Manulife 宏利

SIMPLIFIED APPLICATION FOR APOLLO PROTECTION LINKED PLAN
傲宏保障投資相連計劃簡易投保

Branch Code 分行編號 ☐☐☐☐

Location 地點 ☐☐☐☐☐☐

Insurance Advisor's Code 保險顧問編號 ☐☐☐☐☐☐

Insurance Advisor's Name 保險顧問姓名 _____

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。
- Apollo Protection Linked Plan is an investment-linked assurance scheme issued by Manulife (International) Limited ("Company" or "Manulife"). This application form should only be issued in conjunction with the offering documents (comprising the Principal Brochure - Product Brochure ("Product Brochure"), Principal Brochure - Investment Choice Brochure ("Investment Choice Brochure") and the Product Key Facts Statement) and the illustration document of the plan that you are applying for. 傲宏保障投資相連計劃為宏利人壽保險（國際）有限公司（「本公司」或「宏利」）簽發的投資相連人壽保險計劃。此申請書須連同閣下所申請的計劃的銷售文件（包括產品銷售說明書 - 產品說明書（「產品說明書」）、產品銷售說明書 - 投資選項手冊（「投資選項手冊」）及產品資料概要）及說明文件一併發出。
- Please complete the following health questions fully and accurately with all facts which you know and ought to know. Your answers will form the basis of the policy to be issued. Failure to disclose any material facts or information which may influence or which the Company would regard as likely to influence the assessment and acceptance of the application, may render the policy voidable by the Company. In the event of doubt as to whether a fact or information is material, it should be disclosed in this application. 閣下需要盡其所知所信，向本公司提供完整及準確的健康資料。閣下填報的資料將為日後簽發保單之基礎。如未有披露任何重要事實或資料，而該等重要事實或資料足以影響本公司評估及接受投保申請，本公司有權將所簽發的保單宣告無效。假如未能確定事實或資料的重要性，則須於本申請書披露該等事實或資料。
- For customer feedback, please visit our website www.manulife.com.hk/en/individual/services/customer-feedback.html for details. 有關客戶意見，請瀏覽宏利網站 www.manulife.com.hk/zh-hk/individual/services/customer-feedback.html。

PART I: PERSONAL DETAILS 第一部份：個人資料	Proposed Insured 擬受保人	Policyowner 保單持有人 (need not be answered if policyowner is the same as the proposed insured 如保單持有人為擬受保人則無須填寫)
1. Name 姓名 (As shown on Identity Document 如身份證明文件所示) (Due to system limitation, the English Name may be simplified for Policy Contract and/or our Company documents. This will not affect the validity of the said documents. 因系統所限，英文姓名或會於保單合約及/ 或本公司發出之文件中被簡化。此舉無損上述文件的有效性。)	English 英文姓名: Surname 姓 _____ Given name & middle name(s) 名 _____ Chinese 中文姓名	English/ Company Name 英文姓名/公司名稱: Surname 姓 _____ Given name & middle name(s) 名 _____ Chinese/ Company Name 中文姓名/公司名稱
2. Sex 性別	☐ Male 男 ☐ Female 女	☐ Male 男 ☐ Female 女
3. Relationship to Proposed Insured 與擬受保人的關係	**Not applicable 不適用**	☐ Father 父親 ☐ Mother 母親 ☐ Husband 丈夫 ☐ Wife 妻子 ☐ Others 其他 _____
4a. Date of Birth 出生日期	☐☐ DD 日 ☐☐ MM 月 ☐☐☐☐ YYYY 年	☐☐ DD 日 ☐☐ MM 月 ☐☐☐☐ YYYY 年
4b. Place of Birth 出生地點	☐ Hong Kong 香港 ☐ Macau 澳門 ☐ Others (Please specify) 其他 (請註明) City 城市 _____ Country 國家 _____	☐ Hong Kong 香港 ☐ Macau 澳門 ☐ Others (Please specify) 其他 (請註明) City 城市 _____ Country 國家 _____
5. ID Card No./Passport No. 身份證號碼/ 護照號碼： (Please submit a copy of the ID Card / Passport with this application 請將有關身份證/ 護照之副本與本申請書一同遞交) (For Corporate Applicant, please provide Business Registration/ Certificate of Incorporation No. 企業客戶請填寫商業登記/ 公司註冊證書號碼)	ID No. 身份證明文件號碼 _____ Document Type 證件類別 (Please "✓" one only 請只「✓」一項) ☐ HK Permanent Resident ID 香港永久性居民身份證/ HK Birth Cert. 香港出世紙 ☐ HK Non-Permanent Resident ID 香港非永久性居民身份證 ☐ Macau Resident ID 澳門居民身份證 ☐ PRC Resident ID 中國內地居民身份證/ PRC Birth Cert. 中國內地出世紙 ☐ USA Identity Documents 美國身份證明文件 ☐ Passport 護照 ☐ Others (Please specify) 其他 (請註明) _____	ID No. 身份證明文件號碼 _____ Document Type 證件類別 (Please "✓" one only 請只「✓」一項) ☐ HK Permanent Resident ID 香港永久性居民身份證 ☐ HK Non-Permanent Resident ID 香港非永久性居民身份證 ☐ Macau Resident ID 澳門居民身份證 ☐ PRC Resident ID 中國內地居民身份證 ☐ USA Identity Documents 美國身份證明文件 ☐ Business Registration 商業登記 ☐ Certificate of Incorporation 公司註冊證書 ☐ Passport 護照 ☐ Others (Please specify) 其他 (請註明) _____
6. Nationality 國籍		
7. Name of Company/Employer 公司/ 僱主名稱		
8. Business Nature 業務性質		
9. Occupation 職業		
10. Job Nature 工作職務		
11. Are you the Owner or Senior Management of the Company you mentioned in Q7? 閣下是否在題號 7 中所提及之公司的擁有人或高級管理層？	☐ Yes, please specify your position 是，請註明閣下的職位 _____ ☐ No 否	☐ Yes, please specify your position 是，請註明閣下的職位 _____ ☐ No 否
12. Average monthly income earned from this occupation during the past 24 months 過去二十四個月內從該職業獲得的每月平均勞動收入	HKD 港元 _____ /per month 每月	HKD 港元 _____ /per month 每月

