

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: _____

**Manulife Investment Solutions
Policy Change Form**

宏利智富錦囊保單更改申請表

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
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Authorization Change 更改授權

The policyowner requests Manulife (International) Limited (the "Company") to revoke any authorization instructions previously made under this policy and effect the new instruction as stated below. Both policyowners must sign this form. 保單持有人要求宏利人壽(國際)有限公司(「本公司」)撤銷關於本保單的原有授權指示,並採納下列之新指示。所有保單持有人必須簽署本表格。

- Joint authorization 聯名授權
 Authorization by either policyowner 保單持有人任何一人之授權

NOTE: Authorization hereunder refers to the right to act upon instructions signed by any of the policyowners in respect of subscription, redemption, switching or any other matters (except transfer and variation of the policy) relating to our selected investment choices and our policy. 註: 授權範圍指由保單持有人任何一位簽署之指示執行有關認購、贖回、轉換或其他吾等所選擇的投資選項及保單之事項(保單轉移及變更則除外)的權利。

Beneficiary Designation 指定受益人

The policyowner hereby revokes any beneficiary designation or direction of payment previously made in respect to the proceeds payable on the death of the life insured under this policy and directs that such proceeds be paid to: 保單持有人現撤銷關於本保單的受益人及身故賠償的原有指示,並授權將賠償款項支付予下列人士:

Primary 基本	Secondary 次位	Name of beneficiary 受益人姓名 (English and Chinese 英文及中文)	Relationship to first insured 與第一受保 人關係	Relationship to second insured 與第二受保 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"/>								

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. Any reference to "estate", "owner's estate" or "insured's estate" in the beneficiary column for any policy with joint policyowner shall be regarded as the estate of the last surviving insured.
 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。任何聯名保單持有人的保單如於受益人一項引用的「遺產」、「保單持有人的遺產」或「受保人的遺產」均會視為最後生存受保人之遺產。

Bank Autopay Details Change 更改銀行自動轉帳項目

The policyowner requests Manulife to change bank autopay arrangement details as follows. 保單持有人要求宏利更改銀行自動轉帳項目安排如下。

<input type="checkbox"/> Suspend/ cancel bank autopay 暫停/取消銀行自動轉帳	<input type="checkbox"/> Regular Subscription 定期認購 <input type="checkbox"/> Single Subsequent Subscription 單次增加認購 Effective date 生效日期: _____ / _____ / _____ (DD日 / MM月 / YYYY年)
<input type="checkbox"/> Resume bank autopay 恢復銀行自動轉帳	<input type="checkbox"/> Regular Subscription 定期認購 <input type="checkbox"/> Single Subsequent Subscription 單次增加認購 Effective date 生效日期: _____ / _____ / _____ (DD日 / MM月 / YYYY年)
<input type="checkbox"/> Change bank autopay debit date 更改銀行自動轉帳日	Effective date 生效日期: <input type="checkbox"/> 3rd 三號 <input type="checkbox"/> 14th 十四號 Effective month and year 生效月份及年份: _____ (MM月/YYYY年)
<input type="checkbox"/> Change bank autopay payment mode 更改銀行自動轉帳繳付形式	<input type="checkbox"/> Monthly 每月 <input type="checkbox"/> Quarterly 每季 <input type="checkbox"/> Semi-annual 每半年 <input type="checkbox"/> Annual 每年

Others (please specify details) 其他 (請列明詳情)

Declaration and Authorization 聲明及授權

I/We, the policyowner, 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 the Company immediately in writing of any change in (a) my/our personal information provided in this form; (b) the personal particulars of any of the persons mentioned in this form; 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 am/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 form. Request may be made to the Company's Home Office (at the Customer Relations Department, Manulife (International) Limited, 36/F., Manulife Tower, 169 Electric Road, North Point, Hong Kong); (3) 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; (4) my/our data may be transferred to any relevant regulatory bodies to enable them to carry out their regulatory functions; (5) I/we declare that I/we do not have any bankruptcy petition made against me/us.

本人/吾等(保單持有人)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貴公司;(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(地址:香港北角電氣道169號宏利保險中心36樓宏利人壽保險(國際)有限公司客戶服務部);(3)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;(4)本人/吾等之資料可轉移予相關機構以執行監管職權;(5)本人/吾等聲明本人/吾等現時並沒有破產。

Signed on this _____ day of _____, _____ Year 年		
Signature of Witness 見證人簽署 X Name 姓名: (_____)	Signature of Second Policyowner 第二保單持有人簽署 X	Signature of First Policyowner 第一保單持有人簽署 X
For Office Use Only 公司專用		
S.V. _____ <input type="checkbox"/> Y <input type="checkbox"/> N		S.V. _____ <input type="checkbox"/> Y <input type="checkbox"/> N

Please return the completed form to Administration Office, Manulife (International) Limited, 26/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169號宏利保險中心26樓宏利人壽保險(國際)有限公司行政部。

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。