

BENEFICIARY DESIGNATION FORM
指定受益人表格

Branch code 分行編號 _____ Location 地點 _____
Advisor code 保險顧問編號 _____
Advisor's name 保險顧問姓名 _____
Contact no. 聯絡電話 _____

Policy no. 保單編號	Name of Policyowner 保單持有人姓名	Name of Insured 受保人姓名
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Important Notes 重要事項：

- Please complete this form in English and in block letters with clear handwriting, any amendments should be endorsed by the policyowner in full signature.
請用英文正楷清楚地填寫此表格；任何資料如有更改，保單持有人必須在更改的位置簽署作實。
- This form provides beneficiary designation of primary and secondary beneficiaries. The beneficiary designation of secondary beneficiary will be effective only if all primary beneficiaries die.
此表格提供指定基本受益人及次位受益人。指定次位受益人須於所有基本受益人身故後才生效。
- Beneficiaries in the same class (primary or secondary) should share equally unless otherwise stated. Total share for each class must be 100%.
除特別指明外，相同等級的受益人(基本及次位)的分配百分比將平分。相同等級的總分配百分比必須是100%。
- For beneficiary designation involving a business entity, please provide the Business Registration ("BR") number of the company.
如指定受益人涉及商業實體，請提供商業實體的商業登記號碼。
- For beneficiary designation involving a trust fund/ company, all the names of beneficiaries and trustee should be provided together with the BR number of the trust fund/ company.
如指定受益人涉及信託基金/公司，信託人的商業登記號碼並所有受益人及信託人的姓名必須一併遞交。
- This Beneficiary Designation will supersede all prior designation. Manulife assumes no responsibility for the validity of any designation or declaration.
此指定受益人將取代一切以往的指定受益人紀錄。對於任何指派或聲明之效力，宏利將不負上任何責任。
- 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。

Beneficiary Designation 指定受益人

Primary 基本	Secondary 次位	Name of beneficiary (English & Chinese) 受益人姓名 (英文及中文)	Relationship to life insured 與受保人關係	Beneficiary ID/Passport no. 受益人身份證/護照號碼	Share (%) 分配 (百分比)	Name of Trustee 信託人姓名 (if any 如有)	Relationship to beneficiary 與受益人關係	Trustee ID/Passport no. 信託人身份證/護照號碼
<input type="checkbox"/>	<input type="checkbox"/>							
<input type="checkbox"/>	<input type="checkbox"/>							
<input type="checkbox"/>	<input type="checkbox"/>							
<input type="checkbox"/>	<input type="checkbox"/>							

Others 其他：

Note: The policyowner hereby declares that any trustee designated in the above table shall be appointed as trustee to receive any death proceeds under the policy for the beneficiary named on and in accordance with the percentage proportion as shown in the same row before such beneficiary attains the age of 18. 註：保單持有人謹此聲明，受益人年滿十八歲前，於表內指定之信託人將被委任為以信託人身份代表受益人根據上述表內同一行所示之百分比收取身故賠償金額。

Special arrangement (Not applicable to designation of secondary beneficiary) 特別安排 (不適用於次位受益人之指定)

Notwithstanding any contrary provisions in this form or the Policy, death proceeds under the Policy shall be paid to (1) the beneficiary/beneficiaries designated above (who survived at the time of the life insured's death) AND (2) the estate of the beneficiary/beneficiaries designated above (who deceased at the time of the life insured's death) in accordance with the percentage proportion shown above. 即使本表格或保單內有任何相反之條款，保單之身故賠償須根據上述所示百分比支付予 (1) 上述指定受益人(受保人身故時尚生存之受益人)及 (2) 上述指定受益人之遺產(受保人身故時已去世之受益人)。

Declaration and Authorization 聲明及授權

I/We hereby agree to the application as stated above and understand that the above application is bound by the beneficiary provisions stated in the Contract. I/We have read and fully understood the above Important Notes before signing this form. 本人 / 吾等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 / 吾等已細閱以上之重要事項。

