                             | Given name & middle name(s) 名                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |           |                                             |                               |                                                                                                                                                                               |                      |           |                      |                               |
| English Name<br>英文姓名                                                                                                                                                                                                                                                                                                                    | Surname 姓                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |           |                                             |                               |                                                                                                                                                                               |                      |           |                      |                               |
| Chinese Name<br>中文姓名                                                                                                                                                                                                                                                                                                                    | Given name & middle name(s) 名                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |           |                                             |                               |                                                                                                                                                                               |                      |           |                      |                               |
| <b>2. Sex 性別</b>                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> Male 男 <input type="checkbox"/> Female 女                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> Male 男 <input type="checkbox"/> Female 女                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |           |                                             |                               |                                                                                                                                                                               |                      |           |                      |                               |
| <b>3a. Relationship to First Insured<br/>與第一受保人關係</b>                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |           |                                             |                               |                                                                                                                                                                               |                      |           |                      |                               |
| <b>3b. Relationship to Second Insured (if any)<br/>與第二受保人 (如有) 關係</b>                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |           |                                             |                               |                                                                                                                                                                               |                      |           |                      |                               |
| <b>4a. Relationship to Original First Policyowner<br/>與原有第一保單持有人的關係</b>                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |           |                                             |                               |                                                                                                                                                                               |                      |           |                      |                               |
| <b>4b. Relationship to Original Second Policyowner (if any)<br/>與原有第二保單持有人 (如有) 的關係</b>                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |           |                                             |                               |                                                                                                                                                                               |                      |           |                      |                               |
| <b>5a. Date of Birth 出生日期</b>                                                                                                                                                                                                                                                                                                           | <input type="text"/> DD 日 <input type="text"/> MM 月 <input type="text"/> YYY 年                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="text"/> DD 日 <input type="text"/> MM 月 <input type="text"/> YYY 年                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |           |                                             |                               |                                                                                                                                                                               |                      |           |                      |                               |
| <b>5b. Place of Birth 出生地點</b>                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> Hong Kong 香港 <input type="checkbox"/> Macao 澳門<br><input type="checkbox"/> Others 其他 (please specify 請註明)<br>City 城市 _____ Country 國家 _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Hong Kong 香港 <input type="checkbox"/> Macao 澳門<br><input type="checkbox"/> Others 其他 (please specify 請註明)<br>City 城市 _____ Country 國家 _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |           |                                             |                               |                                                                                                                                                                               |                      |           |                      |                               |
| <b>6. ID Card No. / Passport No.<br/>                     身份證號碼 / 護照號碼 :</b><br>(Please submit a certified true copy of the ID Card / Passport with this application<br>請將有關經核證為真實的身份證 / 護照之副本與本申請書一同遞交)<br>(For Corporate Applicant, please provide Business Registration/ Certificate of Incorporation No.<br>企業客戶請填寫商業登記 / 公司註冊證書號碼) | ID No. 身份證明文件號碼<br><br>Document Type 證件類別 (Please "✓" one only 請只「✓」一項)<br><input type="checkbox"/> HK Permanent Resident ID 香港永久性居民身份證<br><input type="checkbox"/> HK Non-Permanent Resident ID 香港非永久居民身份證<br><input type="checkbox"/> Macao Permanent Resident ID 澳門永久居民身份證<br><input type="checkbox"/> Macao Non-permanent Resident ID 澳門非永久居民身份證<br><input type="checkbox"/> PRC Resident ID 中國內地居民身份證<br><input type="checkbox"/> USA Identity Documents 美國身份證明文件<br><input type="checkbox"/> Business Registration 商業登記<br><input type="checkbox"/> Certificate of Incorporation 公司註冊證書<br><input type="checkbox"/> Passport 護照<br><input type="checkbox"/> Others 其他 (please specify 請註明) _____ | ID No. 身份證明文件號碼<br><br>Document Type 證件類別 (Please "✓" one only 請只「✓」一項)<br><input type="checkbox"/> HK Permanent Resident ID 香港永久性居民身份證<br><input type="checkbox"/> HK Non-Permanent Resident ID 香港非永久居民身份證<br><input type="checkbox"/> Macao Permanent Resident ID 澳門永久居民身份證<br><input type="checkbox"/> Macao Non-permanent Resident ID 澳門非永久居民身份證<br><input type="checkbox"/> PRC Resident ID 中國內地居民身份證<br><input type="checkbox"/> USA Identity Documents 美國身份證明文件<br><input type="checkbox"/> Business Registration 商業登記<br><input type="checkbox"/> Certificate of Incorporation 公司註冊證書<br><input type="checkbox"/> Passport 護照<br><input type="checkbox"/> Others 其他 (please specify 請註明) _____ |           |                                             |                               |                                                                                                                                                                               |                      |           |                      |                               |
| <b>7. Name of Company / Employer<br/>公司 / 僱主名稱</b>                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |           |                                             |                               |                                                                                                                                                                               |                      |           |                      |                               |
| <b>8. Nationality 國籍</b><br>(Nationality proof is required if it is different from the provided ID Card / Passport declared above<br>如上述提供的身份證 / 護照與申報之國籍不同, 請提供國籍證明)                                                                                                                                                                   | <input type="checkbox"/> Chinese (Hong Kong) 中國 (香港) <input type="checkbox"/> Chinese (Macao) 中國 (澳門)<br><input type="checkbox"/> Chinese (PRC) 中國 (中華人民共和國) <input type="checkbox"/> Others 其他 _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Chinese (Hong Kong) 中國 (香港) <input type="checkbox"/> Chinese (Macao) 中國 (澳門)<br><input type="checkbox"/> Chinese (PRC) 中國 (中華人民共和國) <input type="checkbox"/> Others 其他 _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |           |                                             |                               |                                                                                                                                                                               |                      |           |                      |                               |
| <b>9. Business Nature 業務性質</b>                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |           |                                             |                               |                                                                                                                                                                               |                      |           |                      |                               |
| <b>10. Occupation 職業</b>                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |           |                                             |                               |                                                                                                                                                                               |                      |           |                      |                               |
| <b>11. Job Nature 工作職務</b>                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |           |                                             |                               |                                                                                                                                                                               |                      |           |                      |                               |

