

**Manulife Secure IncomePlus
Investment Choice Services Form
宏利優裕錦囊投資選項服務申請表**

Branch code 分行編號：_____ Location 地點：_____

Insurance Advisor's code 保險顧問編號：_____

Insurance Advisor's name 保險顧問姓名：_____

Contact no. 聯絡電話：_____

Full name of Policyowner 保單持有人姓名

- **All dollar amounts are stated in US dollar unless specified. 除指明外，所有金額皆以美元為貨幣單位。**
- Any amendments should be endorsed by the Policyowner in full signature. 任何資料如有更改，保單持有人必須在更改的位置簽署作實。
- Manulife shall have the right to update this form from time to time and to accept or reject the form submitted by you if you fail to fulfill the Company's requirements. 宏利有權隨時更新表格內容，如閣下未能符合本公司的有關規定，宏利將保留接受或拒絕閣下遞交之申請表格的權利。
- Please indicate the type of service requested by putting a "✓" in the appropriate box. 請註明所要求之服務並於適當方格內填上「✓」號。
- Allocation percentage of each investment choice/ fund selected should be in whole number. All dollar amounts should be rounded to two decimal places. 所選每項投資選項 / 基金分配百分比必須為整數。所有金額數目必須截至小數點後兩個位。

 Part A: Switching 第一部份：轉換

The Policyowner requests Manulife to switch the existing investment choice/ fund to the following investment choice/ fund as stated below.

保單持有人要求宏利對現有投資選項 / 基金作出下列轉換。

Please put a "✓" in the appropriate box. 請於適當方格內填上「✓」號。

FROM Switching Out 由：轉出 Name & Code 名稱及編號	Switching Out 轉出		TO Switching In 至：轉入 Name & Code 名稱及編號
	<input type="checkbox"/> % 百分比	<input type="checkbox"/> Units 單位	
MSIP Aggressive Portfolio 宏利優裕進取組合 (SAP01)			
MSIP Growth Portfolio 宏利優裕增長組合 (SGP01)			
MSIP Balanced Portfolio 宏利優裕均衡組合 (SBP01)			
Strategic Portfolio 策略組合 (SSP01)			

Remarks on Part A 第一部份註釋

- Minimum switching from one investment choice/ fund to another investment choice/ fund is USD10,000. 每次由一項投資選項 / 基金轉換至另一項投資選項 / 基金之最低轉換金額為10,000 美元。
- If the remaining Account Value of the switching out investment choice/ fund is less than USD10,000, all selected investment choices/ funds, less switching fee (if any), of that investment choice/ fund may at Manulife's discretion be switched to the switching in investment choice/ fund according to the above allocation instruction. 如轉換後的投資選項 / 基金帳戶價值低於10,000 美元，宏利有權將所有轉出投資選項 / 基金按上述分配於扣除轉換費（如適用）後轉換至轉入投資選項 / 基金。

 Part B: Withdrawal 第二部份：提取 (please complete Part E 請填寫第五部份)
Remarks on Part B 第二部份註釋

- Withdrawal charge may be levied on withdrawals within the first 5 years of subscription. Withdrawal amount will be paid after deduction of the withdrawal charge (if any). 如於認購後首五年內提取，則每次提取可能徵收提取費用，提取金額將扣除有關提取費用（如適用）後支付。
- The Policyowner understands that fees for surrender or withdrawal in excess of Guaranteed Withdrawal Amount/Income for Life on Manulife Secure IncomePlus are levied as per the following schedule. 保單持有人明白宏利優裕錦囊的退保及超越保證提取金額 / 永久入息提取之費用如下：

Subscription of less than 認購年期不足	% of excessive withdrawal / surrender amount 佔超越提取 / 退保金額之百分比
1 year 年	6%
2 years 年	5%
3 years 年	4%
4 years 年	3%
5 years 年	2%

- Withdrawals in the first 10 policy years will result in forfeiture of Deferral Bonus in that year and all future years. 如在首十個保單年度作出提取，該年及往後年份的獎金均會被取消。
- Withdrawals will normally be effected on the same day of the receipt of completed and signed form. 提取一般會於接獲已填妥及簽妥之申請表同日辦理。

