

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

	Policy no. 保單編號												
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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 (International) Limited (the "Company" or "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. 宏利人壽保險(國際)有限公司(「本公司」或「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,本公司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 selected should be in whole number. All dollar amounts should be rounded to two decimal places. 所選每項投資選項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。
- To effect the instruction, this form should be completed, signed and received by the Company by 3:00 p.m. Hong Kong time provided that the day is a dealing day. 如欲辦理有關指示,須填妥並簽署本表格,並於交易日內香港時間下午3時前送達本公司。
- Please provide the information required in this form, otherwise, the Company would not be able to comply with the relevant regulatory requirements. If you do not provide us the necessary information/forms in timely manner, the Company may not be able to process your application or may even reject your application and we will not bear any loss that may arise. 請根據此表格提供所需資料,否則,本公司將無法遵從相關規管要求。如閣下未能及時提交需要的資料/表格,本公司 可能無法處理閣下的申請甚或拒絕閣下的申請,亦不會承擔任何可能因此引致的損失。
- Please read the Investment Choice Brochure of Manulife Secure Income Plus and the offering documents of the underlying funds corresponding to the investment choices to understand the nature and risks of the underlying funds. 請參閱宏利優裕錦囊的投資選項手冊及投資選項的相關基金的銷售文件,以了解相關基金的
- You should select the investment choice(s) only if you understand the nature and risks of the investment choice(s) and its underlying fund(s), and have sufficient net worth to be able to assume the risks and bear the potential losses of trading in relation to the investment choices selected. 閣下在選擇投資選項前,請閣下必須了解 該投資選項及相關基金的性質及風險,並需要持有足夠的淨資產承擔與所選投資選項有關的相關風險並承擔有關的潛在損失;否則,閣下不應選擇該投資選項。
- You may be exposed to the additional associated risks if the selected mix of investment choices you intend to subscribe or switch in after policy inception may be inconsistent with your risk profile and knowledge (including investment knowledge in derivatives). 如閣下打算在保單生效後選擇認購的投資選項組合或者轉入的投 資選項組合,與閣下的風險承擔能力及知識(包括對衍生產品的相關投資知識)不相符,則閣下可能需承受額外相關風險
- You may be exposed to additional associated risks if you are investing in investment choice(s) of which underlying fund(s) is/are classified as derivative fund(s). The volatility of these underlying fund(s) may increase or decrease from their derivative usage, and may suffer losses. Please refer to the offering documents of the respective underlying fund(s) for details. 如閣下所選的投資選項連繫至的相關基金被歸類為衍生產品基金,閣下或因而可能需承受額外相關風險。此等相關基金 的波幅或因衍生產品的使用而上升或下降,或因而出現虧損。詳情請參閱各相關基金的銷售文件。
- You are advised to complete the Risk Profile Questionnaire to assess your risk profile before investing. Please visit our website or contact your licensed insurance intermediary for details of the risk level of the respective investment choice. 我們建議閣下於投資前填寫「風險承擔能力問卷」以評估閣下之風險承受程度。有關 各相關投資選項的風險級別詳情,請瀏覽本公司網頁或聯絡閣下的持牌保險中介人。