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| <b>PART I : PERSONAL DETAILS<br/>(CONTINUED)</b><br>第一部份：個人資料（續） | <b>NEW FIRST POLICYOWNER</b><br>新第一保單持有人 | <b>NEW SECOND POLICYOWNER</b><br>(Only applicable to Joint Policyowner for<br>Manulife Investment Solutions)<br>新第二保單持有人（只適用於宏利智富錦囊聯名保單持有人） |
|------------------------------------------------------------------|------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                    |                                                                                                                     |                                                                                                                     |
|----------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|
| <b>12. Are you the Owner or Senior Management of your employed company?</b><br>閣下是否受僱公司的擁有人或高級管理層？ | <input type="checkbox"/> Yes, please specify your position<br>是，請註明閣下的職位 _____<br><br><input type="checkbox"/> No 否 | <input type="checkbox"/> Yes, please specify your position<br>是，請註明閣下的職位 _____<br><br><input type="checkbox"/> No 否 |
|----------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|

|                                  |                                     |                                     |
|----------------------------------|-------------------------------------|-------------------------------------|
| <b>13. Office Location 辦事處地點</b> | _____   _____<br>City 城市 Country 國家 | _____   _____<br>City 城市 Country 國家 |
|----------------------------------|-------------------------------------|-------------------------------------|

|                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                      |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>14. Current Residential Address 現時住宅地址</b><br>(Please submit the proof of residential address with the application.<br>請將住址證明與本申請書一同遞交。)<br>(For Corporate Applicant, please provide the registered office address and submit the proof of residential address for the Ultimate Beneficial Owner<br>企業客戶請提供註冊辦事處地址及最終實益擁有人之住址證明) | _____   _____   _____<br>Room/Flat 室 Floor 樓 Block 座<br><br>_____<br>Name of building/estate/village 大廈 / 屋村名稱<br><br>_____<br>No. and name of street/road 街道名稱及號碼<br><br>_____   _____<br>Name of area/district 區域 / 地區 Postal code 郵寄代碼<br><br>_____   _____<br>City 城市 Country 國家 | _____   _____   _____<br>Room/Flat 室 Floor 樓 Block 座<br><br>_____<br>Name of building/estate/village 大廈 / 屋村名稱<br><br>_____<br>No. and name of street/road 街道名稱及號碼<br><br>_____   _____<br>Name of area/district 區域 / 地區 Postal code 郵寄代碼<br><br>_____   _____<br>City 城市 Country 國家 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**15. Contact information of new first policyowner (must be completed) 新第一保單持有人聯絡資料（必須填寫）**

