



APPLICATION FOR PAYOUT DISTRIBUTION
INVESTMENT CHOICE
(MANULIFE INVESTMENT SOLUTIONS /
MANULIFE INVESTMENT PLUS)

支付派發投資選項申請表
(宏利智富錦囊 / 宏利投資計劃)

Policy Number 保單號碼

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Branch code 分行編號 _____ Location 地點 MACAO

Advisor code 保險顧問編號 _____

Advisor's name 保險顧問姓名 _____

Contact no. 聯絡電話 _____

Full Name of Policyowner(s):
保單持有人姓名 _____

Important Notes 重要事項:

To comply with the industry guidelines, please attach copy of policyowner's valid ID card/Passport. For business entity, please also attach copies of Business Registration Certificate and other relevant identification documents. Please state the policy number(s) on the attached copies.

為遵守保險業務守則，請附上保單持有人之有效的身份證 / 護照副本；商業實體則另須附上商業登記證及其他有關身份證明文件副本。請於該副本上註明保單編號。

• Please complete this form in English BLOCK letters legibly with policyowner's signature that corresponds with the company record. Any amendments should be clearly indicated and countersigned by the policyowner.
請用英文正楷清楚地填寫此表格，並由保單持有人簽署，而簽名必須與本公司檔案相符。任何資料如有更改，保單持有人必須清楚註明並在更改的位置簽署作實。

• All dollar amounts are stated in the policy currency unless otherwise stated.
除特別指明外，所有金額之幣值皆為保單幣值。

• 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 read the Manulife Personal Information Collection Statement (version 20150119_M) ("Statement") before you complete this company's 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〈宏利個人資料收集聲明〉(20150119_M版本)。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。

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Section A: Payout Instruction 第一項：支付金額派發指示

This application form is applicable for the Payout Distribution Investment Choice(s) only.
此申請表只適用於支付派發投資選項。

Bank Account Information (HKD/MOP account only) 銀行帳戶資料 (只限港元 / 澳門元戶口)

Name of Account Holder 帳戶持有人姓名: _____

Please provide account information proof* 請提供帳戶資料證明*

Bank Name 銀行名稱	My/Our Account No. 本人 / 吾等之帳戶號碼
Bank of China Limited Macau Branch 中國銀行股份有限公司澳門分行	_____

* Account proof can be a copy of bank statement or bank book showing the name of account holder and account number. Account information is collected and will be passed to the designated bank for the purpose of depositing the money withdrawn from the policy to the Policyowner's account.
帳戶資料證明包括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。所收集之帳戶資料將交予委任銀行作為收取由保單持有人保單內提出之金額。

Remarks 註釋

• Payout amount will be paid to the policyowner as default. If the policyowner transfers the ownership of the policy to a new policyowner, the payout amount will be paid to the new policyowner.
保單持有人為指定收取支付金額者。倘若保單持有人將其保單之擁有權轉移至新的保單持有人，所派發之支付金額將派發予新的保單持有人。

• If the payout amount fails to be deposited into the designated bank account, the payout instruction will be cancelled and that payout amount will be paid in cheque.
如支付金額未能成功存入您指定的帳戶內，該支付金額派發指示將會被取消，及是次之支付金額亦會以支票派發。

• The designated bank account must be held by the policyowner.
指定之銀行帳戶持有人必須為保單持有人。

• If the policy is jointly owned by more than one policyowners, the bank account provided must be jointly held by such policyowners.
如保單由多於一名保單持有人聯名持有，則所提供之銀行帳戶必須由該等保單持有人聯名持有。

• 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包括用作定期提取的帳戶，退款及支付派發投資選項 (如有)。

Section B: Others (please specify details) 第二項：其他 (請列明詳情)

Section C: Declaration and Authorization 第三項：聲明及授權

I/we 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 Manulife immediately in writing of any change in (a) my/our personal information provided on this form; (b) the personal particulars of any of the persons mentioned in this form; and (c) the other information provided by me/us in this form or any other document, 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 and (2) I/we declare that I/we do not have any bankruptcy petition made against me/us. 本人 / 吾等謹此聲明以上資料均為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、(乙) 本表格所提及任何人士的個人資料及 (丙) 本人 / 吾等於本表格或任何其他文件提供的資料 (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)，如有任何變動本人 / 吾等將即時以書面通知宏利及 (2) 本人 / 吾等聲明本人 / 吾等現時並沒有破產。

Signed on this _____ day of _____, _____ Year 年

Signature of irrevocable beneficiary(ies) (if applicable)
不可更改之受益人簽署 (如適用)

Signature of collateral assignee (if applicable)
附屬抵押轉讓受讓人簽署 (如適用)

Signature of witness 見證人簽署

Signature of policyowner 保單持有人簽署

(Name 姓名: _____)

☑ Please return the completed form with the required documents to Macao Administration Office, Avenida De Almeida Ribeiro No.61, Circle Square, 14 andar A, Macao. 請將填妥的表格及所需文件寄回澳門分行行政部，澳門新馬路61號永光廣場十四樓A。

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)

T39_M (04/2017)

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