

MANULIFE SINGLE SUBSEQUENT SUBSCRIPTION VIA DIRECT DEBIT APPLICATION

宏利直接付款單次增加認購申請表

Important Notes 重要事項：

- This application is only available for policyowner with HK Dollar bank account at HSBC/ Hang Seng Bank. 此計劃只接受持有香港上海滙豐銀行／恒生銀行港幣戶口之保單持有人申請。
- Please ensure that you sign the form with the same signature that activates your Bank Account. 請填上與貴銀行賬戶相同的簽名。
- Your Single Subsequent Subscription via Direct Debit Application will take approximately 3 weeks to set up. 開立直接付款單次增加認購戶口大約需時三星期。
- If the set up of this "Single Subsequent Subscription via Direct Debit" application is completed and your subscription instruction is received before the dealing cut off time, your subscription will be made, on the same day provided that the subsequent subscription payment in cleared money. 如「直接付款單次增加認購」已成功設立而宏利人壽保險(國際)有限公司(「宏利」)於交易截止時間前收到閣下／貴公司之增加認購指示，宏利將會在當日為閣下／貴公司所須支付之已結算妥當的款項進行認購。
- Change of "Single Subsequent Subscription via Direct Debit" bank account will normally be effected within 10 business days after we receive your application. 更改「直接付款單次增加認購」銀行戶口通常在收到閣下申請的十個工作天內生效。
- Only the policyowner named below shall be entitled to submit this application. Manulife reserves the right to accept this application. 只有下述保單持有人有權遞交此申請。宏利保留接受此申請之權利。
- The information provided in your Direct Debit Authorization must correspond with your account record with the bank. Manulife accepts no responsibility or liability on the accuracy of such information. 直接付款授權書上的銀行賬戶資料必須與銀行檔案相符。宏利不會就其資料的準確性負責。

Name of first policyowner 第一保單持有人姓名 : _____

Name of second policyowner (if any) 第二保單持有人姓名(如有) : _____

Name of Account Holder(s) 帳戶持有人姓名 (Should correspond with bank account's record 必須與銀行賬戶檔案相符) : _____

DIRECT DEBIT AUTHORIZATION 直接付款授權書

| Name of Party to be Credited (The Beneficiary) 收款之一方(受益人) | Bank No. 銀行編號 | Branch No. 分行編號 | Account No. 帳戶號碼 |
|---|---------------|-----------------|--------------------------|
| Manulife (International) Limited | 0 0 4 | 5 6 7 | 2 1 3 7 9 8 0 0 1 |

- I/We hereby authorize my/our below named Bank to effect transfers from my/our account to that of Manulife (International) Limited ("Manulife") in accordance with such instructions as my/our Bank may receive from Manulife from time to time provided always that the amount of any one such transfer shall not exceed the limit indicated below. The HKD Dollar equivalent (if any) will be based on the US Dollar exchange rate at the time the debit is processed by Manulife. 本人(等)現授權本人(等)的下述銀行，根據宏利人壽保險(國際)有限公司(「宏利」)不時給予本人(等)銀行的指示，自本人(等)的戶口內轉賬予上述收款人。惟每次轉賬金額不得超過以下指定的限額。如適用，相等之港幣將會以宏利處理自動轉賬時適用之美元匯率為準。
- I/We agree that my/our Bank shall not be obliged to ascertain whether or not notice of any such transfer or reversal notice has been given to me/us. 本人(等)同意本人(等)的銀行毋須證實該等轉賬通知或沖銷通知是否已交予本人(等)。
- I/We jointly and severally accept full responsibility for any overdraft (or increase in existing overdraft) on my/our account which may arise as a result of any such transfer(s). 如因該等轉賬而令本人(等)的戶口出現透支(或令現時的透支增加)，本人(等)願共同及個別承擔全部責任。
- I/We agree that should there be insufficient funds in my/our account to meet any transfer hereby authorized, my/our Bank shall be entitled, in its discretion, not to effect such transfer in which event the Bank may make the usual charge and that it may cancel this authorization at any time with one week's written notice. 本人(等)同意如本人(等)的戶口並無足夠款項支付該等授權轉賬，本人(等)的銀行有權不予轉賬，且銀行可收取慣常的收費，並可隨時以一星期書面通知取消本授權書。
- This direct debit authorization shall have effect until further notice or until the expiry date written below (whichever shall first occur). I/We agree that if no transaction is performed on my/our account under such authorization for a continuous period of 30 months, my/our Bank reserves the right to cancel the direct debit arrangement without prior notice to me/us, even though the authorization has not expired or there is no expiry date for the authorization. 本直接付款授權書將繼續生效直至另行通知為止或直至下列到期日為止(以兩者中最早的日期為準)。本人(等)已設立的直接付款授權的戶口連續三十個月內未有根據本授權而作出過賬的紀錄，本人(等)的銀行保留權利取消本直接付款安排而毋須另行通知本人(等)，即使本授權書並未到期或未有註明授權到期日。
- I/We agree that any notice of cancellation or variation of this authorization which I/we may give to my/our Bank shall be given at least two working days prior to the date on which such cancellation/ variation is to take effect. 本人(等)同意，本人(等)取消或更改本授權書的任何通知，須於取消/更改生效日最少兩個工作天之前交予本人(等)的銀行。