The contact information (including language preference) applies to all of your products/services in Hong Kong and Macao provided by all companies within the Manulife group of companies and also companies which provide trustee/custodian services. If you are a member of any provident fund scheme(s) administered by Manulife, any information provided here will (unless otherwise stated below) be treated as an instruction to register the selected address as the registered residential address under the scheme(s). Any residential address(es) previously registered under the scheme(s) will be superseded accordingly. 閣下所提供的聯絡資料（包括語言選擇），適用於閣下持有並由宏利集團旗下公司，以及為本公司提供信託 / 託管服務的於香港及澳門所提供的產品 / 服務。如閣下是宏利管理的公積金計劃成員，於此部份填寫的資料（除以下作出其他指示外）將視為給予本公司的指示，要求把所選擇的地址作為閣下於宏利公積金計劃內的登記住宅地址，並取代以往於計劃內的所有登記住宅地址。

**a. Correspondence Address (please select one of the following) 通訊地址（請選擇以下其中一項）：**

- same address as new first policyowner's residence 與新第一保單持有人的住宅地址相同
- same address as new second policyowner's residence 與新第二保單持有人的住宅地址相同
- as specified below 如下所示

|                                           |                               |                  |
|-------------------------------------------|-------------------------------|------------------|
| Room/Flat 室                               | Floor 樓                       | Block 座          |
| Name of building/estate/village 大廈 / 屋村名稱 |                               |                  |
| No. and name of street/road 街道名稱及號碼       | Name of area/district 區域 / 地區 | Postal code 郵寄代碼 |
| City 城市                                   | Country 國家                    |                  |

The selected Correspondence Address above is applicable to all your current policies within Manulife group of companies (if applicable) 以上所選的通訊地址將適用於閣下在宏利集團旗下的所有保單（如適用）。

Please "✓" if the above selected Correspondence Address is **only applicable to this policy**. 請「✓」若以上所選的通訊地址 **只適用於此保單**。

**b. Contact Number(s) 聯絡電話**

|                  |                 |                   |  |
|------------------|-----------------|-------------------|--|
| Residence No. 住宅 | ( _____ ) _____ | Country Name 國家名稱 |  |
| Mobile No. 流動電話  | ( _____ ) _____ | Country Name 國家名稱 |  |
| Office No. 辦事處   | ( _____ ) _____ | Country Name 國家名稱 |  |

**c. E-mail Address (if any) 電郵地址（如有）：**

Apply e-Statement Service 申請電子結單服務  
 e-Statement Service allows you to receive statements electronically by login to our website [www.manulife.com.hk](http://www.manulife.com.hk), and respective paper statements will not be mailed by postage. Please visit our website for the types of e-Statement available and their retention period.  
 透過電子結單服務，閣下可登入宏利網站 [www.manulife.com.hk](http://www.manulife.com.hk) 收取電子結單，結單將不會以郵遞寄出。請瀏覽宏利網站參閱有關電子結單類別及其保留期限。

**d. Language Preference (only for applicable communications / materials) 語言選擇（只限適用資料 / 文件）**

- Traditional Chinese 繁體中文
- English 英文

**e. For business entity, all correspondences shall be directed with attention to 若為商業實體，所有通訊必須送交：**

|         |                            |
|---------|----------------------------|
| Name 姓名 | Department/Section 部門 / 分科 |
|---------|----------------------------|

