

## Letter of Intent for Life Conversion 壽險保單轉保意向書

Please complete this Letter of Intent in order to apply for Life Conversion.  
請填妥此意向書以申請壽險保單轉保

You should complete, sign and submit this letter of intent directly to Manulife at the address shown below within **ten (10) days after your group life insurance is terminated.**

請填妥及簽署此意向書，並於閣下的團體壽險終止後十(10)天內按以下地址交回宏利。

In order to process your request for conversion of the life insurance plan with Manulife, we require some information from you. After Manulife has received the information in this application, we will appoint an agent to contact you regarding the conversion process.

為處理閣下的壽險保單轉保申請，宏利須向閣下索取若干資料，並會於接獲有關資料後，指派一名保險顧問協助閣下辦理轉保手續。

### Employee Information 僱員資料

Name姓名:	_____ (_____)
	Last name 姓 First name 名 (in Chinese中文)
HKID Card/ Passport Number: 香港身份證/護照號碼	_____
Date of Birth: 出生日期	_____
Date of Employment: 受僱日期	_____
Expected Termination Date of Group Life Insurance: 預計團體壽險終止日期	_____
Employee ID Number: 僱員身份證號碼	_____
Amount of conversion you are applying for* (US\$ / HK\$): 申請轉保金額* (美元/港元)	_____

\* The minimum amount of coverage per life insurance policy is US\$12,500 or HK\$100,000. The maximum amount is the lesser of your latest total sum insured under Group Basic Life Insurance provided by your employer OR US\$150,000 or HK\$1,200,000  
每份個人壽險保單的最低保額為12,500美元或100,000港元，而最高保額則為閣下於現職僱主之團體基本壽險所提供的最後總保額或150,000美元/1,200,000港元，以較低者為準。

### Contact Information 聯絡資料

In order to process your application, please answer the following questions so we can have an agent contact you as soon as possible.  
為處理閣下的申請，請回答以下問題，以便我們安排保險顧問儘快與閣下聯絡。

1. Do you currently hold a Manulife product? Yes or No (please circle).  
閣下目前是否持有宏利的產品？ 是/否（請圈出答案）

If "yes", please advise what type of product you currently hold (other than your group insurance plan). \_\_\_\_\_  
如答「是」，請填寫所持產品類別（團體保險產品除外）。

2. Do you currently have a Manulife servicing agent? Yes or No (please circle).  
目前是否已有宏利的保險顧問服務閣下？ 是/否（請圈出答案）

If "yes", please provide the agent name and number (if known) so we can have that agent contact you.  
如答「是」，請填寫保險顧問姓名及編號（如知悉），以便安排該顧問與閣下聯絡。

\_\_\_\_\_

3. OR Would you like us to assign a Manulife agent to you? Yes or No (please circle).  
或 閣下是否希望宏利指派保險顧問提供服務？ 是/否（請圈出答案）

Please provide information as to when and at what location they should contact you.  
請填寫以下資料以便宏利的保險顧問聯絡閣下。

Phone聯絡電話：\_\_\_\_\_ (Office辦事處) \_\_\_\_\_ (Mobile流動電話) \_\_\_\_\_ (Home住宅)

Best time to contact me聯絡本人的最佳時間: Between the hours of (上午/下午) \_\_\_\_\_ 時(am/pm) to至(上午/下午) \_\_\_\_\_ 時(am/pm) on the following days (日期): \_\_\_\_\_

E-mail address電郵地址: \_\_\_\_\_

Completed forms should be sent to  
Manulife (International) Limited, Employee Benefits, Business Portfolio Management Team,  
29/F., Manulife Tower, 169 Electric Road, North Point, Hong Kong  
請將填妥的表格寄回香港北角電氣道一六九號宏利保險中心二十九樓  
宏利人壽保險（國際）有限公司僱員福利部業務發展組

## Declaration 聲明

It is hereby understood and agreed that

- 1) the information requested in this letter of intent is required in order for Manulife to process my request to apply for the life conversion option.
- 2) Information provided herein together with any subsequent alternations or supplements of it ("data") are collected to enable Manulife to carry on its insurance/financial business and may be used by Manulife or its associated companies, for the purpose of
  - a) approving and administering the policy or any alterations, cancellation or renewal of it;
  - b) underwriting and any claims or analysis of it;
  - c) statistical or actuarial research of Manulife, Manulife's associated companies or the insurance industry;
  - d) providing the insurance to me through insurance intermediaries; and/or for the purpose of data verification by way of matching procedures or otherwise.

During this process, Manulife may transfer this information to its reinsurer, printer and/or data owner to fulfill the above purposes.

謹此聲明本人明白及同意以下各項：

- 1) 宏利於本意向書要求提供的資料乃為處理本人申請壽險保單轉保所需。
- 2) 本意向書所提供的資料與任何日後作出的修訂或補充（「資料」），目的在於確保宏利的保險／財經業務得以順利運作，而該等資料可供宏利或其聯繫公司用以：
  - a) 批核及管理此保單或其後此保單的任何修訂、註銷或續保；
  - b) 核保此保單的任何索償或其分析；
  - c) 進行宏利、宏利的聯繫公司或保險業的統計或精算調查；
  - d) 透過保險中介人向本人提供保險產品，及／或透過配對或其他方法核實資料。於過程中，宏利可將有關資料轉移予其分保險商、印刷商及／或資料擁有者以達致上述目的。

Employee Signature: \_\_\_\_\_  
僱員簽署

Date : \_\_\_\_\_  
日期