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Manulife Investment Solutions
Investment Choice Services Form
宏利智富錦囊投資選項服務申請表

Branch code 分行編號：_____ Location 地點：_____

Insurance Advisor code 保險顧問編號：_____

Insurance Advisor's name 保險顧問姓名：_____

Contact no. 聯絡電話：_____

Full Name of First Policyowner 第一保單持有人姓名	Full Name of Second Policyowner 第二保單持有人姓名

Important Notes 重要事項：

- All dollar amounts are stated in US dollar unless otherwise stated. 除特別指明外，所有金額皆以美元為貨幣單位。
- Any amendments should be endorsed by the policyowner in full signature. 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。
- Manulife (International) Limited (the "Company") 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. 宏利人壽保險（國際）有限公司（「本公司」）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，本公司將保留接受或拒絕閣下遞交之申請表格的權利。
- Please indicate the type of investment choice service requested by putting a "✓" in the appropriate box. 請註明所要求之投資選項服務並於適當方格內填上「✓」號。
- Allocation percentage of each investment choice selected should be in whole number. All dollar amounts should be rounded to two decimal places. 所選每項投資選項分配百分比必須為整數。所有金額數目必須截至小數點後兩個位。

Part A: Subscription: Single Subsequent / Regular / Change of Existing Regular Subscription Information
第一部份：認購：單次增加認購 / 定期認購 / 更改現有定期認購資料

IMPORTANT: The Company may process the subscription only after the receipt of final payment of subscription monies in full and in cleared funds as stated on the form. 重要：本公司可於收到申請表上所註明的全數並已結算妥當的投資選項認購款項後方處理有關認購。

<p><input type="checkbox"/> Single Subsequent Subscription ^{(1), (3)} 單次增加認購 ^{(1), (3)}</p> <p><i>(Please fill in the subscription allocation in the table below. Subscription allocation specified below is applicable to this subsequent subscription only. 請於下表填寫認購分配，以下所填寫之認購分配只應用於是次增加認購。)</i></p> <p>Payment Currency 付款幣值： <input type="checkbox"/> USD 美元 <input type="checkbox"/> HKD 港元</p> <p>Payment Amount 付款金額： _____</p> <p>Paid By 繳付方式： <input type="checkbox"/> Cheque 支票 <input type="checkbox"/> Bank Draft 匯票 <input type="checkbox"/> Transfer from policy no* 調動自保單編號* _____</p> <p>* For payment transfer from another policy, please state the policy number for our reference. The subscription allocation should be specified in percentage only. 如款項乃調動自另一保單，請註明保單編號以作參考之用。另必須以百分比方式作認購分配。</p>	<p><input type="checkbox"/> New Application of Regular Subscription ⁽²⁾ 新設定期認購 ⁽²⁾</p> <p><i>(Please complete, sign and attach an original Direct Debit Authorization form for setup of bank autopay, and fill in the regular subscription allocation in the table below. 請填寫、簽署及附上直接付款授權書正本以便設立銀行自動轉帳，並於下表填寫定期認購分配。)</i></p> <p><input type="checkbox"/> Change of Existing Regular Subscription Information ⁽²⁾ 更改現有定期認購資料 ⁽²⁾</p> <p><i>(Please fill in the anticipated changed item below. 請選擇下列須作更改的項目。)</i></p> <p>Amount 金額 (USD 美元)： _____</p> <p>Payment Mode 繳付形式： <input type="checkbox"/> Monthly 月繳 <input type="checkbox"/> Semi-Annual 半年繳 <input type="checkbox"/> Quarterly 季繳 <input type="checkbox"/> Annual 年繳</p> <p>Please specify the effective date 請註明生效日期： _____ (DD 日/MM 月/YYYY 年) <i>(If no specific instruction is given here, the effective date will be the request processing date. 若閣下於此欄並無作出特別指示，生效日期將以處理申請當日為準)</i></p>
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Source(s) of fund for all subscriptions 所有認購款項來源：

Savings 儲蓄 Wages income 受僱收入 Self-employment income 自僱收入 Investment income 投資收入

Sale of an asset 出售資產 Gift or inheritance 饋贈或遺產 Settlement of insurance 保險收款

Other (please specify) 其他 (請註明) _____