## PART I : PERSONAL DETAILS (CONTINUED)

## 第一部份：個人資料（續）

## Beneficiary 受益人

## 16. Details of Beneficiary(ies) (to share equally unless otherwise stated) 受益人資料（除特別指明外，百分比將平均分配）

| Primary<br>基本            | Secondary<br>次位          | Name of Beneficiary (English and Chinese)<br>受益人姓名（英文及中文）<br>(Please complete the table below if a trustee is assigned<br>若有指定信託人，請在下表列明) | Relationship to<br>first life Insured<br>與第一受保人關係 | Relationship to<br>second life Insured<br>與第二受保人關係 | Beneficiary ID/Passport no.<br>受益人身份證 / 護照號碼 | Share(%)<br>分配（百分比） |
|--------------------------|--------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|----------------------------------------------------|----------------------------------------------|---------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |                                                                                                                                           |                                                   |                                                    |                                              |                     |
| <input type="checkbox"/> | <input type="checkbox"/> |                                                                                                                                           |                                                   |                                                    |                                              |                     |
| <input type="checkbox"/> | <input type="checkbox"/> |                                                                                                                                           |                                                   |                                                    |                                              |                     |
| <input type="checkbox"/> | <input type="checkbox"/> |                                                                                                                                           |                                                   |                                                    |                                              |                     |
| <input type="checkbox"/> | <input type="checkbox"/> |                                                                                                                                           |                                                   |                                                    |                                              |                     |

Note: The policyowner/new policyowner hereby declares that any trustee designated in the below table shall be appointed as trustee to receive any death proceeds under the policy for the beneficiary named on and in accordance with the percentage proportion as shown in the same row before such beneficiary attains the age of 18.

註：保單持有人 / 新保單持有人謹此聲明，受益人年滿十八歲前，於表內指定之信託人將被委任為以信託人身份代表受益人根據下列表內同一行所示之百分比收取身故賠償金額。

| Name of Beneficiary (English and Chinese)<br>受益人姓名（英文及中文） | Name of Trustee (English and Chinese)<br>信託人姓名（英文及中文） | Relationship to Beneficiary<br>與受益人關係 | Trustee ID/ Passport no.<br>信託人身份證 / 護照號碼 |
|-----------------------------------------------------------|-------------------------------------------------------|---------------------------------------|-------------------------------------------|
|                                                           |                                                       |                                       |                                           |
|                                                           |                                                       |                                       |                                           |

Please "✓" the following box if special death benefit arrangement applies. 請「✓」以下方格若您想按以下方法分配身故賠償款項。

**Special Arrangement (Not applicable to designation of Secondary Beneficiary) 特別安排（不適用於次位受益人之指定）**

Death proceeds under the Policy shall be paid to the beneficiary/beneficiaries designated above absolutely in accordance with the percentage proportion shown above, if any beneficiary/beneficiaries designated above who deceased at the time of the life Insured's death, the share(s) shall be paid to the estate of the deceased beneficiary/beneficiaries respectively, notwithstanding any contrary provisions in this form or the Policy.

保單之身故賠償須根據上述所示之百分比絕對支付予上述指定受益人，如任何上述指定受益人於受保人身故時已去世，其份額將支付予該受益人之遺產，即使本表格或保單內有任何相反之條款。

**17. Source(s) of Wealth / Funds for Premium Payment**  
(it is only applicable for the policyowner with Regular Subscription, please tick one or more)  
保費的財富 / 款項來源  
(只適用於定期認購的保單持有人，可選多於一項)

- Salary 薪酬     
  Income 收入     
  Savings 儲蓄     
  Investment 投資  
 Others (Please specify) 其他（請列明） \_\_\_\_\_

**18. Applicable to Joint Policyowner Only**  
僅適用於聯名保單持有人

- We authorize Manulife (International) Limited and its Insurance Advisors to act upon instructions signed by any one of the Policyowners in respect of subscription, redemption, switching or any other matters (except the transfer and variation of the policy) relating to our selected investment choices and our policy.  
 吾等授權宏利人壽保險（國際）有限公司及其保險顧問根據任何一位保單持有人簽署之指示，執行有關認購、贖回、轉換或其他吾等所選擇的投資選項及保單之事宜（保單轉移及變更則除外）。