 Unscheduled Withdrawal 不定期提取

The Policyowner requests Manulife to withdraw the investment choice/ fund as stated below. The percentage (%) / Unit/ amounts to be withdrawn is indicated as follows: 保單持有人要求宏利提取下列投資選項 / 基金，所提取的百分比 (%) / 單位 / 金額列明如下：

Manulife Secure IncomePlus Investment Choices/ Funds 宏利優裕錦囊投資選項 / 基金名稱	Code 編號	Percentage (%) 百分比	Units 單位	Amount (USD) 金額 (美元)
MSIP Aggressive Portfolio 宏利優裕進取組合	SAP01	%		
MSIP Growth Portfolio 宏利優裕增長組合	SGP01	%		
MSIP Balanced Portfolio 宏利優裕均衡組合	SBP01	%		
Strategic Portfolio 策略組合	SSP01	%		

Remarks on Unscheduled Withdrawal 有關不定期提取註釋

- Minimum withdrawal is USD5,000 and may subject to withdrawal charge. 最低提取金額為5,000 美元，並可能徵收提取費用。
- If the remaining Account Value of the Investment Choice/ Fund after the withdrawal is less than USD10,000, all selected investment choices/ funds, less withdrawal charge (if any), of the Investment Choice/ Fund may be redeemed at Manulife's discretion. 如提取後的投資選項 / 基金帳戶價值低於10,000 美元，宏利有權將有關投資選項 / 基金於扣除提取費用(如適用)後全數贖回。
- If the remaining Policy Value of the policy after the withdrawal is less than USD10,000, all selected investment choices/ funds, less withdrawal charge (if any), of the Investment Choices/ Funds under the policy may be redeemed at Manulife's discretion, and the policy will be terminated. 如提取後的保單價值低於10,000 美元，宏利有權將保單內所有投資選項 / 基金於扣除提取費用（如適用）後全數贖回，而保單亦隨即終止。
- If the withdrawal instruction is by amount, this will be pro-rated to all existing investment choices/ funds. 若以金額方式作出提取指示，將按比例於現有投資選項 / 基金中提取。

Part B: Withdrawal (Continued) 第二部份：提取（續）(please complete Part E 請填寫第五部份)

Regular Withdrawal 定期提取

Set up Option 設定選項：

Guaranteed Withdrawal Amount (GWA) 保證提取金額 **or 或**

Income for Life (IFL) 永久入息 **or 或**

Other amount per mode 每期金額 (USD 美元)：_____

Mode of Payment 繳付形式：
 Monthly 每月 Quarterly 每季 Semi-annually 每半年 Annually 每年

Payment Effective Date 付款生效日期*：_____ (DD 日日/ MM 月月/ YYYY 年年年年)

Method of Payment 繳付形式：
 by cheque 支票 (Please complete Part E 請填妥第五部份)
 by autopay 自動轉帳 (Please fill in the Bank Account Information 請填妥銀行戶口資料)

Bank Account Information 銀行戶口資料
 (For Regular Withdrawal paid by autopay only 只適用於以自動轉帳方式支付定期提取者)
 (Only applicable for HK Dollar bank account 只適用於港元戶口)
 (Please provide account information proof 請提供戶口資料證明)

Bank Name 銀行名稱	Bank No. 銀行編號	Branch No. 分行編號	Bank Account No. 銀行帳戶號碼

Please provide account proof (e.g. bank statement or bank book copy showing the name of account holder and account number)
 請提供帳戶資料證明（如列有帳戶持有之姓名及帳戶號碼之銀行帳單或銀行存摺影印本）

Change Guaranteed Withdrawal Amount to Income for Life 更改保證提取金額至永久入息#

Suspension of Regular Withdrawal 暫停定期提取

Change Regular Withdrawal Payment Mode 更改定期提取形式：

Mode of Payment 繳付形式：
 Monthly 每月 Quarterly 每季 Semi-annually 每半年 Annually 每年

* If no specific instruction is given here, the "Payment Effective Date" will be the request processing date. 若閣下於此欄並無作出特別指示，「付款生效日期」將以處理申請當日為準。
 # The payment mode of Income for Life will be same as existing set up whilst the payment effective date of Income for Life will be the next withdrawal date, unless specified. 除指明外，永久入息之繳付形式將以現有設定為準，而有關永久入息之付款生效日期，將是下個提取日期。

