

Manulife Investment Solutions Application Form 宏利智富錦囊投保申請書

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 _____
 Manager code 經理編號 _____
 Manager's name 經理姓名 _____

Important Notes 重要事項:

- Please complete this application form in BLOCK letters and put a "✓" in the appropriate box(es). 請以正楷填寫此申請書，並在適當方格內加上「✓」號。

PART A : PERSONAL DETAILS 第一部份：個人資料	(i) First Policyowner 第一保單持有人	(ii) Second Policyowner 第二保單持有人 (for Joint Policyowner Only 只適用於聯名保單持有人)
1. Name 姓名 (as shown on Identity card/Passport/ Business Registration 如身份證/護照/ 商業登記證上所示)	In English 英文姓名 Surname姓 _____ Given name名 _____ In Chinese 中文姓名 _____	In English 英文姓名 Surname姓 _____ Given name名 _____ In Chinese 中文姓名 _____
2. Sex 性別	<input type="checkbox"/> Male 男 <input type="checkbox"/> Female 女	<input type="checkbox"/> Male 男 <input type="checkbox"/> Female 女
3. Date of birth 出生日期	DD日 MM月 YYYY年	DD日 MM月 YYYY年
4. Identity card/Passport/Business Registration no. 身份證/護照/商業 登記證號碼	(please attach copy of ID card and Passport/travel document/Business Registration 請附上身份證及護照/旅遊文件/商業登記證副本)	(please attach copy of ID card and Passport/travel document/Business Registration 請附上身份證及護照/旅遊文件/商業登記證副本)
5. Nationality 國籍		
6. Occupation 職業		
7. Business nature 業務性質		
8. Details of job 主要工作職務		
9. Are you owner or senior management of your employed company? 閣下是否受僱公司的擁有人或高級管 理層?	<input type="checkbox"/> Yes, please specify your position 是，請註明閣下的職位 _____ <input type="checkbox"/> No 否	<input type="checkbox"/> Yes, please specify your position 是，請註明閣下的職位 _____ <input type="checkbox"/> No 否
10. Average monthly income during the past 12 months 過去十二個月內每月 平均收入	HKD 港元 _____ /per month 每月	HKD 港元 _____ /per month 每月
11. Residential address 住宅地址	Room/Flat 室 _____ Floor 樓 _____ Block 座 _____ Name of estate/village/building 屋村/大廈名稱 _____ No. and name of street/road 街道名稱及號碼 _____ Name of area/district/city/postal code 區域/地區/城市/郵寄代碼 _____ Country 國家 _____	Room/Flat 室 _____ Floor 樓 _____ Block 座 _____ Name of estate/village/building 屋村/大廈名稱 _____ No. and name of street/road 街道名稱及號碼 _____ Name of area/district/city/postal code 區域/地區/城市/郵寄代碼 _____ Country 國家 _____
12. Contact information of first policyowner 第一保單持有人聯絡資料 (must be completed 必須填寫) *	a. E-mail address (if any) 電郵地址 (如有) : _____ b. Contact number(s) 聯絡電話: Residence 住宅 _____ Office 辦事處 _____ Ext. 內線 (_____) Mobile phone 流動電話 _____ Fax 傳真 _____ c. Correspondence address ** 通訊地址 ** (same as first policyowner's residential address unless otherwise specified 除列明外，通訊地址將與第一保單持有人住宅地址相同) : Same address as 與所選地址相同: <input type="checkbox"/> Second policyowner's residence 第二保單持有人住宅 <input type="checkbox"/> As specified below 列明如下: Room/Flat 室 _____ Floor 樓 _____ Block 座 _____ Name of estate/village/building 屋村/大廈名稱 _____ No. and name of street/road 街道名稱及號碼 _____ Name of area/district/city/postal code 區域/地區/城市/郵寄代碼 _____ Country 國家 _____	
Applicable to Joint Policyowner Only 只適用於聯名保單持有人	<input type="checkbox"/> We authorize Manulife (International) Limited and its Insurance Advisors to act upon instructions signed by any one of the Policyowners in respect of subscription, redemption, switching or any other matters (except the transfer and variation of the policy) relating to our selected investment choices and our policy. 吾等授權宏利人壽保險(國際)有限公司及其保險顧問根據吾等任何一位保單持有人簽署之指示，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)。	