- You are advised to complete the Risk Profile Questionnaire to assess your risk profile again if there are any material changes to the information in the questionnaire provided previously and / or the questionnaire provided was submitted over 12 months. Please visit our website or contact your insurance advisor for details of the risk level of investment choice(s). 如閣下於較早前遞交的「風險承擔能力問卷」內所提供的資料有重大變更及/或閣下所提供的問卷已超過12個月,我們建議閣 下重新填寫該問卷以評估閣下之風險承受程度。有關投資選項的風險級別詳情,請瀏覽本公司網頁或聯絡閣下的保險顧問。

│ 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 / 基金作出下列轉换。 Please put a "✓" in the appropriate box. 請於適當方格內填上「✓」號。											
FROM Switching Out Switching Out 轉出 TO Switching In											
由:轉出 Name & Code 名稱及編號	□% 百分比	☐Units 單位	至:轉入 Name & Code 名稱及編號								
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。

R H 編號
Part B: Policyowner's Suitability Declaration 第二部份:保單持有人之合適性聲明
(This part is ONLY applicable for the request of Single Switching) (此部分只適用於單次轉換的申請)
You are advised to conduct a Risk Profile Questionnaire to assess your risk profile before investing; otherwise, we will assess your application based on your risk tolerance level as indicated in your last Risk Profile Questionnaire in our record or we may assume you have low risk tolerance level if you have not conducted any Risk Profile Questionnaire on our record. 建議閣下應於投資前填寫「風險承擔能力問卷」以評估閣下現時之風險承受程度。否則,我們會以閣下於較早前遞交的「風險承擔能力問卷」內所提供的資料評估閣下之風險承擔能力。如閣下從未填寫「風險承擔能力問卷」,閣下之風險承擔能力將會被假定為最低。
Please complete this part if the risk level of the investment choice(s) to be switched in is / are inconsistent with your risk tolerance level. 請填妥此部份如將轉入投資選項與閣下的風險承受程度不相符 。
Please be reminded the mismatch as referred to the above implies that such transaction(s) may not be suitable for you and may not be in your best interest with additional risks associated, and you are advised to conduct a Risk Profile Questionnaire to assess your up-to-date risk profile before investing. Please visit our website or contact your insurance advisor for details of the risk level of investment choice(s). 請注意,上述錯配的情况反映此等交易可能並不適合閣下,而當中涉及的額外風險可能未能符合閣下的最佳利益。閣下應於投資前填寫「風險承擔能力問卷」以評估閣下現時之風險承受程度。有關投資選項的風險級別詳情,請瀏覽本公司網頁或聯絡閣下的保險顧問。
I/We, the policyowner, understand and agree that despite the fact that the features and/or risk level of this Investment-Linked Assurance Scheme ("ILAS") policy and/or my/our selected mix of underlying investment choices (for example, underlying investment choices selected with derivatives exposure) may not be suitable for me/us based on my/our risk profile and knowledge (including investment knowledge in derivatives), etc. as indicated in the Risk Profile Questionnaire (if any) and as a result of which I/we may be exposed to additional associated risks, I/we confirm that it is my/our intention and desire to proceed with my/our application(s) as explained below.  本人/吾等(保單持有人)完全明白並同意儘管根據本人/吾等(保單持有人)於「風險承擔能力問卷」(如有)所披露的風險承擔能力及知識(包括對衍生產品的相關投資知識)等資料,此投連壽險計劃保單之特點及/或風險水平及/或本人所選擇的相關投資選項組合(例如,投資選項連繫的相關基金具有衍生工具成份)可能並不適合本人/吾等(保單持有人),本人/吾等(保單持有人)並可能因此需承受額外相關風險,但本人/吾等(保單持有人)確認基於下述原因,本人/吾等(保單持有人)打算及意欲申請此投連壽險計劃保單。
I/We, the policyowner, fully understand that Manulife is required to take account of my/our stated explanation for assessing whether a particular Change of Regular Subscription Allocation and / or Switching is / are suitable for me/us. I/we understand that, subject to my/our explanation, Manulife may accept or reject my/our application. 本人 / 吾等(保單持有人)完全明白,宏利須就本人 / 吾等(保單持有人)列明的原因,評估此更改定期認購分配及 / 或轉換申請是否適合本人 / 吾等(保單持有人);本人 / 吾等明白宏利將根據本人 / 吾等提供的解釋而可能接受或拒絕本人 / 吾等的申請。