**PART II : CERTIFICATIONS IN RELATION TO TAX REGULATIONS 第二部份：有關稅務規例的證明**

The below certifications are mandatory for products issued by Manulife. The following certification is only applicable for individual applicant. For any entity applicant, please complete the Entity Tax Residency Self-Certification (CRS / FATCA) respectively.  
 以下的自證證明是必須的。有關自證證明只適用於個人客戶。公司客戶請另外填寫實體稅務居民自證證明表格 (CRS / FATCA)。

Tax law and regulations (including but not limited to the Macao Special Administrative Region Law No. 5/2017, the U.S. Foreign Account Tax Compliance Act (FATCA) and the regulations based on the Organisation for Economic Co-operation and Development (OECD) Common Reporting Standard (CRS) for automatic exchange of information) require Manulife to collect and report information about tax residency. In certain circumstances, Manulife may be obliged to provide certain information to governments, regulators and tax authorities concerning your tax residency and other data.  
 稅務法律及規例 (包括但不限於澳門特別行政區第5/2017號法律, 美國《海外帳戶稅收合規法案》(FATCA) 和根據與稅務信息交換資料有關的經濟合作與發展組織 (OECD)《通用報送標準》(CRS)的規則) 要求宏利收集及申報關於稅務居民的資料。在部分情況下, 宏利可能有義務向政府、監管機構或稅務當局提供有關閣下稅務居民及相關資料。

As a financial institution, Manulife is not allowed to give tax or legal advice. If you have any questions regarding your tax residency, please consult your tax adviser or the information for FATCA and CRS at the following links at <https://www.irs.gov/> and <http://www.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/> and <http://www.dsfi.gov.mo/AEOI/?lang=zh> respectively.  
 宏利不獲允許提供稅務或法律意見。若閣下對您的稅務居民狀態有任何疑問, 請詢問專業稅務顧問或瀏覽 <https://www.irs.gov/> 及 <http://www.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/> 及 <http://www.dsfi.gov.mo/AEOI/?lang=zh> 網站關於FATCA及CRS資料。

**A. Are you a United States person, being a U.S. citizen, U.S. resident for U.S. federal income tax purposes or U.S. Resident Alien (i.e. a so-called U.S. Green Card holder)? 閣下是否美國人士、美國公民、符合美國所得稅目的之美國居民, 或擁有美國居民身份之外僑 (即美國綠卡持有人)?**

| NEW FIRST POLICYOWNER<br>新第一保單持有人 | NEW SECOND POLICYOWNER<br>新第二保單持有人 |                                                                                                                                                                                                                                                                                                                            |
|-----------------------------------|------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/>          | <input type="checkbox"/>           | Yes 是<br>(Please provide your consent to report along with U.S. TIN. by submitting the prescribed form/substitute Form W-9 as requested by Manulife and complete your U.S. jurisdiction of tax residency and TIN in paragraph number B.<br>請提交宏利所要求的指定表格 / 簡易W-9表格, 以表示您同意申報並提供閣下的美國稅務識別號碼並於第B項填寫有關美國稅務居民司法管轄區及美國稅務編號的資料。) |
| <input type="checkbox"/>          | <input type="checkbox"/>           | No 否                                                                                                                                                                                                                                                                                                                       |

**B. B.Please complete the following table indicating all jurisdictions (including Macao) where you are a resident for tax purposes and Taxpayer Identification Number or its Functional Equivalent (TIN) for each jurisdiction. Please use a separate sheet if more than 3 jurisdictions. If you have tax obligation in the Macao SAR, the TIN is the taxpayer number or the Macao SAR resident identity card number. For more guidance on tax residency, please visit the OECD website at: <http://www.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/tax-residency/>  
 請在以下列明您在所有司法管轄區 (包括澳門) 符合稅務目的之居民的稅務編號或具有等同功能的識辨編號 (稅務編號)。如多於三個司法管轄區, 請使用另外紙張。如閣下在澳門特別行政區有納稅義務, 稅務編號是納稅人編號或澳門特別行政區居民身份證編號。如欲了解相關司法管轄區的稅務居民定義, 您可瀏覽OECD網頁: <http://www.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/tax-residency/>  
 Your personal information as completed in Part I will be considered as part of your self-certification and applied to the following section.  
 您在第一部份填寫的個人資料將被視為您的自證證明的一部份並適用於以下部份。**