PLEASE DO NOT DETACH 請勿撕去

< U03T_S (04/2026) >

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

PART I: PERSONAL DETAILS (CONTINUED) 第一部份：個人資料（續）	Proposed Insured 擬受保人	Policyowner 保單持有人 (need not be answered if policyowner is the same as the proposed insured 如保單持有人為擬受保人則無須填寫)
13. Current Residential Address 現時住宅地址 (For Corporate Applicant, please provide the registered office address 企業客戶請提供註冊辦事處地址)		☐ Same Residential Address as the Proposed Insured 與擬受保人住宅地址相同
	Room/Flat 室 | Floor 樓 | Block 座 Name of building/estate/village 大廈/ 屋村名稱 No. and name of street/road 街道名稱及號碼 Name of area/district 區域/ 地區 | Postal code 郵寄代碼 City 城市 | Country 國家	Room/Flat 室 | Floor 樓 | Block 座 Name of building/estate/village 大廈/ 屋村名稱 No. and name of street/road 街道名稱及號碼 Name of area/district 區域/ 地區 | Postal code 郵寄代碼 City 城市 | Country 國家

Only Policyowner information is required for Question No.14-16 (must be completed). 題號14-16只需提供保單持有人資料 (必須填寫)。

14. A. Contact Information 聯絡資料

The contact information you provided applies to all of your products/services offered by Manulife group of companies in Hong Kong and Macau (except for pension products/services). For the handling on correspondence address, we will follow your selected option in the application. If you are a member of any pension scheme(s) administered by Manulife, please complete the Change of Contact Details Form separately to update any contact information registered with Manulife under your pension scheme(s). 閣下所提供的聯絡資料適用於閣下持有並由宏利集團旗下公司於香港及澳門所提供的產品/ 服務（退休金產品/ 服務除外）。就通訊地址，我們將按照閣下在申請書中選擇的選項進行處理。如閣下是宏利管理的退休金計劃成員，請另外填寫更改聯絡資料表格以更改閣下於宏利退休金計劃內登記的任何聯絡資料。

i) Correspondence Address 通訊地址

a. If unspecified, the correspondence address will be defaulted as the residential address of the Policyowner.
如未有註明，保單將以保單持有人之住宅地址為通訊地址。

☐ Others 其他：
Room/Flat 室 | Floor 樓 | Block 座

Name of building/estate/village 大廈/ 屋村名稱

No. and name of street/road 街道名稱及號碼

Name of area/district 區域/ 地區 | Postal code 郵寄代碼

City 城市

Country 國家

b. The above Correspondence Address will apply to all of your products/services offered by Manulife group of companies in Hong Kong and Macau (except for pension products/services). 以上的通訊地址將適用於閣下持有並由宏利集團旗下公司於香港及澳門所提供的產品/ 服務（退休金產品/ 服務除外）。