* The contact information applies to all of your existing products/services in Hong Kong and Macau provided by all companies within the Manulife group of companies and also companies which provide trustee/custodian services. If you are a member of any provident fund scheme(s) administered by the Manulife group of companies, any information provided here will (unless otherwise stated below) be treated as an instruction to register above address as the registered residential address under the scheme(s). Any residential address(es) previously registered under the scheme(s) will be superseded accordingly. 閣下所提供的聯絡資料，適用於閣下現時持有並由宏利集團旗下公司，以及為宏利集團旗下公司提供信託/託管服務的公司在香港及澳門所提供的產品/服務上。如閣下是宏利管理的公積金計劃成員，於此部份填寫的資料(除以下作出其他指示外)將視為給予本公司的指示，要求把以上地址作為閣下於宏利公積金計劃內的登記住宅地址，並取代以往於計劃內的所有登記住宅地址。

** To apply the selected correspondence address to this policy only, please "✓" this box. 如所選擇的通訊地址只適用於此保單，請在方格內填上「✓」號。

* OBJTAPPLFORM#
* FORMWM01042012*



Please affix the policy no. here
請在此貼上保單編號
(For office use only 公司專用)

PLEASE DO NOT DETACH 請勿撕去

WM01 (04/2012)

PART C: SUBSCRIPTION (CONTINUED) 第三部份：認購（續）

Remarks on Part C 第三部份註釋

- * Regular subscription by bank autopay is applicable only if the policyowner has a valid Hong Kong residential address and autopay from a Hong Kong bank account has been set up. Besides, the payer must be the policyowner.
若選擇銀行自動轉帳作定期認購，保單持有人必須能夠提供有效的香港住宅地址及使用香港的銀行戶口作自動轉帳。另外，保費支付人必須為保單持有人。
- # Applicable to individual insurance policy and Manulife Investment Solutions policy only.
只適用於個人保險保單及宏利智富錦囊保單。
- ^ You should specify the subscription allocation either in percentage or by amounts by putting a “✓” in the appropriate box, except for payment transfer where the subscription allocation should be specified in percentage only. For subscription allocation by amounts, the amount of each investment choice selected and the total amount should be specified in USD regardless of the payment currency.
閣下必須於適當方格填上「✓」號以註明以百分比或指定金額方式作認購分配；如涉及調動款項，則必須以百分比方式作認購分配；如欲以指定金額方式作認購分配，不論任何付款幣值，所選每項投資選項之金額及總額均須以美元作為貨幣單位。
- † Definition of Risk Level: 5 - Aggressive; 4 - Growth; 3 - Balanced; 2 - Moderate; 1 - Conservative
風險水平定義：5 - 進取；4 - 增長；3 - 均衡；2 - 中度；1 - 保守

NOTE 註

- (1) 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。
- (2) Minimum initial subscription is USD6,000 per policy and USD1,500 per investment choice or its equivalent HKD. Please make cheque/bank draft payable to: “Manulife (International) Limited”.
每份保單之最低首次認購金額為6,000美元，每項投資選項之最低首次認購金額為1,500美元，或其相等價值之港元。支票/匯票抬頭人請寫「宏利人壽保險（國際）有限公司」。
- (3) Minimum regular subscription is USD500 per policy and USD250 per investment choice or its equivalent HKD. Please complete, sign and attach an original Direct Debit Authorization form for the setup of bank autopay. The first autopay debit will be processed on the date indicated on the Direct Debit Authorization form upon successful setup of bank autopay.
每份保單之最低定期認購金額為500美元，每項投資選項之最低定期認購金額為250美元，或其相等價值之港元。請填妥、簽署及附上「直接付款授權書」正本以便設立銀行自動轉帳。第一次自動轉帳將於成功設立銀行自動轉帳後按照「直接付款授權書」上所示之日期進行。
- (4) If it involves currency exchange, the currency exchange rate will be provided by the Company from time to time. For the latest exchange rate, please contact your Insurance Advisor or visit the Company’s web site at www.manulife.com.hk.
如涉及貨幣兌換，本公司將不時提供有關貨幣的兌換率。如欲查閱最新的兌換率，請聯絡閣下之保險顧問或瀏覽本公司的網站 www.manulife.com.hk。
- (5) The subscription allocation of future subscriptions will follow the regular subscription allocation above, if specified. Otherwise, it will follow the initial subscription allocation stated above. If you would like to change the subscription allocation for future subscriptions, please complete the “Investment Choice Services Form”.
將來的認購分配將按照上表定期認購分配（如已註明），否則，將按照上表首次認購分配。如閣下欲更改將來的認購分配，請填寫「投資選項服務申請表」。

