

CHANGE OF POLICYOWNER PERSONAL DETAILS 更改保單持有人之個人資料

Poli	cy no. 保單編號 :			
Poli	cyowner 保單持有人:			
our pers prev 為符	company is required to ensure our custo conal particulars shown below. If there riously provided to Manulife, please also F合防止洗黑錢及恐怖分子籌資之法律/	omer records are up-to-date and relevant. It is any change in circumstances which at provide us with a suitably updated self-cer 監管要求及稅務法律及規例,本公司必須確	aundering and terrorist financing in Macao and tax law and regulations, We appreciate you promptly notifying us if you have changed any of your fects your tax residency status or any change in the information you tification form. 保現有客戶的紀錄載有最新及相關之資料。因此,如以下個人資料有任何可提供給宏利的資料有所改變,懇請閣下提交一份適當更新的自證證明。	
(1)	Occupation/ Business Nature 職	業/業務性質		
	Occupation 職業:	Occupation 職業: Business Nature 業務性質:		
	ndividual> Are you the owner or senior management of your employed company? 国人客戶> 閣下是否受僱公司的擁有人或高級管理層?			
☐ Yes, please specify your position. 是,請註明閣下的職位:				
□ No 否				
<corporate> Any change on the company/ business registration/ incorporation? <商業客戶> 貴公司有否任何商業註冊/成立之資料更改?</corporate>				
	☐ Yes, please contact your Manulife Adviso☐ No 否	r to provide details by completing the Busines:	s Insurance Questionnaire 有,請聯絡宏利顧問,填妥商業保險問卷以提供詳情	
(2)	Nationality/ Address 國籍/地址			
New Nationality 新國籍 (Please submit Nationality Proof 請提供國籍証明):				
	□ Others 其他:* The address information applies to all	Same as Correspondence Address 與通訊地址相同 Others 其他: e address information applies to all of your existing products/services in Hong Kong and Macau 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 <u>provident fund scheme(s)</u> 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 Any residential address(es) previously registered under the schemes(s) will be superseded accordingly. 関下所提供的地址資料,適用於関下現時持有並由宏利集團旗下公司,以及為本公司提供信託/託管服務的公司於香港及澳門所提供的產品/服務上。如関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。			
	$^{\wedge}$ \square To apply the selected correspondence	address to this policy only, please tick this	box. 如所選擇的通訊地址只適用於此保單,請在方格內填上剔號。	
(3)	Source(s) of Fund for upcoming/	future renewal premium/ fund sub	scription 將來的續保保費/認購基金的資金來源	
	☐ Savings 儲蓄	☐ Wages Income 受僱收入	□ Self-employment Income 自僱收入	
	☐ Investment Income 投資收入	☐ Sale of an asset 出售資產	☐ Gift or inheritance 饋贈或遺產	
	☐ Settlement of Insurance 保險收款	☐ Others (Please specify) 其他(請註明)	:	
		s by fax on 2832 3312 or by mail to GPO I 澳門郵政總局郵政信箱 3108 號本公司收。	Box 3108, Macau.	
Pari Mar 如需	ciculars Form, Change of Contact Details nulife Advisor for assistance.	Form or the applicable Tax Residency Sel 民身份,請登入 www.manulife.com.hk 下事	olease visit www.manulife.com.hk and download the Change of Personal f-Certification Form for completion and return. Or you may contact your discontinuous 以「更改職絡資料表格」或適用的稅務居民身份自證	
Plea avai	ise read the "Manulife Personal Informa	tion Collection Statement (version 20150	119_M)" ("Statement") before you complete this form. The Statement is ulife Advisor. By completing and returning to Manulife the form, you are	
當閣			」)。該聲明可於宏利網址 (www.manulife.com.hk) 或向閣下的宏利顧問索	
Del:	cynwner's Signature (nlease use signatu	ro filed with up)		

Individual Financial Products

保單持有人簽署(須與本公司之紀錄相符)