

LETTER OF INTENT FOR LIFE INSURANCE CONVERSION PRIVILEGE
壽險保單轉保權益意向書**Please complete this Form to exercise the Life Insurance Conversion Privilege.****請填妥此表格以申請行使壽險保單轉保權益****(This Privilege is only available to the Applicant who is participating in a group life and health insurance policy which provides the Life Insurance Conversion Privilege in a current and valid Benefit Schedule issued by Manulife.)****[此權益只適用於如申請人所參與的團體保險計劃保單載有壽險保單轉保權益，並列明於宏利所發出的現行及有效的福利賠償表內]**

Notes :

- (1) You should complete, sign and submit this Form directly to Manulife at the address shown below within **ten (10) days after your group life insurance is terminated.**
- (2) In order to process your request to exercise the Life Insurance Conversion Privilege, please provide the below information. After Manulife has received the information, the assigned insurance advisor will contact you regarding the life insurance conversion process.

注意事項：

- (1) 請填妥及簽署此表格，並於閣下的**團體壽險終止後十(10)天內**按以下地址交回宏利。
- (2) 請閣下提供下列有關資料，以便處理閣下的壽險保單轉保權益申請。宏利會於收妥有關資料後，安排委派之保險顧問協助閣下辦理壽險保單轉保手續。

Information of Applicant 申請人資料

Please provide your personal particulars and the details must be the same as shown on your ID card.
請提供閣下之個人資料，內容必須與身份證相同。

Name 姓名： _____

Surname in English 英文姓氏	Given Name(s) in English 英文名字	Name in Chinese 中文姓名
ID Card / Passport Number 身份證/護照號碼	Last Date of Employment* 最後受僱日期	
Group Policy No. 團體保單編號	Certificate No. 證書編號	

The minimum amount of coverage per life insurance policy is US\$12,500 or HK\$100,000. The maximum amount is the lesser of your latest total sum insured under Group Basic Life Insurance provided by your employer OR US\$150,000 or HK\$1,200,000.
每份個人壽險保單的最低保額為12,500美元或100,000港元，而最高保額則為閣下於現職僱主之團體基本壽險所提供的最後總保額或150,000美元/1,200,000港元，以較低者為準。

* You are required to inform Manulife in writing for any subsequent changes of your Last Date of Employment.
如閣下之最後受僱日期有任何更改，閣下必須以書面形式通知宏利。

Contact Information of Applicant 申請人聯絡資料

Please provide the following information for our insurance advisor to contact you by phone and/or via email.
請填寫以下資料以便我們的保險顧問聯絡閣下。

Mobile Phone No. Residential Tel. No. Business Tel. No.
手提電話號碼： _____ 住宅電話號碼： _____ 公司電話號碼： _____

Preferred contact time From (a.m./p.m.) to (a.m./p.m.)
首選聯絡本人時段： 由 (上午/下午) _____ 時 至 (上午/下午) _____ 時

Email Address
電郵地址： _____

Correspondence Address 通訊住址：

Room / Flat 室 Floor 樓 Block 座 Name of Building/Estate 大廈/屋苑名稱

_____ H.K. 香港 KLN. 九龍 N.T. 新界 Others 其他 _____

Street No./Street Name 街道號碼/街道名稱 District 區域

Please note that the contact information collected above will be used to facilitate the handling of life insurance conversion only and such information will not be updated to your existing policy/account maintained in Manulife's record. If you would like to change your contact details of your existing policy/account with Manulife, please complete the Change of Contact Details Form.

請注意以上所收集之聯絡資料，只會用作安排壽險保單轉保事宜，而並不會為閣下於宏利的保單/賬戶資料作更新之用。閣下如欲更改在宏利所持有的保單/賬戶的聯絡資料，請填寫「更改聯絡資料表格」。

Insurance Advisor Information 保險顧問資料

If you wish to designate a Manulife's insurance advisor to arrange your life insurance conversion, please provide his/her information below:
閣下如欲委託指定的宏利保險顧問協助辦理壽險保單轉保手續，請提供以下資料：

Name of insurance advisor
保險顧問姓名： _____

Code of insurance advisor
保險顧問編號： _____

We will assign an insurance advisor for you if this section is left blank.
如閣下未有提供資料，我們將為閣下委派一名保險顧問。

Declaration 聲明

It is hereby DECLARED, UNDERSTOOD AND AGREED that:

- 1) I authorize Manulife to check my last date of employment as stated in this Form with my employer for verification purpose (if necessary) in relation to my application for the life insurance conversion.
- 2) I certify that all information provided by me in this Form is complete and true to the best of my knowledge and belief.
- 3) I understand that the information requested in this form is required in order for Manulife to process the request for exercising the Life Conversion Privilege.
- 4) Information provided in this Form including the personal/policy information under my existing group life and health insurance policy, together with any subsequent alterations or supplements of it ("data") are collected to enable Manulife to carry on its insurance/financial business and may be
 - (i) used by Manulife or its associated companies for the purposes of
 - (a) approving, underwriting and administering the policy or any alterations, cancellation or renewal of it;
 - (b) facilitate any follow up actions on the life insurance conversion process and issuance of the policy being applied for under this life insurance conversion privilege;
 - (c) providing/promoting the insurance or financial related products or services to me through insurance intermediaries or direct marketing; and/or
 - (ii) transferred (inside or outside the Hong Kong Special Administrative Region and Macau Special Administrative Region) to
 - (a) any service providers or insurance intermediaries (regardless of whether the intermediary is designated by me or assigned by Manulife) to fulfill any of the above purposes;
 - (b) any person/organization for the purpose of data verification by way of matching procedures or otherwise.
- 5) By writing to Manulife - Employee Benefits, I can request access to and correction of my personal data (if appropriate). I also understand that consent to the use of my personal information to offer me products and services is optional and if I wish to discontinue such use I may write to Manulife at the address shown below.
- 6) I have read all the notes on this Form.
- 7) All information may be treated by Manulife in the same manner as mentioned in the "Notice to Customers relating to the Personal Data (Privacy) Ordinance" ("Notice") (for Hong Kong policy)/"Manulife Personal Information Collection Statement (version 20150119_M)" ("Statement") (for Macau policy). In case I have not read the Notice/Statement (where applicable) before, I can obtain such Notice/Statement (where applicable) from my Manulife's intermediary or through Manulife's website at www.manulife.com.hk.

本人明白，同意並謹此聲明：

- 1) 本人授權宏利向本人現任僱主核實本表格上所填寫的最後受僱日期（如適用），以便宏利處理壽險保單轉保申請之用。
- 2) 本人謹此證明，本人於本表格上所提供的一切資料為本人所知的全部及真確無誤。
- 3) 本人明白本表格內提供的資料是讓宏利作處理申請行使壽險保單轉保權益之用。
- 4) 本人於本表格內提供之資料（包括於現有團體保險計劃保單的個人或保單資料）及日後作出之任何修訂或補充（「資料」），旨在確保宏利的保險業務得以順利運作，而該等資料可供
 - (i) 宏利或其聯營公司作以下用途：
 - (a) 批核、核保及管理本保單，或其後進行任何修訂、取消保單或續保事宜；
 - (b) 跟進有關壽險保單轉保申請及按壽險保單轉保權益發出新保單事宜；
 - (c) 透過保險中介人或直接推廣方式向本人提供/推廣宏利或聯營公司之產品資料；及/或
 - (ii) 在香港特別行政區及澳門特別行政區及以外地區轉交予
 - (a) 任何服務供應商或保險中介人（不論該中介人是由本人或宏利任命）以作上述用途。
 - (b) 任何人士/機構以作配對或其他方法核實資料。
- 5) 本人有權以書面通知宏利的僱員福利部，要求索閱及更改個人資料（如適用）。本人亦可致函要求宏利不要向本人寄發宣傳推廣資料。
- 6) 本人已閱讀本表格之所有注意事項。
- 7) 宏利可按於《有關〈個人資料（私隱）條例〉的客戶通知》（「通知」）（適用於香港保單）/《宏利個人資料收集聲明（20150119_M版本）》（「聲明」）（適用於澳門保單）所述，處理有關資料。假如本人未有細閱該通知/聲明（如適用），本人可從本人的宏利中介人或透過宏利網址www.manulife.com.hk取得該通知/聲明（如適用）。

Signature of Employee (the "Applicant") 僱員（即申請人）簽署

Date 日期

Please return the completed form to 請把填妥的表格寄交：

For Hong Kong policy - Employee Benefits, Manulife (International) Limited, P.O. Box 70302, Kowloon Central Post Office.

For Macau policy - Manulife (International) Limited, Macau Administration Office, Avenida De Almeida Ribeiro No. 61, Circle Square, 14 andar A, Macau.

適用於香港保單 - 九龍中央郵政局郵政信箱70302號宏利人壽保險(國際)有限公司僱員福利部。

適用於澳門保單 - 澳門新馬路61號永光廣場14樓A宏利人壽保險(國際)有限公司澳門分行行政部。