(Delieu august priest apprelete avelenation in this boy. (尼思杜左 L )()(石t)(从-眼中18/4) 原尼。
(Policyowner must complete explanation in this box. 保單持有人必須於此欄內提供原因。)

			Policy no. 保單編號					
Part C: Withdrawal 第三部份:提取 (please complete Part	F 請填寫							•
Remarks on Part C 第三部份註釋	all semi	VIOV VIII IVO						
<ul> <li>Withdrawal charge may be levied on withdrawals within the first 5 years of subsor 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</li> <li>The Policyowner understands that fees for surrender or withdrawal in excess of 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/</li> </ul>	口適用)後す Guarantee	5付。 ed Withdrawal Amount/In						
Subscription of less than	水入八心症	親之寅州如下・ % of excessive	withdrawal / s	surrender am	ount			
認購年期不足			即/退保金額		<u>iourit</u>			
1 year 年			6%					
2 years 年 3 years 年			5% 4%					
4 years 年			3%					
5 years 年  Withdrawals in the first 10 policy years will result in forfeiture of Deferral Bonus in  Withdrawals will normally be effected on the same day of the receipt of complete							金均會被取	消。
Unscheduled Withdrawal 不定期提取 The Policyowner requests Manulife to withdraw the investment choice/fund							ated as follo	ows· 仅
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 Manulife Secure Income <i>Plus</i> Investment Choices/ Funds			7 (70)7 31110 411	Units	- William		nount (U	
宏利優裕錦囊投資選項 / 基金名稱	編號	百分比		單位			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 MSIP Balanced Portfolio 宏利優裕均衡組合	SGP01 SBP01	%						
Strategic Portfolio 策略組合	SSP01	%						
	33501	70						
Remarks on Unscheduled Withdrawal 有關不定期提取註釋  Minimum withdrawal is USD5,000 and may subject to withdrawal charge. 最低损 If the remaining Account Value of the Investment Choice/Fund after the withdraw Investment Choice/ Fund may be redeemed at Manulife's discretion. 如提取後f後全數贖回。 If the remaining Policy Value of the policy after the withdrawal is less than UChoices/Funds under the policy may be redeemed at Manulife's discretion, and /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。	val is less th 的投資選項 JSD10,000,	nan USD10,000, all select /基金帳戶價值低於10,0 all selected investment	ted investmen )00 美元,宏和 choices/funds	可有權將有關 s, less witho	投資選項/ drawal cha	/ 基金於扣原 rge (if any),	除提取費用( , of the Inve	如適用) estment
<ul><li>✓ 查查於扣除症以資用(知適用)後主數順回 間所事所随即於止。</li><li>If the withdrawal instruction is by amount, this will be pro-rated to all existing inventors.</li></ul>	estment ch	pices/funds. 若以金額方式	式作出提取指表	示,將按比例	於現有投資	資選項/基:	金中提取。	
Regular Withdrawal 定期提取								
□ <b>Set up Option 設定選項:</b> □ Guaranteed Withdrawal Ar □ Income for Life (IFL) 永久/□ Other amount per mode 每	、息 <u>or 或</u>		<u> </u>					
Mode of Payment 繳付形式:	arterly 每 <sup>5</sup>	≸ Semi-annu	ally 每半年	Ann	ually 每年	<u>:</u>		
Payment Effective Date 付款生效日期*:		(DD 日日/	M M 月月/YY	YY 年年年	年)			
Method of Payment 繳付形式:  by cheque 支票 (Please cc by autopay 自動轉帳 (Please)	•	•	nation 請填妥	銀行戶口資	<b>[</b> 米])			
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 (Please provide account information proof 請提供戶口資料證明)  1. Name of account holder 帳戶持有人姓名:  2. Bank Name 銀行名稱  USD Bank Account (only applicable for USD Policy) 美元銀行帳  THE HONGKONG AND SHANGHAI BANKING CORPORATIO  HKD Bank Account (only applicable for USD & HKD Policy) 港元	戶(只適F N LTD 香	用於美元保單): <b>巷上海滙豐銀行有限公</b>			_			
