

Policy No. 保單編號 :
Policyowner 保單持有人 :

Change of Policyowner Personal Details更改保單持有人之個人資料

To comply with the legal and/or regulatory requirements on the prevention of money laundering and terrorist financing in Macao, our company is required to ensure our customer records are up-to-date and relevant. We appreciate you promptly notifying us if you have changed any of your personal particulars shown below: 為符合防止洗黑錢及恐怖分子籌資之法律及/或監管要求, 本公司必須確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變更, 懇請閣下盡快通知本公司。

(1) Occupation/ Business Nature 職業/業務性質

Occupation 職業: _____ Business Nature 業務性質: _____

<Individual> Are you owner or senior management of your employed company?

<個人客戶> 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?

() Yes, please contact your Manulife Advisor to provide details by completing the Business Insurance Questionnaire

有, 請聯絡宏利顧問, 填妥商業保險問卷以提供詳情

() No 否

(2) Nationality/ Address 國籍/地址

New Nationality 新國籍: _____

New Correspondence Address 新通訊地址 *^(If different from mailing address of this statement 如與此信函地址不同): _____

New Residential Address 新住宅地址:

() Same as Correspondence Address 與通訊地址相同

() Others 其他: _____

* The 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 provident fund scheme(s) 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 Any residential address(es) previously registered under the scheme(s) will be superseded accordingly.

閣下所提供的地址資料, 適用於閣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/託管服務的於香港及澳門所提供的產品/服務上。如閣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。

^() To apply the selected correspondence address to this policy only, please tick this bracket.

如所選擇的通訊地址只適用於此保單, 請在括號內填上別號。

(3) Source(s) of Fund for upcoming/ future renewal premium / fund subscription 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): _____

Please complete this form and return it to us by fax on 2832 3312 or by mail to GPO Box 3108, Macau.

請填妥此表格並傳真至2832 3312或郵寄至澳門郵政總局郵政信箱 3108號本公司收。

For change in other personal particulars or contact information, please visit www.manulife.com.hk and download the Change of Personal Particulars Form or Change of Contact Details Form for completion and return. Or you may contact your Manulife Advisor for assistance.

如需更改其他個人資料或聯絡資料, 請登入www.manulife.com.hk下載「更改個人資料表格」或「更改聯絡資料表格」, 填妥後交回本公司, 或聯絡宏利顧問為您效勞。

Please read the "Manulife Personal Information Collection Statement (version 20150119_M)" ("Statement") before you complete this form.

The Statement is available on Manulife's website (www.manulife.com.hk) or upon request from your Manulife Advisor. By completing and returning to Manulife the form, you are agreeing to the Statement.

當閣下填寫此表格前, 請閱畢有關《「宏利個人資料收集聲明」(20150119_M版本)》(「聲明」)。該聲明可於宏利網址(www.manulife.com.hk)或向閣下的宏利顧問索取。透過填妥及交回此表格, 即表示閣下同意該聲明之內容。

Policyowner's Signature (please use signature filed with us)
保單持有人簽署(須與本公司之紀錄相符)

(08/2013)

Individual Financial Products
Manulife (International) Limited
Incorporated in Bermuda with limited liability

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