Manulife INDIVIDUAL INSURANCE
宏利個人保險

# SWITCHING FORM (BY FAX) FOR INVESTMENT-LINKED POLICY
# 投資相連壽險計劃調配(傳真)申請表

**FAX ONLY**
Please **DO NOT** submit the original form
**只供傳真**， 請勿提交正本表格

**Enquiry Hotline 查詢熱線：**
**(852) 2510 3941**

**FAX 傳真號碼： (852) 2284 4056**

**TO 致**：Manulife (International) Limited 宏利人壽保險(國際)有限公司

| Policy no.<br>保單編號 | Policyowner's name<br>保單持有人姓名 | Policyowner's daytime contact no.<br>保單持有人日間聯絡電話 |
|---|---|---|

**Important Notes** – Please read before filling in this form **重要事項** – 請於填寫此表格前參閱有關內容

1. 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 counter-signed 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。
2. Please ensure the correct Code is used by referring to the Investment Choice/ Fund Table. 請參考投資選項／基金表以便填上正確的編號。
3. Depending on the plan type, free switching requests per Policy Year are limited to: Alpha – Unlimited; Matrix – 12; ManuSelect Investment Protector – 2; other plans – 1. Switching fee will be levied for each subsequent switching.視計劃而定，每保單年度均可獲指定次數的免費調配：傲富投資理財計劃爲不限次數；邁駿投資理財計劃爲 12 次；宏利精選投資保爲 2 次；其他計劃爲 1 次。其後每次調配則需徵收基金調配費用。
4. The allocation percentage of each investment choice/ fund selected should be in whole number. All dollar amounts should be rounded to two decimal places. For Alpha, Matrix, ManuSelect Investment Protector (MIP) and Flexible Investment Protector (FIP), the minimum allocation percentage of each switching in investment choice/ fund is 10%. For VIP+ and Manugift, the minimum allocation percentage is 20%. 所選每項投資選項／基金分配百分比必須爲整數。所有金額數目必須截至小數點後兩個位。傲富投資理財計劃、邁駿投資理財計劃、宏利精選投資保及靈活投資寶之每項轉入投資選項／基金的最少分配百分比爲 10%，萬利保障計劃及宏寶的最少分配百分比則爲 20%。
5. The requested switching out amount is subject to the maximum available unit(s)/amount of each investment choice/ fund. 可轉出之金額以該投資選項／基金之最高可動用的單位／金額爲限。
6. This form if properly completed, signed and received by Manulife by 3:00p.m. Hong Kong time on a dealing day (which is any day on which the banks in Hong Kong are open for business, excluding Saturdays and Sundays or such other day as the Company may from time to time determine), it will be treated as being received by Manulife on that day. 如已填妥及簽署此表格，並於交易日的日子及香港時間下午三時或以前送交宏利，宏利將視爲於當日收妥有關表格。交易日指在香港的銀行營業的任何一日（星期六及星期日除外）或本公司不時決定的其他日子。
7. If more than one instruction are received from you by facsimile in respect of same/different transactions on or before 3:00p.m. Hong Kong time, Manulife will rely on the last received instruction and has the sole discretion to determine the validity and/or priority in dealing with such instructions. 倘宏利於香港時間下午三時或以前收到閣下就相同或不同交易發出超過一項傳真指示，宏利只會處理最後收到之指示及可全權酌情決定該等指示之有效性及處理先後次序。
8. After your request is processed, you will receive a "Switching Notice" as confirmation of this application for switching. Please verify the information contained in the said notice and report to Manulife any inaccuracies within 30 days after the Date of Notice. Unless and until Manulife has verified any inaccuracies, the said notice may, at the discretion of Manulife, be deemed as true and correct and be used for all relevant administration and/or investment allocation on the policy where applicable. 當閣下之申請獲處理後，閣下將收到「調配通知書」以確認是次調配申請已被辦妥。請核對該通知書所列資料，如資料有誤，請於通知書發出日期起 30 天內通知宏利。宏利在確認有關資料爲錯誤之前，有權將之視爲正確無誤，並作爲閣下就保單行政及／或投資分配的依據。

## SWITCHING 調配

The policyowner requests Manulife to switch the existing investment choice/ fund to the following as stated below. 保單持有人要求宏利對現有投資選項／基金作出下列調配。

*** Please put a "✓" in the appropriate box. All dollar amounts must be stated in the policy currency 請於適當方格內填上「✓」號。所有金額必須爲保單幣值。**

**Switching for Alpha – Initial Account ^, Matrix – Base Savings Account#, MIP, FIP, VIP+ and Manugift 調配（適用於「傲富投資理財計劃：初期帳戶」^、「邁駿投資理財計劃：基本儲蓄帳戶」#、「宏利精選投資保」、「靈活投資寶」、「萬利保障計劃」及「宏寶」）**

| FROM<br>Switching Out<br>由: 轉出<br>Code 編號 | Switching Out* 轉出*<br>☐ % 百分比<br>☐ Units 單位<br>☐ Amounts 金額 | TO<br>Switching In<br>至: 轉入<br>Code 編號 |
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**Switching for Alpha – Accumulation Account^ and Matrix – Privilege Top-up Account# 調配（適用於「傲富投資理財計劃：累積帳戶」^、「邁駿投資理財計劃：尊尚投資帳戶」#）**

| FROM<br>Switching Out<br>由: 轉出<br>Code 編號 | Switching Out* 轉出*<br>☐ % 百分比<br>☐ Units 單位<br>☐ Amounts 金額 | TO<br>Switching In<br>至: 轉入<br>Code 編號 |
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^ For Alpha, switching of investment choice between Initial Account and Accumulation Account is not allowed. 如屬傲富投資理財計劃，初期帳戶及累積帳戶內的投資選項不可作跨帳戶調配。