**Applicant's Tax Residence 申請人稅務居住地**  
 I hereby declare that, to the best of my knowledge and belief, I am (please tick one) 以本人所知及所信, 在此聲明本人 (請選一項):

| NEW FIRST POLICYOWNER<br>新第一保單持有人 | NEW SECOND POLICYOWNER<br>新第二保單持有人 |                                                                                                                                                                                                             |
|-----------------------------------|------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/>          | <input type="checkbox"/>           | (i) a tax resident of Macao (Taxpayer Identification Number (TIN): my Macao SAR resident identity card number provided) only<br>只是澳門的稅務居民 (稅務編號: 本人提供的澳門特別行政區居民身份證號碼)                                       |
| <input type="checkbox"/>          | <input type="checkbox"/>           | (ii) a tax resident of Macao (Taxpayer Identification Number (TIN): my Macao SAR resident identity card number provided) and also some other jurisdictions<br>是澳門 (稅務編號: 本人提供的澳門特別行政區居民身份證號碼) 及其他司法管轄區的稅務居民 |
| <input type="checkbox"/>          | <input type="checkbox"/>           | (iii) not a tax resident of Macao, but instead a tax resident of some other jurisdictions<br>不是澳門的稅務居民, 而是其他司法管轄區的稅務居民                                                                                      |

If a "✓" is put in tick box (ii) or (iii) above, please provide the following information of each jurisdiction of the tax residence.  
 如上述選擇為(ii)或(iii), 請根據各個稅務居住地填寫以下資料。

| NEW FIRST POLICYOWNER 新第一保單持有人               |             |                                                                     |                                                                                                         |  |
|----------------------------------------------|-------------|---------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|--|
| Jurisdiction of Tax Residency<br>稅務居民所在司法管轄區 | TIN<br>稅務編號 | If no TIN is available, enter Reason A, B or C 若未能提供稅務編號, 填上理由A、B或C | Please explain why you are unable to obtain a TIN if you selected Reason B. 若您選擇理由B, 請在下方解釋無法取得稅務編號的原因。 |  |
| 1                                            |             |                                                                     |                                                                                                         |  |
| 2                                            |             |                                                                     |                                                                                                         |  |
| 3                                            |             |                                                                     |                                                                                                         |  |

| NEW SECOND POLICYOWNER 新第二保單持有人              |             |                                                                     |                                                                                                         |  |
|----------------------------------------------|-------------|---------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|--|
| Jurisdiction of Tax Residency<br>稅務居民所在司法管轄區 | TIN<br>稅務編號 | If no TIN is available, enter Reason A, B or C 若未能提供稅務編號, 填上理由A、B或C | Please explain why you are unable to obtain a TIN if you selected Reason B. 若您選擇理由B, 請在下方解釋無法取得稅務編號的原因。 |  |
| 1                                            |             |                                                                     |                                                                                                         |  |
| 2                                            |             |                                                                     |                                                                                                         |  |
| 3                                            |             |                                                                     |                                                                                                         |  |

Remarks 註: For more guidance on a TIN, please visit the below OECD website at <https://www.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/tax-identification-numbers/>  
 您可在以下OECD網頁 (<https://www.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/tax-identification-numbers/>) 了解相關稅務居民司法管轄區發佈的稅務編號。

In particular, you can visit the below webpages for the details of the TINs for PRC, Hong Kong and Macao:  
 您可以在以下網頁了解中國, 香港及澳門的稅務編號格式:

PRC 中國: <https://www.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/tax-identification-numbers/China-TIN.pdf>  
 Hong Kong 香港: <https://www.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/tax-identification-numbers/Hong-Kong-TIN.pdf>  
 Macao 澳門: <https://www.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/tax-identification-numbers/Macao-TIN.pdf>

