

Group Life & Health Insurance Plan - Authorized Signature Specimen Form
團體保險計劃 - 獲授權人士簽署式樣表格
Notes

- Please complete this form in BLOCK LETTERS and check the boxes where appropriate. Please initial any corrections you make on this form.
- Please return completed form to us either by fax to (852) 2234 5371 or by mail to our address as appeared at the bottom of this form. DO NOT send the form again if you have faxed it already.
- Manulife will process this change request upon receipt of this completed form and all pertinent document(s), if any.
- Change request will be effective on the request processing date or the specified effective date, whichever is later.
- The information of the authorized person(s) is collected in their official capacities.
- Manulife shall assume no responsibility to verify or advise on the changes. Employers are advised to take independent professional advice to determine the appropriate instructions to Manulife.

注意事項

- 請用正楷填寫本表格，並於適當空格內加✓號。如須作出任何更改，請於刪改之位置旁簽署。
- 請將填妥的表格傳真至(852) 2234 5371或交回本表格底部之宏利通訊地址。如已傳真本表格，閣下毋須再次寄交。
- 宏利將於收訖本填妥表格或有關文件（如有）後處理是項申請。
- 更改申請將會於更改當日或列明之生效日期生效，以後者為準。
- 獲授權人士的資料乃因應其職務身份而收集。
- 宏利將不承擔核實更改之責任或就此提供意見。本公司建議僱主尋求獨立的專業意見，以決定向宏利發出適當的指示。

Section I – Details of Policyholder (Employer) 保單持有公司（僱主）資料

 Policy No. 保單編號 - - Effective Date 生效日期 / / (DD日 / MM月 / YYYY年)

 Full Name of Policyholder (Employer)
保單持有公司（僱主）名稱

The change is applicable to 此更改適用於：

-
- All Accounts 所有公司戶口
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-
- Affiliated Company Accounts Name 附屬公司戶口名稱

Section II – Addition of Authorized Person 新增獲授權人士
Remarks: If Third Party Payroll Administrator is appointed, additional documents are required. Please contact your servicing agent /Customer Service Hotline at (852) 2108 1234 (for Hong Kong policy) or (853) 8398 0313 (for Macau policy) for assistance.
 如需以第三方管理行政，需額外提供有關文件，請聯絡你的服務代理人或致電客戶服務熱線 (852) 2108 1234 (適用於香港保單)或 (853) 8398 0313 (適用於澳門保單) 查詢。

1.	Full Name in English 英文姓名 (As shown on ID card or Passport 必須與身份證或護照相同)	Title in English 職銜（英文）	Specimen Signature 簽署式樣
	Identity type 證件類別 (please provide ID card or Passport copy 請附上身份證或護照副本) <input type="checkbox"/> HK Permanent ID card 香港永久性居民身份證 <input type="checkbox"/> ID card 身份證 <input type="checkbox"/> Passport 護照	Identity No. 證件號碼	
2.	Full Name in English 英文姓名 (As shown on ID card or Passport 必須與身份證或護照相同)	Title in English 職銜（英文）	Specimen Signature 簽署式樣
	Identity type 證件類別 (please provide ID card or Passport copy 請附上身份證或護照副本) <input type="checkbox"/> HK Permanent ID card 香港永久性居民身份證 <input type="checkbox"/> ID card 身份證 <input type="checkbox"/> Passport 護照	Identity No. 證件號碼	
3.	Full Name in English 英文姓名 (As shown on ID card or Passport 必須與身份證或護照相同)	Title in English 職銜（英文）	Specimen Signature 簽署式樣
	Identity type 證件類別 (please provide ID card or Passport copy 請附上身份證或護照副本) <input type="checkbox"/> HK Permanent ID card 香港永久性居民身份證 <input type="checkbox"/> ID card 身份證 <input type="checkbox"/> Passport 護照	Identity No. 證件號碼	

Section III – Deletion of Authorized Person 刪除獲授權人士

Full Name 姓名	Title 職銜
Full Name 姓名	Title 職銜

Section IV – Declaration 聲明

I/We being the Policyholder (Employer) under the above Policy hereby declare that the information provided above are true and correct and understand all the terms and implication in respect of the above instructions.

The information provided on this form is collected to enable Manulife to update our customer/policy particulars for the purpose of administering the products/services provided by all companies within the Manulife group of companies in Hong Kong and Macau and also companies which provide trustee/custodian services. The information may be transferred to other division(s) within Manulife or other parties including delegates, intermediaries or any service providers of Manulife, for such purpose(s) or for a purpose directly related to such purpose(s). The regulatory bodies in any jurisdiction shall be authorized to inspect any information under the policy. All data processes may involve a transfer of information to places either within or outside the Hong Kong Special Administrative Region and Macau Special Administrative Region. We are required to supply the information in this form and failure to do so may result in our request being delayed. By writing to the Privacy Officer of Manulife - Employee Benefits, we can request access to and correction of our personal data (if applicable). All information may be treated by Manulife in the same manner as mentioned in the "Notice to Customers relating to the Personal Data (Privacy) Ordinance" ("Notice") (for Hong Kong policy) / "Manulife Personal Information Collection Statement (version 20150119_M)" ("Statement") (for Macau policy). In case we have not read the Notice/Statement (where applicable) before, we can obtain such Notice/Statement (where applicable) from our Manulife's intermediary or through Manulife's website at www.manulife.com.hk.