# For Matrix, switching of investment choices/ funds between Base Savings Account and Privilege Top-up Account is not allowed. 如屬邁駿投資理財計劃，基本儲蓄帳戶及尊尚投資帳戶內的投資選項／基金不可作跨帳戶調配。

**DECLARATION AND AUTHORIZATION 聲明及授權**

I, the policyowner, hereby agree to the application as stated above and understand that the above application is bound by the provisions stated in the Contract. I have read and fully understood the above Important Notes before signing this form. I confirm that the request is made at my own volition and at my own risk after reading and understanding all relevant information relating to the policy. I shall make my own independent decisions/judgements in respect of this application for switching or any other matters relating to my selected investment choice/ fund and my policy. I confirm and fully understand/am aware of the associated risk and return of the Investment Choices/ Funds chosen by me, which may or may not be suitable for me. I declare that I do not have any bankruptcy petition made against me. 本人（保單持有人）同意以上之申請及明白上述申請受保單合約內之條款約束。在簽署此表格前，本人已細閱以上之重要事項。本人於細閱及明白所有相關保單資料後，確認此要求乃本人的意願，並願意承擔所有風險。本人就調配或其他本人所選擇的投資選項／基金及保單之事項作獨立決定／判斷。本人確認及充份理解／認識本人所選擇的投資選項／基金所附帶之風險及潛在回報，而該風險可適合或不適合本人。本人聲明本人現時並沒有破產。

It is declared, understood and agreed that (1) the Company is authorized and instructed to accept and execute the switching instructions given by me by facsimile. However, the Company may, in its absolute discretion, refuse to act upon any facsimile instructions received and may require original written instructions in another prescribed form instead. (2) the Company may rely conclusively upon and shall incur no liability in acting upon any switching instructions believed by it in good faith to be genuine or to be signed by me. (3) the Company will not accept any claims for loss in relation to the non-receipt of this form being sent by facsimile. A facsimile transmission report produced by the policyowner shall not be a valid proof that the instructions were being sent or not. (4) the Company shall not be liable for any consequential or indirect losses resulting from any delay or failure to perform its obligations or any losses, damages or costs resulting therefrom. Moreover, the Company shall not be held responsible for any consequences resulting whether directly or indirectly from any uncontrollable events or any other circumstances beyond the Company's control. (5) the Company shall have the right to update this form from time to time and to accept or reject the form submitted by me if I fail to fulfill the Company's requirements. 謹此聲明本人清楚明白及同意下列各項：（1）貴公司獲授權及指示接納及執行本人就調配申請而發出的傳真指示。然而，貴公司可酌情拒絕執行任何以傳真方式發出的指示，並可要求以另一指定表格發出的正本書面指示。（2）貴公司可倚賴其真誠相信爲真確或經由本人簽署而發出的調配指示並視爲定論，並且無須就據之行事而承擔任何責任。（3）貴公司不會接受任何因傳真途交之表格未能送達而引致之損失或索償。由保單持有人提供的傳真報告並不可作爲傳真指示發出與否的證明。（4）貴公司毋須就延遲或未有履行其義務而導致的直接或非直接損失，或因此而導致的任何損失、損害或費用而承擔責任。此外，貴公司毋須對任何其無法控制的事件或情況所直接或間接導致的後果負責。（5）貴公司有權隨時更新表格內容，如本人未能符合本公司的有關規定，貴公司將保留接受或拒絕本人遞交之申請表格的權利。

All information in this application form together with any subsequent alterations or supplements of it are collected to enable the Company to carry on insurance business and may be transferred to and/or used by the Company (including its subsidiaries, affiliated companies and associated companies, regardless of where they are located or registered) and any service providers (regardless of where they are located or registered) for the purpose of approving and underwriting this application, administering and reinsuring the policy, marketing or promoting products and services, preventing money laundering and/or terrorist financing activities, and/or adjudicating any insurance or related claims thereof. My data may be transferred to any relevant regulatory bodies to enable them to carry out their regulatory functions. 本申請表所提供之所有資料與任何日後作出之修訂或補充，目的在於確保貴公司之保險業務得以順利運作，而該等資料可供貴公司（包括其附屬公司、關聯公司及聯繫公司，不論它註冊或設於何處）及任何服務供應商（不論它註冊或設於何處）轉移及／或用以批核此申請、管理此保單並安排分保、推廣或宣傳貴公司的產品及服務、防止洗黑錢及／或恐怖分子融資活動及／或處理有關之保險或索償申請。本人之資料可轉移予相關機構以執行監管職權。

Signed on this _____ day of _____, _____
簽署日期 Day 日 Month 月 Year 年

| **X**<br>Signature(s) of irrevocable beneficiary(ies) (if applicable)<br>不可更改之受益人簽署(如適用) | **X**<br>Signature of collateral assignee (if applicable) 附屬抵押轉讓受讓人簽署<br>(如適用) | **X**<br>Signature of policyowner<br>保單持有人簽署 |
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The Chinese version of this application is for reference only. In the event of conflicts between the Chinese and the English versions, the English version shall prevail. 此申請表之中文譯本只供參考之用，若與英文有異，一概以英文爲準。

**Manulife (International) Limited** *Incorporated in Bermuda*
**宏利人壽保險(國際)有限公司** *百慕達註冊成立*
T35 (03/2011)

| Advisor's name & code<br>保險顧問姓名及編號 | Advisor's daytime contact no.<br>保險顧問日間聯絡電話 |
|---|---|