☐ Please "✓" the box if the above Correspondence Address **only applies to this policy**. 請在方框裡「✓」若以上的通訊地址**只適用於此保單**。

ii) Contact Number(s) 聯絡電話：

*Mobile number **must be provided**. 流動電話必須提供。

Mobile No. 流動電話*	(_____) _____	Country Name 國家名稱	_____
Residence No. 住宅	(_____) _____	Country Name 國家名稱	_____
Office No. 辦事處	(_____) _____	Country Name 國家名稱	_____

iii) Email Address (For connecting you on policy and claims service more efficiently in the future)
電郵地址（讓我們日後可更有效地與您聯繫保單服務及理賠相關的事宜）：

Please provide a regularly used mobile phone number and email address to receive timely policy-related information, as needed. Provide your email to enable One Time Passwords (OTP) for easy login to www.manulife.com.hk and our Mobile App, where you can enjoy a range of e-Services. 請提供常用的手機號碼及電郵地址，以便根據需要及時接收與保單相關的資訊。提供您的電郵以啟用一次性密碼（OTP），以便輕鬆登入 www.manulife.com.hk 及我們的流動應用程式，讓您可享受一系列電子服務。

PART I: PERSONAL DETAILS (CONTINUED) 第一部份：個人資料（續）

B. E-Statement/E-Notice 電子結單/ 電子通知

☐ Apply for e-Statement/e-Notice (premium-related)*^ 申請電子結單/ 電子通知（保費繳付類別）*^

☐ Apply for e-Statement/e-Notice (other statements/notices/endorsements)*^ 申請電子結單/ 電子通知/ 電子批註（其他結單/ 通知/ 批註）*^

"e-Statement/e-Notice" is a service allowing you to receive statements/notices/endorsements related to your policies electronically by logging in to our website www.manulife.com.hk, and respective paper statements/notices/endorsements will not be mailed by postage. You will be notified by email when your statements/notices/endorsements are ready to view online. If you opt for the e-Statement / e-Notice service, we will no longer send you paper statements/notices/endorsements (which include endorsements for the addition of supplementary benefits and other policy changes) for any currently active or subsequently created policy(ies)/account(s) in the relevant product category(ies), with effect from the date of your selection. 透過「電子結單/ 電子通知服務」，您可登入宏利網站 www.manulife.com.hk 收取關於您保單的電子結單/ 電子通知/ 電子批註，該結單/ 通知/ 批註將不會以郵遞寄出。當電子結單/ 電子通知/ 電子批註可於網上查閱時，宏利將發送電郵通知至您的電郵地址。當您選用電子結單/ 電子通知服務後，自您選擇之日起，我們將不再為相關產品類別下的任何現有或之後開立的保單/ 帳戶以郵遞方式寄送紙本結單/ 通知/ 批註（這包括附加保障及其他保單資料更改的批註）。

If you have policy(ies)^ with us, your opt-in instruction above will override your current statement delivery preference (if any). If the above option is not selected, your current statement delivery preference will remain unchanged. 如您持有其他宏利保單^，您以上的指示將更新成為您所有結單/ 通知/ 批註收取的方式。如您沒有選擇以上選項，您現有收取結單的方式（如有）將維持不變。

Notes 備註：

* For the latest e-statements/e-notices/endorsements available, please visit our website (go to relevant FAQ under "Policy management" section) for details. 請瀏覽宏利網站（前往「保單管理」版面並瀏覽常見問題）查閱有關最新電子結單/ 電子通知/ 電子批註類別。

^ Exclude Wealth Management policy(ies). Please login to our website and go to "e-Statement and e-Notice settings" page to see which of your policy(ies) is/are classified as wealth management policy(ies) (if any). 不適用於財富管理保單。請登入宏利網站並前往「電子結單/ 電子通知設定」版面，以查閱閣下哪些保單被歸類為財富管理保單（如有）。

C. Language Preference (only for applicable communications / materials) 語言選擇（只限適用資料/ 文件）

The Language Preference you provided applies to all of your products/services offered by Manulife group of companies in Hong Kong and Macau. 閣下所提供的語言選擇適用於閣下持有並由宏利集團旗下公司於香港及澳門所提供的產品/ 服務。