3. Bank No. Branch No. Bank Account No. 銀行編號 分行編號 銀行帳戶號碼  Please provide account proof (e.g. bank statement or bank book 請提供帳戶資料證明(如列有帳戶持有人之姓名及帳戶號碼之銀行帳.			count holde	r and acco	unt num	ber)		
Change Guaranteed Withdrawal Amount to Income for Life 更改								
Suspension of Regular Withdrawal 暫停定期提取								
Change Regular Withdrawal Payment Mode 更改定期提取形式:								
	arterly 每	≸ Semi-annu	ıally 每半年	Ann	ually 每年	Ē		
* If no specific instruction is given here, the "Payment Effective Date" will be the re	, -	_	•	_	,		理申請當日	為準。
# The payment mode of Income for Life will be same as existing set up whilst the p 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	oayment eff	ective date of Income for				_		
Remarks on Regular Withdrawal 有關定期提取安排註釋	ıal mada a	an ha salaatad 加气型	- 完まは 中央 ウィ	対係が100	od 000 - □	按码内包含	- 15十十十	,
<ul> <li>If the regular withdrawal amount per payment is less than USD1,000, only annote</li> <li>Regular withdrawal of Income for Life is only applicable when Insured reaches</li> <li>Change of regular withdrawal option to Income for Life is only applicable when</li> </ul>	age 65 or a	above. 永久入息的定期提	是取只適用於受	是保人年屆65	歲或以上	0		,
• Regular withdrawal will be pro rated to all existing investment choices/funds. 词							_	

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Manulife (International) Limited (Incorporated in Bermuda with limited liability) 宏利人壽保險(國際)有限公司(於百慕達註冊成立之有限責任公司)

				Policy no. 保單編號							
Part	D: Full Sur	rrender 第四部份:全數退保 (please complete Part F 請填寫第六	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. understand that withdrawal charge may be levied as appropriate. For details please refer to Remarks on Part C. 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。詳情請參閱第三部份註釋。											
To comply with the industry guidelines, for application for withdrawal or full surrender, please attach copy of Policyowner's HKID card/Passport. Plea 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	E: Benefic	siary Designation 第五部份:指定受益人									
The Policy under this	owner hereby policy and di	ny revokes any beneficiary designation or direction of payment previously ma irects that such proceeds be paid to: 保單持有人現撤銷關於本保單的受益人	ade in re 及身故!	espect to the pi 賠償的原有指示	roceeds ,並授権	payable 望將賠償	e on th 款項支	e death o	f the 人士	life insured :	
Primary 基本	Secondary 次位	Name of beneficiary 受益人姓名 (English and Chinese 英文及中文)	受益人姓名 life insured 母类人自分語 / 難昭號和						). S 分	Share (%) 配 (百分比)	
									$\perp$		
Name of Trustee 信託人姓名 (if any 如有)  Relationship to beneficiary 與受益人關係 信託人							stee ID / 託人身分	ID / Passport no. 引分證 / 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											
Regula	ar guaranteed	l payments up to a maximum of 20 Policy years 於最多二十年內定期提取保証	登金額								
policy for	the benefici	ner hereby declares that any trustee designated in the above table shall iary named on and in accordance with the percentage proportion as sho 即,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	own in i	the same row b	pefore s	uch be	neficia	ary atṫains	the	age of 18.	