- Reason A - 理由 A** - The account holder is unable to obtain a TIN. (Please explain why you are unable to obtain a TIN in the above table if you have selected this reason.)  
 帳戶持有人在當地為稅務居民的司法管轄區不向其居民發出稅務編號。
- Reason B - 理由 B** - The account holder is unable to obtain a TIN. (Please explain why you are unable to obtain a TIN in the above table if you have selected this reason.)  
 帳戶持有人無法獲得稅務編號。(若您選擇這理由, 請在上表解釋閣下無法獲得稅務編號的原因。)
- Reason C - 理由 C** - No TIN is required. (Select this reason only if the authority of the relevant jurisdiction of residency does not require the TIN to be disclosed.)  
 無需稅務編號。(只有在稅務居民所在的司法管轄區的主管當局不需要披露稅務編號方可選擇這理由。)



**PART III : DECLARATION & AUTHORIZATION 第三部份：聲明及授權**

The contractual parties agree that: (1) the person(s) for whose use or benefit or on whose account the insurance policy is being applied for and to be entered into have an insurable interest in the said policy and their name(s) have already been inserted into this form or their class/description have already been specified in this form with sufficient particularity to make it possible to establish their identities; (2) supply of personal information under this form is a condition precedent for Manulife to endorse this assignment; and (3) this form shall represent the parties' agreement and Manulife be authorized to rely on this as the entire instruction.

合約各方同意下列各項：(1)如所訂立之保險合約是為某有關人士的使用或利益，或為某有關人士申請及訂立，則某有關人士已於有關保單內擁有可保利益，而某有關人士的姓名已載於本表格內或其類別 / 種類已詳列於本表格內並足以確立其身份；(2)於本表格內提供之個人資料將作為批核申請轉讓之先決條件；及(3)本表格將代表合約各方之協議而宏利獲授權視本表格為指示之全部。

The New Policyowner/Assignee certify that information supplied in this form is true and accurate.

新保單持有人 / 受讓人謹此證明表格上所提供的資料均真確無誤。

I/We (New Policyowner), the undersigned, confirm that I/we reside at the premise recorded as the address provided by me/us and shown in the proof of residential address provided by me/us.

本人 / 吾等 (新保單持有人)，簽名人，確認本人 / 吾等現居住之地址為本人 / 吾等提供之住所紀錄及住址證明。

**PART IV : PERSONAL INFORMATION & COLLECTION STATEMENT 第四部份：個人資料收集聲明**

I/We have received and read the "Manulife Personal Information Collection Statement (version 20150119\_M)" ("Statement"). **I/We understand and consent to the usage, transfer and processing of data (including personal data) as described in the Statement.** I/We confirm my/our 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 Statement subject to any objection as indicated by me/us below:

(IMPORTANT NOTES: Please note that direct marketing can include offers of special discounts, coupons or gift items. You can leave these boxes blank.)

本人 / 吾等已收訖及閱畢《〈宏利個人資料收集聲明〉(20150119\_M版本)》(「聲明」)。**本人 / 吾等明白及同意資料 (包括個人資料) 根據該聲明描述的使用、轉交及處理。**除本人/吾等如下所示提出之任何反對外，本人 / 吾等確認同意該聲明內以**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。你可將這些空格留空。)

I/We object to Manulife using my/our personal data in direct marketing as referred to in the section entitled **Use of Personal Data in Direct Marketing** of the Statement.

本人 / 吾等反對宏利按該聲明內以**個人資料在直接促銷中的使用**為標題的部分，將本人/吾等之個人資料作直接促銷用途。

I/We object to Manulife providing my/our personal data to Manulife Group (other than Manulife itself) for use in direct marketing as referred to in the section entitled **Provision of Personal Data for Use in Direct Marketing** of the Statement.

本人 / 吾等反對宏利按該聲明內以**提供個人資料作直接促銷**為標題的部分，向宏利集團 (不包括宏利本身) 提供本人 / 吾等之個人資料作直接促銷用途。

**PART V : FOR POLICY THAT HOLDS ANY NOTIONAL UNITS OF MANULIFE INV CHINA A FUND AND/OR MANULIFE INV CHINA BOND FUND**  
**第五部份：如保單內持有宏利智富中國A股基金及 / 或宏利智富中國債券基金之名義單位**

There are different operations and limitations on Manulife Inv China A Fund and Manulife Inv China Bond Fund. Please refer to the related Addendum to Principal Brochure with respect to these two Investment Choices for details.