☐ Traditional Chinese 繁體中文 ☐ English 英文

15. Your Source(s) of Wealth* (Please "✓" one or more) 閣下的財富來源*（可"✓"多於一項）

*source of total assets 全部資產來源

☐ Accumulated Monthly Income 累積的每月收入 ☐ Income from Individual/Business Investment 來自個人/ 業務的投資收入 ☐ Inheritance 遺產

☐ Others (Please specify) 其他（請註明）_____

16. Highest Education Level 閣下的教育程度為

☐ Primary School or below 小學或以下 ☐ Secondary School 中學 ☐ Post-Secondary/College 專科/ 專上學院 ☐ University or above 大學程度或以上

PART II: BENEFICIARY 第二部份：受益人

Beneficiary 受益人

17. Details of Beneficiary(ies) (to share equally unless otherwise stated) **受益人資料**（除特別指明外，百分比將平均分配）

Primary 基本	Secondary 次位	Name of Beneficiary (English and Chinese) 受益人姓名（英文及中文） (Please complete the table below if a trustee is assigned 若有指定信託人，請在下表列明)	Relationship to Proposed Insured 與擬受保人關係	Beneficiary ID/ Passport no. 受益人身份證/ 護照號碼	Share (%) 分配（百分比）
☐	☐				
☐	☐				
☐	☐				
☐	☐				
☐	☐				

Note: The policyowner hereby declares that any trustee designated in the below 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 share 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分配收取身故賠償金額。

Name of Beneficiary (English and Chinese) 受益人姓名（英文及中文）	Name of Trustee (English and Chinese) 信託人姓名（英文及中文）	Relationship to Beneficiary 與受益人關係	Trustee ID/ Passport no. 信託人身份證/ 護照號碼

Please "✓" the following box if special death benefit arrangement applies. 請「✓」以下方格若您想按以下方法分配身故賠償款項。

☐ **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）
Death proceeds under the Policy shall be paid to the beneficiary/beneficiaries designated above absolutely in accordance with the percentage share shown above, if any beneficiary/beneficiaries designated above is deceased at the time of the life Insured's death, the share(s) shall be paid to the estate of the deceased beneficiary/beneficiaries respectively, notwithstanding any contrary provisions in this form or the Policy.
保單之身故賠償須根據上述所示之百分比分配絕對支付予上述指定受益人，如任何上述指定受益人於受保人身故時已去世，其份額將支付予該受益人之遺產，即使本表格或保單內有任何相反之條款。

PART III: DETAILS OF INSURANCE PLAN BEING APPLIED FOR (as shown on Proposal Summary) 第三部份：投保計劃資料 (如建議書摘要上所示)

18. Basic Plan 基本計劃

Apollo Protection Linked Plan
傲宏保障投資相連計劃

19. Premium Payment Period 保費繳付期：

☐ 10 years 年 ☐ 15 years 年 ☐ 20 years 年

20. Policy Currency 保單貨幣

USD 美元

21. Regular Premium (each modal premium) 定期保費（每期保費）

22. Premium Payment Mode and Method 保費繳付形式和方式*

☐ Monthly 每月 (Autopay 自動轉帳) (Please complete Direct Debit Authorization 請填寫直接付款授權書)

☐ Annually 每年 (Autopay 自動轉帳) (Please complete Direct Debit Authorization 請填寫直接付款授權書)

☐ Annually 每年 (Direct billing 郵寄帳單)

*** Important Notice 重要通知**

Customers can make payment directly to Manulife. See the following web page for details. Payment Method - https://www.manulife.com.hk/en/individual/services/make-a-payment/method.html.
客戶可以直接繳款到宏利。詳細見以下網頁。繳款方式 - https://www.manulife.com.hk/zh-hk/individual/services/make-a-payment/method.html。

23. Regular Premium Allocation 定期保費分配

Before proceeding to select the investment choice(s) for this ILAS application, please be reminded the importance of diversification in investing. Investment risk of a portfolio may be diversified or reduced by way of investing into different investment choice(s) with different asset class(es). 於閣下為是次投資相連壽險產品申請選擇投資選項之前，請注意分散投資的重要性。投資組合的投資風險或可透過分散投資於不同的資產類別的投資選項來分散或降低。