Source(s) of wealth/ fund for all subscriptions (Tick one or more) 財富/ 所有認購款項來源 (可選多於一項)

- 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
- Others (Please specify) 其他 (請詳述) _____

What are your purposes of buying our product (Tick one or more) 閣下選購本公司產品的目的為何? (可選多於一項)

- Life Protection 人壽保障 Savings 儲蓄 Investment 投資 Accident 意外 Retirement 退休
- Education 教育 Health Cover 醫療保障 Others (Please specify) 其他 (請詳述) _____

Note: Level of Activity Anticipated (Provide Only upon Request of the Company)

注意：預計戶口活動（只須按照本公司的要求而提供）

PART D: REMARKS 第四部份：備註

Important Notes 重要事項：

- Manulife Investment Solutions is an investment-linked assurance scheme issued by Manulife (International) Limited (the “Company”). Premium received will be used to subscribe to the Investment Choices of the Plan. This application is issued in conjunction with the Principal Brochure (comprising the Product Brochure, Investment Choice Brochure and the Product Key Facts Statement) and the illustration document. 宏利智富錦囊為宏利人壽保險（國際）有限公司（「本公司」）簽發的投資相連人壽保險計劃。計劃收取之保費將會用作認購旗下之投資選項。此申請書乃連同產品銷售說明書（包括產品說明書、投資選項手冊及產品資料概要）及退保說明文件一併發出。
- The following document is required to be submitted with this Application 下列文件需與本申請書同時遞交：
“Business Insurance Questionnaire” (for business applicant), 「商業保險問卷」（如保單持有人為商業客戶）。

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PART E: REPLACEMENT DECLARATION * 第五部份: 轉保聲明*

- a) **Have you replaced** ** in the past 12 months any or a substantial part of your existing life insurance policy(ies) with this application/proposal?
閣下是否於過去12個月內以這份投保申請書/ 建議書取代 閣下任何現有壽險保單, 或取代任何現有壽險保單內大部分的壽險成分?**
- Yes 是 (Please complete a Customer Protection Declaration Form 請填寫《客戶保障聲明書》)
 No 否 (Please answer question b below 請回答下列問題b)
- b) **Do you intend to replace** in the next 12 months any or a substantial part of your existing life insurance policy(ies) with this application/proposal?
閣下是否打算於未來12個月內以這份投保申請書/ 建議書取代 閣下任何現有壽險保單, 或取代任何現有壽險保單內大部分的壽險成分?
- Yes 是 (Please complete a Customer Protection Declaration Form 請填寫《客戶保障聲明書》)
 No 否 (Please read carefully and sign the Declaration below 請詳閱下列聲明及簽署)

I realize if I answer “No” to both questions above but indeed,

- i) this application/proposal has replaced any or a substantial part of my existing life insurance policy(ies) in the past 12 months; or**
ii) my current intention is to replace any or a substantial part of my existing life insurance policy(ies) within the next 12 months by this application/proposal,

I may jeopardize my future right of redress if I find later that I have been disadvantaged because of such replacement.

本人知道如果本人就上述兩條問題都選擇「否」, 而事實上:

- i) 這份投保申請書/ 建議書卻於過去12個月內, 取代本人任何現有壽險保單或任何現有壽險保單內大部分的壽險成分; 或者**
ii) 本人現正打算於未來12個月內, 以這份投保申請書/ 建議書取代本人任何現有壽險保單或任何現有壽險保單內大部分的壽險成分, 即使日後發現因是次轉保導致本人蒙受損失, 本人或會因此而有損日後的追討權益。

I hereby authorize the Insurer of the new life insurance policy to give the Insurance Agents Registration Board, the Hong Kong Confederation of Insurance Brokers, the Professional Insurance Brokers Association, the Insurance Authority (“IA”), the Hong Kong Federation of Insurers, the insurer(s) of the life insurance policy(ies) that is/are being or has/have been replaced (if applicable) or other parties, as required for proper administration/implementation/execution of the Code of Practice for Life Insurance Replacement and the Minimum Requirements for insurance brokers as specified by the IA under the Insurance Companies Ordinance, a copy of this Replacement Declaration and any related records or information. 本人現授權新壽險保單的保險公司向保險代理登記委員會、香港保險顧問聯會、香港專業保險經紀協會、保險業監督(「保監」)、香港保險業聯會、所有已被取代或將會被取代的現有壽險保單的保險公司(如適用者), 或為了有效管理/ 執行/ 履行《壽險轉保守則》及保監根據《保險公司條例守則》指明的適用於保險經紀的「最低限度規定」所需的其他機構, 提供本「轉保聲明」的副本, 以及任何有關紀錄或資料。