Remarks on Regular Withdrawal 有關定期提取安排註釋

- If the regular withdrawal amount per payment is less than USD1,000, only annual mode can be selected. 如每單一定期提取之金額低於USD1,000，只接受以每年形式支付。
- Regular withdrawal of Income for Life is only applicable when Insured reaches age 65 or above. 永久入息的定期提取只適用於受保人年屆65歲或以上。
- Change of regular withdrawal option to Income for Life is only applicable when Insured has reached 65. 如要更改定期提取至永久入息，受保人必須已年屆65歲或以上。
- Regular withdrawal will be pro rated to all existing investment choices/ funds. 定期提取將按比例於現有投資選項 / 基金中作出提取。

Part C: Full Surrender 第三部份：全數退保 (please complete Part E 請填寫第五部份)

I, the policyowner, hereby fully surrender the above policy and request for disbursement of policy value (if any) according to the payment instruction below. I understand that withdrawal charge may be levied as appropriate. For details please refer to Remarks on Part B.
 本人（保單持有人），現將上述保單全數退保及要求根據以下付款指示退回保單價值（如有）。本人明白宏利可收取有關提取費用。詳情請參閱第二部份註釋。

To comply with the industry guidelines, for application for withdrawal or full surrender, please attach copy of Policyowner's HKID card/Passport. Please state the policy number(s) on the attached copy. 為遵守保險業務守則，如屬申請投資選項 / 基金提取或全數退保，請附上保單持有人的香港身分證 / 護照副本，並請於該副本上註明保單編號。

Part D: Beneficiary Designation 第四部份：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 life insured 與受保人關係	Beneficiary ID / Passport no. 受益人身分證 / 護照號碼	Share (%) 分配 (百分比)
<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>				

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. 信託人身分證 / 護照號碼

Pre-selection of Death Benefits Option for Beneficiary (if applicable) 選定身故賠償予受益人（如適用）

A full lump sum payment 一筆過提取 **or 或**

Regular guaranteed payments up to a maximum of 20 Policy years 於最多二十年內定期提取保證金額

NOTE: The Policyowner hereby declares that any trustee designated in the above 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上述表內同一行所示之百分比收取身故賠償金額。

Part E: Payment Instructions 第五部份：付款指示

For withdrawal instruction(s), please complete this section.
若申請提取金額，請填寫此部份。

By Direct Credit to one of my following bank accounts (only applicable to policyowner's bank account in HKD currency)
直接存入本人下列其中一個銀行帳戶（只適用於保單持有人的港幣戶口）：

- Current autopay bank account for premium payment
現時繳付保費之自動轉帳銀行帳戶
- Last bank account for receiving claims payment or policy payment (including dividend, loan payment, regular withdrawal, etc.)
上一次收取理賠金額或保單款項（包括紅利、貸款金額、定期提取金額等）之銀行帳戶
- Bank account specified below
以下指定的銀行帳戶：

Name of account holder 帳戶持有人姓名： _____

Bank Name 銀行名稱	Bank No. 銀行編號	Branch No. 分行編號	Bank Account No. 銀行帳戶號碼

Please provide account proof (e.g. bank statement or bank book copy showing the name of account holder and account number)
請提供帳戶資料證明（如列有帳戶持有人的姓名及帳戶號碼之銀行帳單或銀行存摺影印本）

Remarks 備註：

- Only applicable to payment with maximum daily transaction limit not exceeding of HKD300,000 per policy. If payment is exceeding HKD300,000 or above, or the instruction cannot be executed, it will be issued by cheque. 每份保單每日最高存款交易不能超過港幣300,000。如交易超過港幣300,000 或以上，或無法執行有關付款指示，總額將以支票形式支付。
- The above instruction will **replace any existing bank account record/setup for receiving payment** including regular withdrawals, payment refund and payout distribution investment choice(s) (if any). 此帳戶資料將取代現時紀錄內 / 設立收取款項的帳戶，退款及支付派發投資選項（如有）。

Cheque Payment
以支票形式付款

Cheque Currency (a) 支票幣值 (a)

- USD Cheque (drawn in Hong Kong)
美元支票(由香港的銀行付款)
- USD Cheque (drawn in United States)
美元支票(由美國的銀行付款)
- HKD Cheque (b)
港元支票 (b)