You may be exposed to the additional associated risks if the selected mix of underlying investment choices you intend to allocate through top-up premiums or switch in, after policy inception, is inconsistent with your risk profile and knowledge (including investment knowledge in derivatives). 如果閣下打算在保單生效後，就增額保費所選擇分配的相關投資選項組合或轉入的相關投資選項組合，與閣下的風險承擔能力及知識（包括對衍生產品的相關投資知識）不相符，則閣下可能需承受額外相關風險。

Regular Premium Allocation 定期保費分配		
Investment Choice Code 投資選項編號 (Please refer to Investment Choice Brochure 請參閱投資選項手冊)	**Risk Level 風險級別** †	**Allocation 分配** (% 百分比)

Manulife (International) Limited
宏利人壽保險（國際）有限公司
U03T_S (04/2026)

Policy no. 保單編號 ☐☐—☐☐☐☐☐☐☐—☐
(For office use only 公司專用)

Remarks on Part III 第三部份註釋

† Definition of Risk Level: 5 - High; 4 - Medium to High; 3 - Medium; 2 - Low to Medium; 1 - Low
風險級別定義：5 - 高；4 - 中至高；3 - 中；2 - 低至中；1 - 低

NOTE 註

(1) Allocation percentage of each investment choice selected should be in whole number and not less than 10%. All dollar amounts should be rounded to two decimal places. 所選每項投資選項分配百分比最少為10%，同時必須為整數。所有金額數目必須截至小數點後兩個位。

(2) The subsequent regular premium payment will be allocated in accordance with the Regular Premium Allocation as stated above unless otherwise specified in any subsequent instruction. If you would like to change the investment choice allocation for subsequent regular premium payment, please complete the relevant change form. 除於其後作出另行指示外，後續定期保費將按照上述定期保費分配進行分配。如閣下欲更改後續定期保費之投資選項分配，請填寫相關的更改申請表。

(3) 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 website at www.manulife.com.hk. 如涉及貨幣兑換，本公司將不時提供有關貨幣的兑換率。如欲查閱最新的兑換率，請聯絡閣下之保險顧問或瀏覽本公司的網站 www.manulife.com.hk。

(4) Excessive payment of USD10 or less due to fluctuation in exchange rates will be allocated together with the initial regular premium to the policy unless otherwise specified by you. 由兑換率浮動而導致多付的10美元或以下之金額，除非閣下另作提示，該差額將與首次定期保費一拼分配至保單。

24. Your Policy Contract 您的保單合約

Your policy contract will be made available to you in electronic format. After the policy is issued, please log in to our website www.manulife.com.hk to review the policy contract and welcome kit (which contains the "Cooling-off Notice" regarding your cancellation right within the Cooling-off Period) right away. Notifications regarding your policy contract will be sent to your email address and mobile number (via SMS). If you wish to receive an additional physical printed copy of the policy contract, please contact your insurance advisor. 您的保單合約將以電子形式提供。保單生效後請即登入我們的網站 www.manulife.com.hk 以檢閱保單合約及迎新文件（包括與冷靜期內取消保單的權利有關的「冷靜期通知書」）。有關您的保單合約通知將會傳送到您的電郵地址及流動電話號碼（短訊）。如您希望收到額外的保單合約列印本，請聯絡您的保險顧問。

25. Policy Contract Language 保單語言

☐ Traditional Chinese 繁體中文 ☐ English 英文

If no "✓" is chosen, Traditional Chinese will be selected by default. 若沒有「✓」語言選項，保單語言將預設為繁體中文。

26. FPS Disbursement (Only applicable to HKD bank account) 轉數快發放款項（只適用於港元銀行帳戶）

☐ I, the policyowner, would like to set FPS as my default policy disbursement method with my mobile number as provided below and I agree to the requirements as provided under the Remarks section below. 本人，保單持有人，現申請使用以下提供的個人流動電話號碼以用作設定轉數快為本人的預設保單款項發放方式，並同意以下註釋列明的規定。