Date日期(DD/MM/YYYY日/月/年) Signature of Second Policyowner 第二保單持有人簽署 Signature of First Policyowner 第一保單持有人簽署
(For Joint Policyowner Only 只適用於聯名保單持有人)

Notes 註:

* *The agent/broker must explain this Replacement Declaration to the policyowner before the latter signs it, but this Replacement Declaration does not form part of the application/proposal for the new life insurance policy. 在保單持有人簽署本「轉保聲明」之前, 保險代理/ 經紀必須向保單持有人解釋「轉保聲明」的內容。但本「轉保聲明」並不是新壽險保單的投保申請書/ 建議書其中一部分。*

** *Any transaction involving the purchase of life insurance is construed as a Replacement if (i) any existing life insurance policy(ies) or a substantial part of the sum insured of its/their basic life coverage has been/have been/will be terminated or (ii) a substantial part of the guaranteed cash value of the existing life insurance policy(ies) was reduced/will be reduced including where a policy loan was/will be taken out against a substantial part of the guaranteed cash value. Existing life insurance policy(ies) include(s) all types of traditional life, annuity and other non-traditional policies of the policyowner, which has/have been terminated within 12 months before or will be terminated within 12 months after the new life insurance policy's issue date. Termination includes lapse, surrender, converted to reduced paid-up or extended-term insurance under the non-forfeiture provision of the existing life insurance policy(ies). “A substantial part” means “50% or above”. However, converting term life insurance to whole life insurance (or some forms of permanent life insurance) under policy provisions of the existing life insurance policy(ies) is not construed as a Replacement. 任何購買壽險的交易, 如涉及(i)任何現有壽險保單或其基本壽險保障的大部分保額已被終止或將被終止, 或(ii)現有壽險保單內大部分的保證現金價值已被減少/ 將被減少, 包括: 大部分的保證現金價值已被提取/ 將被提取作為保單借貸, 均會被視為「轉保」。現有壽險保單包括在新購壽險保單生效日前後的12個月內, 保單持有人已經終止或將會終止的任何壽險保單。壽險保單包括所有類型的傳統壽險、年金及其他非傳統壽險保單。終止保單包括: 讓保單失效、退保、或根據現有壽險保單的不能作廢條款, 將保單轉為減額繳清/ 展期保單。「大部分」指「50%或以上」。若根據現有壽險保單的保單條款, 將定期壽險保單轉為終身壽險保單 (或某些形式的長期壽險保單), 則不會被視為「轉保」。*

Explanatory Notes 註釋

- (1) If the policyowner answers “No” to items (a) and (b) of this Replacement Declaration, he/she shall read carefully and simply sign the Declaration only and ignore the Customer Protection Declaration Form. 如果保單持有人回答此轉保聲明第 (a) 及 (b) 項時都選擇「否」, 則只須詳閱「聲明」並簽署, 而毋須填寫《客戶保障聲明書》。
- (2) If the policyowner answers “No” to both items (a) and (b), the agent/broker must explain the Declaration before he/she asks the policyowner to sign in Declaration. There is no need to fill in the Customer Protection Declaration Form. 如果保單持有人回答(a)及 (b)項時都選擇「否」, 在保單持有人簽署「聲明」之前, 保險代理/ 經紀必須向保單持有人解釋「聲明」的內容。保單持有人毋須填寫《客戶保障聲明書》。
- If the policyowner answers “Yes” to either item (a) or (b), the agent/broker must help the policyowner complete items 1 to 5 of Customer Protection Declaration Form and must explain and discuss with the policyowner the full implications of replacing any or a substantial part of his/her existing life insurance policy(ies) with the new life insurance policy in relation to financial implications, insurability implications and claims eligibility implications of the replacement and other considerations. The policyowner may consult the insurer(s) of his/her existing life insurance policy(ies) for further information. 如果保單持有人回答(a)或 (b)項時選擇「是」, 保險代理/ 經紀則必須協助保單持有人填妥《客戶保障聲明書》的第1至5項, 並必須向保單持有人解釋和商討以新壽險保單取代任何現有壽險保單, 或取代任何現有壽險保單內大部分的壽險成分, 對保單持有人在財務、受保資格及索償資格產生的所有影響, 以及其他考慮因素。保單持有人或需向其現有壽險保單的保險公司查詢進一步資料。

