宏利 Manulife

Policy No. 保單編號 | | | | | | | | | | | | |

Branch code 分行編號： _____ Location 地點： _____

Insurance Advisor code 保險顧問編號： _____

Insurance Advisor's name 保險顧問姓名： _____

Contact no. 聯絡電話： _____

Manulife Investment Solutions/ Manulife Investment Plus Policy Change Form
宏利智富錦囊/ 宏利投資計劃保單更改申請表

Full Name of First Policyowner 第一保單持有人姓名	Full Name of Second Policyowner 第二保單持有人姓名

☐ Authorization Change 更改授權

The policyowner requests Manulife (International) Limited (the "Company") to revoke any authorization instructions previously made under this policy and effect the new instruction as stated below. Both policyowners must sign this form. 保單持有人要求宏利人壽（國際）有限公司(「本公司」)撤銷關於本保單的原有授權指示，並採納下列之新指示。所有保單持有人必須簽署本表格。

☐ Joint authorization 聯名授權

☐ Authorization by either policyowner 保單持有人任何一人之授權

NOTE: Authorization hereunder refers to the right to act upon instructions signed by any of the policyowners in respect of subscription, redemption, switching or any other matters (except transfer and variation of the policy) relating to our selected investment choices and our policy. 註：授權範圍指由保單持有人任何一位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項(保單轉移及變更則除外)的權利。

☐ Beneficiary Designation 指定受益人

The policyowner hereby revokes any beneficiary designation or direction of payment previously made in respect to the proceeds payable on the death of the life insured under this policy and directs that such proceeds be paid to: 保單持有人現撤銷關於本保單的受益人及身故賠償的原有指示，並授權將賠償款項支付予下列人士：

Primary 基本	Secondary 次位	Name of beneficiary 受益人姓名 (English and Chinese 英文及中文)	Relationship to first insured 與第一受保人關係	Relationship to second insured 與第二受保人關係	Beneficiary ID/ Passport no. 受益人身份證/ 護照號碼	Share (%) 分配 (百分比)	Name of Trustee 信託人姓名 (if any 如有)	Relationship to beneficiary 與受益人關係	Trustee ID/ Passport no. 信託人身份證/護照號碼
☐	☐								
☐	☐								
☐	☐								

NOTE: The policyowner hereby declares that any trustee designated in the same row before such beneficiary attains the age of 18. Any reference to "estate", "owner's estate" or "insured's estate" in the beneficiary column for any policy with joint policyowner shall be regarded as the estate of the last surviving insured.
註：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爲以信託人身份代表受益人根據上述表內同一行所示之百分比收取身故賠償金額。任何聯名保單持有人之保單如於受益人一項引用的「遺產」、「保單持有人的遺產」或「受保人的遺產」均會視爲最後生存受保人之遺產。

☐ Bank Autopay Details Change 更改銀行自動轉帳項目

The policyowner requests Manulife to change bank autopay arrangement details as follows. 保單持有人要求宏利更改銀行自動轉帳項目安排如下。

☐ Suspense/ cancel bank autopay 暫停/取消銀行自動轉帳	☐ Regular Subscription 定期認購 ☐ Single Subsequent Subscription 單次增加認購 Effective date 生效日期： _____ / _____ / _____ (DD 日 / MM 月 / YYYY 年)
☐ Resume bank autopay 恢復銀行自動轉帳	☐ Regular Subscription 定期認購 ☐ Single Subsequent Subscription 單次增加認購 Effective date 生效日期： _____ / _____ / _____ (DD 日 / MM 月 / YYYY 年)
☐ Change bank autopay debit date 更改銀行自動轉帳日	Effective date 生效日期： ☐ 3rd 三號 ☐ 14th 十四號 Effective month and year 生效月份及年份： _____ (MM 月/YYYY 年)
☐ Change bank autopay payment mode 更改銀行自動轉帳繳付形式	☐ Monthly 每月 ☐ Quarterly 每季 ☐ Semi-annual 每半年 ☐ Annual 每年

☐ Others (please specify details) 其他 (請列明詳情)

Declaration and Authorization 聲明及授權

I/We, the policyowner, hereby declare that the above information is complete and true to the best of my/our knowledge and agree that (1) I/we agree to inform the Company immediately in writing of any change in (a) my/our personal information provided in this form; (b) the personal particulars of any of the persons mentioned in this form; and/or (c) the other information provided by me/us in this form or any other documents, including but not limited to any change of the person(s) who has/have any legal or beneficial interest in the policy directly or indirectly; (2) all information in this application form together with any subsequent alterations or supplements of it are collected to enable the Company to carry on insurance business and may be transferred to and/or used by the Company (including its subsidiaries, affiliated companies and associated companies, whether they are located or registered in Hong Kong or outside Hong Kong) and any service providers (whether they are located or registered in Hong Kong or outside Hong Kong) for the purpose of approving and underwriting this application, administering and reinsuring the policy, preventing money laundering and/or terrorist financing activities, and/or adjudicating any insurance or related claims thereof; (3) my/our data may be transferred to any relevant regulatory bodies to enable them to carry out their regulatory functions; (4) I/we declare that I/we do not have any bankruptcy petition made against me/us. (5) 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／吾等（保單持有人）謹此聲明以上資料均爲確實無訛並同意下列各項：(1) 本人／吾等茲同意（甲）本人／吾等於本表格的個人資料及／或（乙）本申請所提及任何人士的個人資料及／或（丙）本人／吾等於本表格或任何其他文件提供的資料如有任何變動（包括但不限於直接或間接於保單擁有任何法定或實益權益的人士有所更改），本人／吾等將即時以書面通知貴公司；(2) 本申請表所提供之所有資料與任何日後作出之修訂或補充，目的在於確保貴公司之保險業務得以順利運作，而該等資料可供貴公司（包括其附屬公司、關聯公司及聯繫公司，不論其位於或註冊於香港或香港境外）及任何服務供應商（不論其位於或註冊於香港或香港境外）轉移及／或用以批核此申請，管理此保單並安排分保及服務、防止洗黑錢及／或恐怖分子融資活動及／或處理有關之保險或索償申請；(3) 本人／吾等之資料可轉移予相關機構以執行監管職權；(4) 本人／吾等聲明本人／吾等現時並沒有破產。(5) 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。

Signed on this _____ day of _____ , _____
簽署日期 Day 日 Month 月 Year 年

Signature of Witness 見證人簽署	Signature of Second Policyowner 第二保單持有人簽署	Signature of First Policyowner 第一保單持有人簽署
X Name 姓名：( )	X	X
For Office Use Only 公司專用	S.V. _____ ☐ Y ☐ N	S.V. _____ ☐ Y ☐ N

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。