We confirm that all copy documents supplied or to be supplied have been and will be verified by us against their original.

We undertake that if there is any change in the information provided, we shall notify Manulife as soon as reasonably practicable. We also undertake to supply additional information in respect of our company or our member(s) to Manulife upon request for the purpose of complying with the Anti-Money Laundering and Counter-Terrorist Financing Ordinance (for Hong Kong policy) / Guidelines on Prevention and Combating Money Laundering and Financing of Terrorism in Insurance (for Macau policy).

本人/吾等為以上保單的保單持有公司（僱主），謹此聲明以上提供的資料均屬真實及正確，並明白以上指示的各項條款及含義。

本表格所提供之資料乃供宏利更新吾等之客戶/保單資料，以作為管理由宏利集團旗下於香港及澳門的所有公司以及為宏利提供信託/託管服務的公司所提供的產品與服務之用。為達致該等目的，或直接與該等目的有關的目的，所提供的資料可移轉予宏利內其他部門或其他人士/團體，包括宏利的受委託者、中介人或任何服務提供者。任何司法管轄區的監管團體將獲授權查看保單內的任何資料。所有資料處理過程或會涉及資料移轉至香港特別行政區及澳門特別行政區及以外地區。吾等須提供本表格所需的資料，否則吾等之要求或會因此而被延誤。吾等有權以書面通知宏利僱員福利部之個人資料主任，要求索閱及更改個人資料（如適用）。宏利可按於《有關〈個人資料（私隱）條例〉的客戶通知》（「通知」）（適用於香港保單）/《宏利個人資料收集聲明（20150119_M版本）》（「聲明」）（適用於澳門保單）所述，處理有關資料。假如吾等未有細閱該通知/聲明（如適用），吾等可從吾等的宏利中介人或透過宏利網址 www.manulife.com.hk 取得該通知/聲明（如適用）。

吾等確認所有已提交或將提交的文件均已經及將被吾等核實該等文件的正本。

吾等承諾假使所提供的資料有任何更改，吾等將於合理的切實可行範圍內盡快通知宏利有關之改動。吾等並承諾會因應宏利的要求提供本公司或吾等之僱員的附加資料以遵守《打擊洗錢及恐怖分子資金籌集條例》（適用於香港保單）/《保險業務防止及打擊洗黑錢和恐怖主義融資活動指引》（適用於澳門保單）。

Authorization by Policyholder (Employer) 由保單持有公司（僱主）授權

(Only accept authorization by Company Director* listed in the latest Annual Return. 只接受周年報表內之公司董事*之授權。)

Please provide a copy of the latest Annual Return for reference. 請提供最近之周年報表副本以作參考。

Signature of Company Director* with Company Chop
公司董事*簽署並蓋上公司印章

Date Signed (DD/MM/YYYY)
簽署日期（日/月/年）

Full Name in English (in Block letters)
英文姓名（請用正楷填寫）

* For Corporation – signature of the Company Director[^] is required.
法團公司 – 須由公司董事[^]簽署。

For Sole Proprietorship/Partnership - signature of the owner/partner is required and the latest Electronic Extract of information on the Business Register in Hong Kong is required.
獨資或合夥公司 – 須由獨資公司擁有人或合夥人簽署。請遞交由香港商業登記署最新發出的商業登記冊內資料的電子摘錄。

For Unincorporated body (e.g. association and societies) - signature of the Person-In-Charge of the Policyholder who has registered with the Societies Office of Police Licensing Office.
非法人團體（如會社及社團） - 須由保單持有公司於香港警察牌照課的社團事務處登記的最高負責人簽署。

If the Company Director is a Corporate Entity, company chop and signature of its director appears in the latest Annual Return are required. Please provide a copy of the latest Annual Return of the Company Director for verification.

如公司董事為一間法團公司，須由刊於該法團公司最近之周年報表上的公司董事簽署並蓋上印章。請提供該法團公司最近之周年報表副本以作核實。

[^] The Company Director is authorized by the Board of Directors of the Company to sign on this form.
公司董事是由公司董事局授權簽署此表格。

Please return the completed form to 請把填妥的表格寄交：

For Hong Kong policy - Employee Benefits, Manulife (International) Limited, P.O. Box 70302, Kowloon Central Post Office.
For Macau policy - Manulife (International) Limited, Macau Administration Office, Avenida De Almeida Ribeiro No. 61, Circle Square, 14 andar A, Macau.
適用於香港保單 - 九龍中央郵政局郵政信箱70302號宏利人壽保險(國際)有限公司僱員福利部。
適用於澳門保單 - 澳門新馬路61號永光廣場14樓A宏利人壽保險(國際)有限公司澳門分行行政部。

The Chinese version of this form is for reference only. In the event of discrepancies between the Chinese and English versions, the English version shall prevail.
本表格之中文譯本只供參考用途，若與英文版本有異，一概以英文版本為準。