Cheque Collection Method 支票交付方法

- via my insurance advisor
經由本人的保險顧問轉交
- by mail to my latest corresponding address with Manulife
寄往本人於宏利記錄的最新通訊地址

Notes 註：

- (a) In general, it takes a longer settlement period to clear a foreign cheque in Hong Kong. Bank charges may be incurred by client for clearing the cheque.
銀行通常需要較長的結算時間由香港兌現外幣支票；另銀行或會向客戶徵收兌現支票的相關手續費。
- (b) The HKD equivalent will be based on the currency exchange rate provided by the Company at the time of issue of the cheque and it can be changed from time to time.
相等之港元將會以支票發出時的貨幣兌換率計算，而本公司將不時提供有關的貨幣兌換率。

Transfer to my other individual insurance policy or Wealth Management product. (please ensure Part B or Part C is completed)
轉移至本人其他之指定個人保險保單或財富管理部之產品。（請確保第二或第三部份已填妥）

NOTE: This option is applicable to **Unscheduled Withdrawal** only.
註：此選擇只適用於不定期提取。

Policy/Shareholder number 保單/客戶編號			
Amount 金額	<input type="checkbox"/> USD 美元 _____ <input type="checkbox"/> HKD 港元 \$ _____	<input type="checkbox"/> USD 美元 _____ <input type="checkbox"/> HKD 港元 \$ _____	<input type="checkbox"/> USD 美元 _____ <input type="checkbox"/> HKD 港元 \$ _____
Purpose 用途	<input type="checkbox"/> Premium offset 對減保費 <input type="checkbox"/> Loan repayment 償還貸款 <input type="checkbox"/> Others 其他 _____	<input type="checkbox"/> Premium offset 對減保費 <input type="checkbox"/> Loan repayment 償還貸款 <input type="checkbox"/> Others 其他 _____	<input type="checkbox"/> Premium offset 對減保費 <input type="checkbox"/> Loan repayment 償還貸款 <input type="checkbox"/> Others 其他 _____

Part F: Others 第六部份：其他 (please specify details 請列明詳情)

Part G: Declaration & Authorization 第七部份：聲明及授權

I, the Policyowner, hereby agree to the application as stated above and understand that the above application is bound by the provisions stated in the Contract. For the case of surrender, I hereby agree to surrender the above policy for its policy value, if any. I understand that withdrawal charge may be levied as appropriate and that the above application is bound by the Surrender provisions as stated in the Contract.

I confirm that the request is made at my own volition and at my own risk after reading and understanding all relevant information relating to the policy. I shall make my own independent decisions/judgements in respect of subscription, withdrawal, switching or any other matters relating to my selected investment choices/ funds and my policy. I confirm and fully understand/aware of the associated risk and return of the Investment Choices/ Funds chosen by me, which may or may not be suitable for me. I declare that I do not have any bankruptcy petition made against me. I understand that all payments and benefits of the policy will not be payable by Manulife if the identification of the relevant parties does not completely follow the Company's guidelines and instructions provided in this application.

I, the Policyowner, declare that the above information is complete and true to the best of my knowledge and belief and form an integral part of the policy. 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. My data may be transferred to any relevant regulatory bodies to enable them to carry out their regulatory functions. 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（即保單持有人）同意以上之申請及明白上述申請受保單合約內之條款約束。如屬退保之申請事宜，本人同意將以上保單退保以提取保單價值。本人明白宏利人壽保險(國際)有限公司可收取有關提取費用，亦明白上述之退保申請受保單合約內之退保條款約束。

本人於細閱及明白所有相關保單資料後，確認此要求乃本人的意願，並願意承擔所有風險。本人就認購、提取、轉換或其他本人所選擇的投資選項 / 基金及保單之事項作獨立決定 / 判斷。本人確認及充份理解 / 認識本人所選擇的投資選項 / 基金所附帶之風險及潛在回報，而該風險可適合或不適合本人。本人聲明本人現時並沒有破產。本人明白倘相關人士之身分證明資料未能完全符合宏利於此申請上提供的指引及規定，宏利將不會根據保單作出任何付款及賠償。

本人（即保單持有人）謹此聲明上述為真實無訛，並明瞭以上一切資料將構成保單之部份內容。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、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。本人之資料可轉移予相關機構以執行監管職權。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 Policyowner
 保單持有人簽署

X

For Office Use Only 公司專用 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。