

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

This authorization form is applicable to Manulife traditional policies only. (Investment-linked assurance scheme is not included.)

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

My said Manulife Credit Card Account means the account between me as the Cardholder and the DBS bank (Hong Kong) Limited as the credit card company in respect of any Manulife 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 here in below.

The HK dollar equivalent will be based on the exchange rate which falls on the Friday immediately before the debit is processed. If the said Friday is a non-working day, the exchange rate will be based on that of the previous working day. Because of possible fluctuation in the exchange rate, I agree not to hold Manulife responsible for any loss caused by any diminution in the value of the Hong Kong currency.

The debit will be processed at the earliest on the 23rd day preceding the premium due date.

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 understand that I, if not being the policyowner named under the below-numbered policy, shall claim no right or interest in any policy values or account balances of the below-numbered policy.

I/We have received and read the Notice to Customers relating to the Personal Data (Privacy) Ordinance ("Notice")\*. I/We understand and agree to the Notice.

\*For details of our privacy policy and the Notice, please visit <https://www.manulife.com.hk/en/individual/privacy-policy.html>

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

本授權書只適用於宏利傳統保單(並不包括投資相連人壽保險計劃)。

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。

上述屬於本人之宏利信用卡賬戶指任何已簽發或即將簽發,以本人為持卡人,由星展銀行(香港)有限公司發行的任何宏利VISA及/或萬事達卡賬戶(包括日後因補領,續領及轉換此信用卡而獲發的新卡)。此信用卡現時載有下列賬戶號碼。

相等之港元將會以扣除保費前之星期五之匯率為準。如所述之星期五非工作天,有關匯率將以前一個工作天之匯率為準。因匯率可隨時變動,本人同意宏利不需承擔任何因港元貶值而引致之損失。

宏利將在保費到期日之前之二十三天前由本人賬戶扣除保費及徵費。

若本人下列賬戶之信用額不足,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授權書,須於取消或更改生效日最少一個月以前以書面通知宏利。

本人明白本人如非下列編號保單之保單持有人,於下列編號之保單並無任何權利或權益獲取保單價值或賬戶結餘。

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》(「通知」)\*。本人/吾等清楚明白及同意該通知之內容。

\*有關我們的私隱政策詳情及通知,請瀏覽 <https://www.manulife.com.hk/zh-hk/individual/privacy-policy.html>

**To be completed in ENGLISH and in BLOCK letters 請用英文正楷填寫**

Name of Policyowner 保單持有人姓名	Policy Number 保單編號
Manulife Credit Card Number 宏利信用卡號碼	English Name of Manulife Credit Card Cardholder 宏利信用卡持有人英文姓名
Signature of Manulife Credit Card Cardholder 宏利信用卡持有人簽署  X	Date 日期
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	DD日/MM月/YYYY年

**TO BE COMPLETED BY POLICYOWNER 由保單持有人填寫**

Identity of Credit Card Cardholder Under the Policy 信用卡持有人於保單內的身份 <input type="checkbox"/> Policyowner 保單持有人 <input type="checkbox"/> (Proposed) Insured (擬) 受保人 <input type="checkbox"/> Beneficiary 受益人 <input type="checkbox"/> Payer of Payor Benefit 保費支付人 <input type="checkbox"/> Other 其他 (please specify relationship, reason for debit authorization and attach copy of Cardholders HKID Card / Passport 請註明關係, 授權轉賬原因及附上信用卡持有人的香港身份證 / 護照副本)	Signature of Policyowner 保單持有人簽名  X  (Full Name 姓名: _____)
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**FOR INSURANCE ADVISOR USE ONLY 保險顧問專用**

Effective Month of First Direct Debit 首次自動轉賬之生效月份	Insurance Advisor's name 保險顧問姓名	Insurance Advisor code 保險顧問編號	Branch Code 分行編號	Location 地點
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☒ 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。