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 application; and/or (c) the other information provided by me/us in this form or any other documents, 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; (2) I/we are obliged to supply the information under this form as appropriate which is a condition precedent for me/us to apply for the change and I/we have the right to obtain access to and to request correction of all information under this application. Request may be made to the Company's Home Office (at Individual Financial Products, Manulife (International) Limited, 22/F, Manulife Financial Centre, 223-231 Wai Yip Street, Kwun Tong, Kowloon, Hong Kong); (3) all information in this form together with any subsequent alterations or supplements of it are collected to enable your Company to carry on insurance business and may be used by your 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 the application, administering and reinsuring the policy, marketing or promoting your products and services, preventing money laundering and/or terrorist financing activities, and/or adjudicating any insurance or related claims thereof; (4) information in this application may be used to enable Manulife or its associated companies to analyse my/our financial needs and promote insurance or financial related products or services through insurance intermediaries or direct marketing; (5) my/our data may be transferred to any relevant regulatory bodies to enable them to carry out their regulatory functions; (6) I/we can disagree to give my/our consent in respect of paragraph (4) by crossing it out; (7) 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及 / 或 (乙) 本申請所提及任何人士的個人資料及 / 或 (丙) 本人 / 吾等於本表格或任何其他文件提供的資料如有任何變動 (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)，本人 / 吾等將即時以書面通知宏利；(2) 本人 / 吾等有義務提供本表格的資料作為此申請之先決條件、及有權取得及修改本申請內之所有個人資料。有關要求可向貴公司之總辦事處提出 (香港九龍觀塘偉業街223-231 號宏利金融中心22樓宏利人壽保險(國際)有限公司個人理財產品業務部)；(3) 本表格所提供之所有資料與任何日後作出之修訂或補充，目的在於確保保單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 / 用以以批核申請、管理保單並安排分保、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 / 或處理有關之索償申請；(4) 本申請之資料可供宏利或相關公司分析本人 / 吾等之財政需要，透過保險中介人或可直接推廣方式推銷保險或有關財務之產品或服務；(5) 本人 / 吾等之資料可轉移予相關機構以執行監管職權；(6) 本人 / 吾等可拒絕接納上述第(4)項並將其刪除；(7) 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

Signature(s) 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 to Individual Financial Products, Manulife (International) Limited, 22/F, Manulife Financial Centre, 223-231 Wai Yip Street, Kwun Tong, Kowloon, Hong Kong.

請將填妥的表格寄回香港九龍觀塘偉業街223-231 號宏利金融中心22樓宏利人壽保險 (國際) 有限公司個人理財產品業務部。

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，一概以英文為準。

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

BENEFICIARY PROVISION

(This is for reference only. In the event of conflicts, the General Provision in policy contract shall prevail)

Beneficiary designation. Whenever a beneficiary is designated, either in this policy or by a declaration in writing by the Policyowner, such beneficiary will be deemed to be beneficially entitled to the proceeds of this policy, if and when the death benefit proceeds become payable upon the Life Insured's death.

If no beneficiary is designated, the proceeds of this policy shall be paid to the Policyowner or the Policyowner's estate.

Unless otherwise provided in this policy or in a beneficiary designation in effect under this policy, the following terms will apply:

Beneficiary classifications. The beneficiary for any death benefit proceeds under this policy will be classified as a primary beneficiary, secondary beneficiary or final beneficiary. Such classification will determine the interest of that beneficiary with respect to such death benefit proceeds. Surviving beneficiaries in the same beneficiary classification will share equally in the death benefit proceeds payable to the beneficiaries in that classification.

Payment to beneficiaries. Death benefit proceeds under this policy will be paid:

- (1) to any primary beneficiaries surviving at the time of the Life Insured's death; or
- (2) if no primary beneficiary survives the Life Insured, to any secondary beneficiaries surviving at the time of the Life Insured's death; or
- (3) if no primary or secondary beneficiary survives the Life Insured, to any final beneficiaries surviving at the time of the Life Insured's death.

Change of beneficiary and appointment and change of trustee. During the Life Insured's lifetime, the Policyowner, without the consent of any beneficiary or trustee, can from time to time by a declaration in writing:

- (1) Change any prior beneficiary designation or appointment.
- (2) Appoint a trustee to receive the proceeds for any beneficiary, and change or revoke any prior trustee designation or appointment.

The Company assumes no responsibility for the validity of any designation or declaration.

受益人條款

(此為參考版本。若與保單合約有異，一概以保單合約為準)

指派受益人

任何指定受益人，不論於本保單內列明或保單持有人以書面聲明指派者，將被視為有權於受保人身故後，領取本保單之身故賠償款項。若沒有指定受益人，本保單之賠償則支付予保單持有人或保單持有人之遺產。

除本保單或指派受益人之有效文件另有規定外，下列條款一律適用：

受益人類別

本保單之身故賠償受益人可分為基本受益人、次位受益人及最終受益人。受益人應得之身故賠償將取決於以上之類別界定。同一類別及仍在世之受益人將平分該類受益人應得之身故賠償款項。

付款予受益人

本保單之身故賠償將給予：

- 1) 任何於受保人身故時在世之基本受益人；或
- 2) 若受保人身故時，基本受益人不在世，身故賠償將給予在世之次位受益人；或
- 3) 若受保人身故時，基本與次位受益人均不在世，身故賠償則給予在世之最終受益人。

更換受益人、委託及更換信託人

保單持有人可於受保人在世期間，無須獲得受益人或信託人之同意，隨時以書面聲明作出下列安排：

- 1) 更換任何已指派之受益人。
- 2) 委任信託人代受益人接收賠償；更換已指派之信託人或撤銷該項指派。

對於任何指派或聲明之效力，本公司不負任何責任。