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								F 信	Policy no. 呆單編號									-
Part F: Payment Ins 第六部份:付款指示 e-Payout is only applic	ŧ	ner's hank a	ccount e	rcent i	nint :	accom	nt 雷子支				2. 行帳 6	<b>i,</b> 不	句扫		<u>-</u>			
Default e-Payout Method 方法(如有)將採用為是	d will be applied (if															設電子	提取作	寸款
☐ a Default e-Payout Met arrangement, we will 預設電子提取付款方法 處理付款(如適用)	pay according to 去(即上一次經轉 。否則將以支票形	option b(i) be 數快或直接存 式支付。)	elow (if app 字入銀行帳	plicable) 戶以收I	). Oth 取理!	ierwise 語金額	e, cheque 或保單款 <sup>攻</sup>	will be issue 項之渠道。如	ed.) D選擇此注	選項但	!未有預	· 〔先設〕	立提	取安排		•		
OR below specified e	e-Payout Method	(will be set a	s default	arrange	mer	t) 或以	下指定電	子提取付款:	方法(將	被設置	置為預	设付款	だって	式):			•••••	
□ b Direct Credit to one o □ (i) Current autopa □ (ii) Bank account 1. Name of acco	ay bank account in specified below 以	HKD currenc 下指定的銀行	y for paym				,							300,00	0/美元:	37,500	)	
<ol> <li>Name of account holder 帳戶持有人姓名:</li></ol>																		
	銀行名稱:							(= FF )										
	Account (only app a銀行名稱: <b>THE</b>								TD 悉进	⊢海湄	幽细炎	- 右阳	Λ≡	1				
3. Bank No. 銀行編號	Branch No. 分行編號	Bank Acco 銀行帳戶號	ount No.	IAITOIT	AI D	- IVIXIIV	id Oonir	ONATION	10 B/E.	工作化	豆蚁1.	ZHHI	<u> </u>	<u> </u>				_
Please provid 語提供帳戶資	e account proof ( 料證明(如列有帳	e.g. bank sta ら持有人フ	atement o	r bank s號碼ラ	bool 知行	《 COPY	showing t銀行存摺	_   the name o  緊託血太 )	f accou	nt hole	der an	d acc	oun	t numl	ber)			
□ c FPS to my default rec									(口限港	 ŧ∓ • ℝ	日郊法	 ∓1 ∩∩			•••••		•••••	
Hong Kong Mobile Ph				,000,00	JU) # <del></del>	接が大土	二个人」许成	てロジリス示人中式ノー	( CRIX/E	Σ) <b>.</b> 'μ	以合只/它。	/L1,UC	0,00	JU )				
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Others: Country / Regi	on Code & Iviobile	Phone Numb	per 共他 .	図家 / Ⅰ	<b>画</b> 现?	旅嗨 仅·	于旋电品系	<b>虎鳴</b> •										
(								_										
Remarks 備註: - The above specified Faster					FPS	payme	nt only and	d will not be ι	pdated to	o your	contac	t infon	mati	on in o	ur recor	d. 上述:	指定之	:手
提電話號碼只用於轉數快轉 - For payout through FPS, c	only applicable to p	payment with	maximum	daily tr														
HKD1,000,000 (or equivaler 如交易金額超逾港元1,000,0	00 (或等值) ,或無	法執行有關付款	款指示,總	額將以3	支票开	/式支付	† ·										,	,
<ul> <li>For payout through Direct ( HKD300,000/USD37,500, o</li> </ul>																		
37,500。如交易金額超逾港	元300,000 / 美元37	',500,或無法	執行有關作	款指示	,總額	[蔣以]	支票形式支	:付。				~1-313%	,,,,,	73 1 130	حرب المحد	0,	,	,,, 0
<ul> <li>The above instruction will re</li> <li>If there is no default e-Payor</li> </ul>				,					•	,	/式支付	† °						
☐ For <b>ALL policies</b> - Paid b	, ,	•						8845 李	· (-th) (-t-	. <b></b>	.A /_	±4.\						
<ul><li>☐ For <b>USD policy</b> - Paid by</li><li>☐ For <b>USD policy only</b> - Pa</li></ul>		- '	-									宗()						
Cheque collection method寸																		
<ul><li>☐ Through my Insurance A</li><li>☐ By mail to my latest corre</li></ul>			e 寄往本人	於宏利紹	记錄的	最新通	訊地址											
□ By registered mail to my 以掛號方式寄往本人於宏										D1,000	),000 o	r abov	e or	equiva	lent in c	other cu	rrency.	.) <sup>(c)</sup>
Notes 註:	了了对人的人,不是一个人的人,不是一个人的人,不是一个人的人,		八叉元业员	かりたりしょ	,000,	000=,,,	XX10-7	- HI JA 10 JA 11										
a) In general, it takes a longer 銀行通常需要較長的結算時								may be incu	rred by cl	lient fo	r clearii	ng the	che	que.				
b) The HKD equivalent will be	based on the curre	ency exchange	e rate prov	ided by	the C	ompar	ny at the tir	me of issue o	f the che	que an	d it car	be cl	nang	jed fror	n time t	o time.		