Mobile number 流動電話號碼：(_____) _____

Remarks 註釋

- The designated bank account must be held by the policyowner. 指定之銀行帳戶持有人必須為保單持有人。
- If the policy is jointly owned by more than one policyowners, the bank account provided must be jointly held by such policyowners. 如保單由多於一名保單持有人聯名持有，則所提供之銀行帳戶必須由該等保單持有人聯名持有。
- If the payout amount fails to be deposited into the designated bank account, the payout method instruction for that transaction amount may be cancelled and in such event the payout amount will be paid in HKD cheque and sent to the policyowner's latest correspondence address according to Manulife's record. 如支付金額未能成功存入您指定的帳戶內，該支付金額派發指示將可能被取消，及在此情況下是次之支付金額亦會以港元支票派發並寄往保單持有人於宏利紀錄的最新通訊地址。
- The above payout method instruction applies to all policy disbursements, other than death claim that are payable to the policyowner under this policy. 以上款項發放方式指示適用於除身故賠償以外的所有就此保單下應付於保單持有人的保單款項發放。
- The maximum amount per transaction is HKD$1,000,000. Manulife reserves the right to revise the maximum amount per transaction from time to time without notice. 每次交易最高上限為港幣1,000,000元。宏利保留不時修改每次交易最高上限的權利而不另行通知。

PART IV: MEDICAL EVIDENCE OF PROPOSED INSURED 第四部份：擬受保人的健康資料

27(a). Height 身高：_____ ft呎 _____ in吋/ _____ m米 _____ cm厘米 | **27(b).** Weight 體重：_____ lbs磅/ _____ kgs公斤

Please "✓" the appropriate boxes. 請在適當方格上填上「✓」

		NO 否	YES 是
28. (a) Have you ever used any form of tobacco, nicotine products in any form (including cigarettes, cigars, nicotine patches, nicotine gum) or e-cigarettes (including vaping) in the past 12 months? 閣下於過去12個月曾否或使用任何形式的煙草、尼古丁物品（包括香煙、雪茄、戒煙貼、戒煙香口膠）或電子煙（包括電子霧化煙）？	28a	☐	☐
(b) Do you smoke 30 or more cigarettes each day? 閣下每天是否吸煙30支或以上？	28b	☐	☐
29. Have you ever had, or been told that you have, signs or symptoms of or been treated for cancer, tumour or growth of any kind, diabetes, raised blood sugar, raised blood pressure, palpitation, heart murmur, chest pain, heart attack, stroke, transient ischemic attack (TIA), Hepatitis B or C (including Hepatitis B carrier), mental illness, rheumatoid arthritis, HIV or AIDS, alcoholism and/or drug addiction, any disease or disorder of the heart, blood vessels, brain or nervous system, respiratory system, lung(s), blood, kidney(s), liver, bowel, stomach, pancreas, Huntington's disease (Huntington's Chorea), Dementia (including Alzheimer's disease), Parkinson's disease or any other major illness? 閣下曾否患有、或被告知患有、出現以下疾病病徵或因而接受治療：癌症或任何類型的腫瘤或細胞增生、糖尿病、血糖過高、高血壓、心悸、心雜音、胸痛、心臟病發、中風、短暫性腦缺血發作、乙型或丙型肝炎（包括乙型肝炎帶菌者）、精神病、類風濕性關節炎、愛滋病帶菌者或愛滋病、酗酒及/或藥癮者、任何有關心臟、血管、腦或神經系統、呼吸系統、肺、血液、腎、肝、腸、胃、胰臟的疾病或機能失調、亨丁頓舞蹈症、認知障礙症（包括阿茲海默氏症）、柏金遜病或其他嚴重疾病？	29	☐	☐
30. Within the past 5 years, have you ever attended or are you currently attending or do you plan to attend any hospital or clinic, or been hospitalized for more than 5 consecutive days for any illness, injury, medical advice, operation or treatment and/or any diagnostic test (such as electrocardiogram, X ray, blood test etc.) not mentioned above (exclude minor ailments like common colds, flu, minor accidental injuries which you have recovered, routine health check up with normal results) and/or are you taking medication on a regular basis? 過去5年內閣下曾否、正在或打算因任何上文並未提及的疾病、受傷、醫療意見、手術或治療及/或任何診斷檢驗（如心電圖、X光、血液檢驗等）而於任何醫院或診所求診，或連續住院5天以上（不包括任何輕微疾病如普通感冒、流行性感冒、已痊癒的輕微意外損傷、結果正常的常規健康檢查等），及/或閣下有否定期服用藥物？	30	☐	☐
31. Do you currently have any signs or symptoms of illness or disease not yet sought medical advice? 閣下有否出現任何病徵或疾病而並未尋求醫療意見？	31	☐	☐

For each "YES" answer from Questions 28 to 31, please identify question number and give full details, dates, duration, conditions and result. Please give full names and addresses of doctors, hospitals and clinics. Please complete "General Health Questionnaire" if necessary 如問題28至31的答案為「是」，請註明題號並列出詳情，如：求診日期、持續時間、病情、診斷結果、醫生、醫院、診所全名及地址等。如有需要，請填寫「健康狀況問卷」。