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|---|-------|
| Policy number 保單編號 (Debtor Reference 付款人參考) : | _____ |
|---|-------|

| My/ Our Bank Name and Branch | Bank No. 銀行編號 | Branch No. 分行編號 | Account No. 帳戶號碼 |
|------------------------------|---------------|-----------------|------------------|
| HSBC 香港上海滙豐銀行 | 0 0 4 | | |

OR 或

| | | | |
|----------------------------|--------------|--|--|
| Hang Seng Bank 恒生銀行 | 0 2 4 | | |
|----------------------------|--------------|--|--|

English name of Account Holder(s) 帳戶持有人英文姓名 _____

| | |
|--|--|
| ID No. 身份證明文件號碼 _____ | ID No. 身份證明文件號碼 _____ |
| Type 類別 <input type="checkbox"/> HKID 香港身份證 <input type="checkbox"/> Passport 護照 <input type="checkbox"/> Business Registration 商業登記 <input type="checkbox"/> Certificate of Incorporation 公司註冊成立證明書 <input type="checkbox"/> Other 其他 (_____) | Type 類別 <input type="checkbox"/> HKID 香港身份證 <input type="checkbox"/> Passport 護照 <input type="checkbox"/> Business Registration 商業登記 <input type="checkbox"/> Certificate of Incorporation 公司註冊成立證明書 <input type="checkbox"/> Other 其他 (_____) |

| | |
|---------------------------------------|---------------------------------------|
| Address and Contact No. 地址及聯絡電話 _____ | Address and Contact No. 地址及聯絡電話 _____ |
|---------------------------------------|---------------------------------------|

Signature and Date 簽署及日期# _____

X DD 日/ MM 月/ YYYY 年

| | |
|--|--|
| Maximum Limit for Each Payment 每次最高付款限額 (If blank, the debtor's bank will set as "unlimited" 如無填寫，付款銀行會將轉賬限額設為「不設上限」) | Expiry Date 到期日 (If blank, this authorization shall have effect until further notice and Expiry Date should be greater than 3 months. 如無填寫，此直接付款授權書將無限期有效至另行通知及到期日必須大於三個月。) |
|--|--|

HKD 港幣 : _____ DD 日/ MM 月/ YYYY 年

For joint account holders: If only one account holder signs on this form, it is assumed that the direct debit of the mentioned bank account can be authorized by either one of the account holders. 適用於聯名帳戶：如只有其中一位帳戶持有人簽署，我們假設以上銀行賬戶只須其中一位帳戶持有人簽署便可授權直接付款。

| | | | |
|---------------------------------------|-------------------------------------|------------------------|-------------------|
| Insurance Advisor's name 保險顧問姓名 _____ | Insurance Advisor code 保險顧問編號 _____ | Branch Code 分行編號 _____ | Location 地點 _____ |
|---------------------------------------|-------------------------------------|------------------------|-------------------|

| | |
|------------------------|-------------------------|
| For Bank Use Only 銀行專用 | Signature Verified 核對印鑑 |
|------------------------|-------------------------|

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。