

## APPLICATION FOR PAYOUT DISTRIBUTION INVESTMENT CHOICE (FOR DESIGNATED INVESTMENT-LINKED ASSURANCE SCHEME ONLY)

支付派發投資選項申請表 (只適用於指定投資相連壽險計劃)

Policy Number 保單號碼													
		_								_			
	ch co 編號								Location 地點				
	sor c 顧問												
	sor's 顧問												
	act n 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 HKID 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香港身份證/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 Notice to Customers relating to the Personal Data (Privacy) Ordinance (version 20130401-01) ("Notice") before you complete this company's form. The Notice 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 Notice. 當閣下填寫此表格前,請閱畢《有關〈個人資料(私隱)條例〉的客戶通知(20130401-01版本)》。該通知可於宏利網址(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,即表示閣下同意該通知之內容。

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) on	nly. 此申請表只適用於支付派發投資選項。								
Bank Account Information 銀行帳戶資料									
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) 美元銀行帳戶(只									
THE HONGKONG AND SHANGHAI BANKING CORPORATION LTD 香港上海滙豐銀行有限公司									
□ HKD Bank Account (only applicable for USD & HKD Policy) 港元銀行帳戶(只適用於美元及港元保單):									
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 copy showing the name of account									
	blder and account number) 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單或銀行存摺影印本)								
* Account proof can be a copy of bank statement or bank book showing the name of account holder and account number. Account information collected will be passed to the									
designated bank for the purpose of depositing the payout from the Payout Distribution Investment Choice(s), if any. 帳戶資料證明包括列有帳戶持有人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指定銀行作為收取支付派發投資選項所派發的支付金額(如有)。									
Remarks 註釋  • Payout Distribution Investment Choice is only applicable to Manulife Investment Solutions, Manulife Investment Plus and Manulife Investment Plus 2.									
支付派發投資選項只適用於宏利智富錦囊、 宏利投資計劃及宏利投資計劃2。									
• 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。									
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 HKD cheque and sent to the policyowner's latest corresponding address according to Manulife's record. 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港元支票派發並寄往保單持有人於宏利紀錄的最新通訊地址。									
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港元支票派發並寄往保單持有人於宏利紀錄的最新通訊地址。									
・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 pro-	• 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代 The above instruction will replace any existing bank account record/setup for	保單持有人聯名持有。 receiving payment including regular withdrawals, payment refund and payout distribution								
investment choice(s) (if any).									
此帳戶資料將 <b>取代現時紀錄內/設立收取款項的帳戶包括</b> 用作定期提取的帳戶,退款及支付派發投資選項(如有)。 · Please download the Notice for Distribution of "Payout Distribution Investment Choice" through our website www.manulife.com.hk if you have opted for our e-Statement/									
e-Notice Service and direct credit service for policy payment. 如您申請了電子結單/電子通知書服務及保單提款電子支付服務,請於宏利網站 www.manulife.com.hk 下載「支付派發投資選項」通知書。									
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/吾等起同意(甲)									
(2) I/we declare that I/we do not have any bankruptcy petition made against me/us. 本人/吾等證此聲明以上資料均為確實無訛亚同意下列各項:(1) 本人/吾等兹同意(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	,								
簽署日期: Day 日	Month 月 Year 年								
X									
Signature(s) of irrevocable beneficiary(ies) (if applicable)	Signature of collateral assignee (if applicable)								
不可更改之受益人簽署(如適用)	附屬抵押轉讓受讓人簽署(如適用)								
X									
ignature of witness 見證人簽署 Signature of policyowner 保單持有人簽署									
(Name 姓名:	Organiture of homosowner W-514.日/XX目								
(Name 央王名: ) ③ 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. 諸将填妥的表格者回香港九龍觀塘偉業街223-231 號宏利金藤中心22樓宏利人壽保險(國際)有限公司個人理財產									
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Manulife (International) Limited (Incorporated in Bermuda with limited 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)

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