_____

_____

_____

PART V: OTHER INFORMATION OF PROPOSED INSURED 第五部份：擬受保人的其他資料

Please "✓" the appropriate boxes. 請在適當方格上填上「✓」

		NO 否	YES 是
32. Have you engaged in the following activities within the last 12 months or will you engage/intend to engage in the following activities within the next 12 months? 閣下曾否在過去十二個月內或會否在未來十二個月內參與以下活動？			
(a) Any hazardous sports or activities (such as diving, motor racing, cliff or rock climbing, sky diving)? 任何危險性運動或活動（例如：潛水、賽車、攀山或攀崖、跳傘）？	32a	☐	☐
(b) Flying activities other than as a fare-paying passenger of a licensed air service operating within recognised scheduled routes. 飛行活動（不包括以付費乘客身份乘搭由商業性民航客機提供並獲認可的定期航班服務）	32b	☐	☐

If the answer to any of the questions 32a-32b is "Yes", please state your activity habit: 若第32a至32b項任何一項問題之答案為「是」者，請描述閣下的活動習慣：

Type of activity 活動種類	Duration of engagement in the activity 參與活動的持續時間	Frequency of engagement in the activity 參與活動的頻密度

33. Do you reside, or expect to reside or working outside Hong Kong or the current residential address for more than 6 months per year? If "Yes", please complete the Residential Questionnaire. 閣下有否或會否在香港或現時居住或工作的地址以外每年居住超過六個月？如「是」，請填寫「居住地問卷」。	33	☐	☐

PART V: OTHER INFORMATION OF PROPOSED INSURED (CONTINUED) 第五部份：擬受保人的其他資料（續）

Please "✓" the appropriate boxes. 請在適當方格上填上「✓」		NO 否	YES 是
34. Have you ever had any application for insurance or reinstatement of policy of life, health, accident or disability being declined, non-renewed, offered with restricted benefits or at substandard rates? 閣下在過去投保或申請保單復效任何人壽、醫療、意外或傷殘保單時，曾否遭拒絕承保、不獲續保、被附加限制保障權益或增收額外保費？	34	☐	☐
If answer is "YES" , please give full details. 如答案為「是」，請提供詳情。			
35. Do you have any existing insurance and/or concurrent application for insurance with any companies? 擬受保人是否在任何保險公司擁有已生效保障或現正向保險公司申請其他保險？(Not required if the Proposed Insured is only applying for the Medical Plan 若擬受保人只申請醫療保障則無須提供以下資料) If the answer to question 35 is "Yes", please provide details in below box : 若問題35之答案為「是」者，請於下表提供詳情：	35	☐	☐

	Type 類別	Currency 貨幣單位	Total amount 總保額	Name of Insurance Company 承保公司名稱	Policy Status 保單狀況 Please put a tick in appropriate box and provide Year issued (if applicable) 請在適當空格內加上「✓」號及提供投保年份（如適用）
(A)	Life Insurance 人壽保險				☐ Pending application 待批申請 ☐ In force 已生效，Year issued 投保年份 (YYYY年) _____
					☐ Pending application 待批申請 ☐ In force 已生效，Year issued 投保年份 (YYYY年) _____
					☐ Pending application 待批申請 ☐ In force 已生效，Year issued 投保年份 (YYYY年) _____
(B)	Extra Pay Dread Disease 額外危疾保障				☐ Pending application 待批申請 ☐ In force 已生效，Year issued 投保年份 (YYYY年) _____
					☐ Pending application 待批申請 ☐ In force 已生效，Year issued 投保年份 (YYYY年) _____
					☐ Pending application 待批申請 ☐ In force 已生效，Year issued 投保年份 (YYYY年) _____
(C)	Advanced Pay Dread Disease 預支危疾保障				☐ Pending application 待批申請 ☐ In force 已生效，Year issued 投保年份 (YYYY年) _____
(D)	Accident Indemnity 意外賠償				☐ Pending application 待批申請 ☐ In force 已生效，Year issued 投保年份 (YYYY年) _____
(E)	Accidental Death 意外死亡				☐ Pending application 待批申請 ☐ In force 已生效，Year issued 投保年份 (YYYY年) _____
(F)	Disability Income 傷殘入息				☐ Pending application 待批申請 ☐ In force 已生效，Year issued 投保年份 (YYYY年) _____
(G)	Hospital Cash / Income 住院現金 / 入息				☐ Pending application 待批申請 ☐ In force 已生效，Year issued 投保年份 (YYYY年) _____