「宏利智富中國A股基金」及「宏利智富中國債券基金」設有不同運作方式和交易限制。詳情請參閱產品銷售說明書附錄內有關上述兩個投資選項的資料：

1. Proof of permanent residency is required if any notional units of Manulife Inv China A Fund and/ or Manulife Inv China Bond Fund are held under the policy. 如保單內持有宏利智富中國A股基金及 / 或宏利智富中國債券基金之名義單位，請提供永久居民證明。
2. Please ensure that new policyowner(s) who are Mainland China Person(s) should not hold any notional units of the Manulife Inv China A Fund and/or Manulife Inv China Bond Fund. 如新保單持有人為中國內地人士，請確保新保單持有人不可持有宏利智富中國A股基金及 / 或宏利智富中國債券基金之名義單位。

**Only applicable to policy that holds any notional units of Manulife Inv China A Fund and/ or Manulife Inv China Bond Fund:**  
**只適用於保單內持有宏利智富中國A股基金及 / 或宏利智富中國債券基金之名義單位：**

**Definition of Mainland China Person:**

**中國內地人士的定義：**

- (i) Chinese citizens resident in the People's Republic of China (excluding Hong Kong, Macao and Taiwan)(the “Mainland China”); 居於中華人民共和國（不包括香港、澳門及台灣）（「中國內地」）的中國公民；
  - (ii) Chinese citizens resident outside the Mainland China who are not permanent residents of another country or Hong Kong, Macao or Taiwan; or 居於中國境外但並非其他國家，或香港、澳門或台灣永久居民的中國公民；或
  - (iii) any legal person, corporation, partnership, or other entity registered, incorporated or established in the Mainland China. 於中國內地登記、註冊成立或成立的任何法人、公司、合夥企業或其他實體
- I/We, the new policyowner(s), am/are **not** Mainland China Person(s), and am/are enclosing a copy of my/our non-Mainland China identity/ incorporation certificate. 本人 / 吾等新保單持有人並非中國內地人士，現夾附本人 / 吾等的非中國內地身份證明文件 / 公司註冊證書副本。
- I/We, the new policyowner(s), am/are **not** Mainland China Person(s), am/are citizens of Mainland China (excluding Hong Kong, Macao and Taiwan), but am/are residing outside of the Mainland China with permanent residency in the jurisdiction as specified below, and am/are enclosing a copy of my/our identity and/or proof of permanent residency. 本人 / 吾等新保單持有人並非中國內地人士及為中國公民（不包括香港、澳門及台灣），但居於中國境外，並為以下司法管轄區的永久居民，現夾附本人 / 吾等的身份證明文件及 / 或永久居民身份證明文件副本。

Please specify 請註明 \_\_\_\_\_

Dated this the 日期： \_\_\_\_\_ / day of 日 \_\_\_\_\_ / Month月 \_\_\_\_\_ / Year年 \_\_\_\_\_

**FOR ABSOLUTE ASSIGNMENT 若為絕對轉讓：** (Signed and delivered as a deed by the following parties 由以下各方以契約形式簽署及交付)

|                                                                                                     |                                                                                                                                             |                                                                                                                                                            |
|-----------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Signature of Witness<br>見證人簽署<br>(Name: _____ )<br>(姓名： _____ ) | Signature of New First Policyowner<br>(With company chop if applicable)<br>新第一保單持有人簽署 (公司蓋印，如適用)<br><br><input checked="" type="checkbox"/> | Signature of New Second Policyowner<br>(Only applicable to Joint Policyowner)<br>新第二保單持有人簽署 (只適用於聯名保單持有人)<br><br><input checked="" type="checkbox"/>       |
|                                                                                                     | <input checked="" type="checkbox"/> Signature of Original First Policyowner<br>原有第一保單持有人簽署                                                  | Signature of Original Second Policyowner<br>(Only applicable to Joint Policyowner)<br>原有第二保單持有人簽署 (只適用於聯名保單持有人)<br><br><input checked="" type="checkbox"/> |

Please return the completed form with the required documents to Macao Administration Office, Manulife (International) Limited, Avenida De Almeida Ribeiro No. 61, Circle Square, 14 andar A, Macao. 請將填妥的表格及所需文件寄回澳門新馬路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。