相等之港元將會以支票發出 c) If the payment cheque amo 如支票金額少於港元1,000,	ount is less than HK	(D1,000,000 c	or equivaler	nt in othe	er cu			e will be sent	by ordina	ary ma	il.							
Transfer to my other indiv轉移至本人其他之指定個								Part C or Pa	art D is co	omplet	ted)							
NOTE: This option is applical 註:此選擇只適用於不定期拼		d Withdrawal	only.															
Policy/Shareholder number 保單/客戶編號																		
Amount 金額	□ USD 美元					USD §	美元					SD 美	元					
	☐ HKD 港元 \$					HKD ?	巷元 \$				L_ +	KD 港	元:	\$				
	Premium off	fset 對減保費	3			Premi	um offset	對減保費			ПР	remiu	m o	ffset 業	<b>対減保費</b>	Ċ		_
Purpose 用途	Loan repayr	ment 償還貸款	款			Loan	repaymen	t 償還貸款				oan re	pay:	ment	償還貸請	款		
	Others 其他				$ \Box$	Others	s 其他				$ \Box c$	thers	其化	b				

			Fig. 4	olicy no. 段單編號				
☐ Part G: Others 第七部	『份:其他 (plea	nse specify details 請列明	詳情)					
Part H: Declaration & Au	ithorization 第	八部份:聲明及授權						
I, the Policyowner, hereby agrecase of surrender, I hereby agreabove application is bound by t	ee to surrender the	e above policy for its policy va	llue, if any. I understand that w					
I confirm that the request is ma independent decisions/judgeme I confirm and fully understand/a that I do not have any bankrupt the relevant parties does not co	ents in respect of saware of the assoc acy petition made a	subscription, withdrawal, switch iated risk and return of the Inv Igainst me. I understand that a	hing or any other matters relati estment Choices/ Funds chose Ill payments and benefits of the	ing to my selected on by me, which no o policy will not be	d investment o	hoices/ funds t be suitable f	and my or me. I	policy. declare
I, the Policyowner, declare that this application form together transferred to and/or used by Kong or outside Hong Kong) a underwriting this application, ac related claims thereof. My data Notice to Customers relating to	with any subsequenthe Company (included any service produint and reduced may be transferred and be transferred and service may be transferred and service may be transferred and service a	ent alterations or supplement uding its subsidiaries, affiliate oviders (whether they are loca insuring the policy, preventing d to any relevant regulatory bo	s of it are collected to enable d companies and associated of ted or registered in Hong Kon money laundering and/or terro dies to enable them to carry ou	the Company to companies, whet g or outside Hor orist financing acti at their regulatory	carry on insurber they are long Kong) for the ivities, and/or a functions. I/W	rance busines ocated or regine purpose of adjudicating a e have receive	ss and i stered i approvi ny insur	may be n Hong ing and ance or
本人(即保單持有人)同意以上 國際)有限公司可收取有關提取費	聞,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 獨立決定/判斷。本人確認及死 人明白倘相關人士之身分證明資	で份理解/認識本人	、所選擇的投資選項/基金所附	付帶之風險及潛在回報,而該風	l險可適合或不適f				
本人(即保單持有人)謹此聲明 貴公司之保險業務得以順利運作 於或註冊於香港或香港境外)朝 可轉移予相關機構以執行監管贈 同意該通知之內容。	F,而該等資料可係 專移及 / 或用以批析	t貴公司(包括其附屬公司、關 核此申請、管理此保單並安排的	關聯公司及聯繫公司,不論其位 ₹保、防止洗黑錢及∕或恐怖分	於或註冊於香港 ·子融資活動及/或	或香港境外)及 或處理有關之係	及任何服務供原 保險或索償申請	態商(不 青。本人	論其位 之資料
Oissa and a sa thair		alass and						
Signed on this 簽署日期	Day ⊟	day of	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.		П	N
The same of the party of the pa								

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。