Please "✓" the appropriate boxes. 請在適當方格上填上「✓」		NO 否	YES 是
Supplementary Health Questions 附加健康問題 **Note: If either of the following questions is answered "Yes" or is left blank, the Insurance Advisor shall not have authority to collect premium and coverage will not take effect under the Temporary Insurance Agreement.** For Terms and Conditions of Temporary Insurance Agreement, please scan the QR code or visit https://www.manulife.com.hk/content/dam/insurance/hk/en/documents/services/others/etia.pdf. **備註：若下列任何問題不獲回答或答案為「是」，則保險顧問無權收取保費，而臨時保險合約提供的保障亦不會生效。**有關「臨時保險合約」條款及細則，請掃瞄二維碼或瀏覽 https://www.manulife.com.hk/content/dam/insurance/hk/en/documents/services/others/etia.pdf。			
36. Has the proposed insured: 擬受保人有否：			
(a) within the past twelve months been treated by any physician or medical practitioner for any suspected AIDS, heart attack, stroke or cancer? 在過去十二個月內，因懷疑患上愛滋病、心臟病發、中風或癌症而接受醫生或醫療從業員診斷或藥物治療？	36a	☐	☐
(b) consulted a physician or medical practitioner within the past sixty days and been advised to have a diagnostic test or surgery that has not yet been performed? 在過去六十天內，經醫生或醫療從業員診斷後而建議需接受病理檢驗或進行外科手術而尚未進行？	36b	☐	☐

37. Special Request 特別指示

PART VI: CERTIFICATIONS IN RELATION TO TAX REGULATIONS 第六部份：有關稅務規例的證明

The below certifications are mandatory for products issued by Manulife. The following certification is only applicable for individual and controlling person of sole proprietor applicant. For any entity applicant, please complete the Entity Tax Residency Self-Declaration (CRS/ FATCA) respectively. 以下的稅務證明是必須的。有關稅務證明只適用於個人及獨資經營客戶的控權人。公司客戶請另外填寫實體稅務居民自我證明表格 (CRS/FATCA) 。

Tax law and regulations (including but not limited to the Inland Revenue Ordinance (Cap.112), the U.S. Foreign Account Tax Compliance Act (FATCA) and regulations based on the Organisation for Economic Co-operation and Development (OECD) Common Reporting Standard (CRS) for automatic exchange of information) require Manulife to collect and report information about tax residency. In certain circumstances, Manulife may be obliged to provide certain information to governments, regulators and tax authorities concerning your tax residency and other data. 稅務法律及規例（包括但不限於《稅務條例》（第112章）、美國《海外帳戶稅收合規法案》(FATCA)和根據自動交換資料有關的經濟合作與發展組織（OECD）《通用報告準則》（CRS）的規則）要求宏利收集及申報關於稅務居民的資料。在部分情況下，宏利可能有義務向政府、監管機構或稅務當局提供有關閣下稅務居民及相關資料。

As a financial institution, Manulife is not allowed to give tax or legal advice. If you have any questions regarding your tax residency, please consult your tax adviser or the information for FATCA and CRS at the following links at https://www.irs.gov/ and https://www.oecd.org/en/networks/global-forum-tax-transparency/resources/aeoi-implementation-portal.html and http://www.ird.gov.hk/eng/tax/dta_aeoi.htm respectively. 宏利不獲允許提供稅務或法律意見。若閣下對您的稅務居民身份存有任何疑問，請詢問專業稅務顧問或瀏覽 https://www.irs.gov/、https://www.oecd.org/en/networks/global-forum-tax-transparency/resources/aeoi-implementation-portal.html 及 http://www.ird.gov.hk/eng/tax/dta_aeoi.htm 網站FATCA及CRS資料。

By signing on this application, I/We certify that 本人/ 吾等簽署本投保申請書，特茲證明：

1. The answer below is true and accurate, and I/we agree to notify Manulife within 30 days if there is any change in any of the information which I/we have provided. 以下回答乃真確無誤，本人/ 吾等所提供之資料若有任何變更，本人/ 吾等同意在三十天內通知宏利有關變動。

1a. Are you a citizen, resident or permanent resident alien of the United States of America (Permanent Resident/Green Card Holder/US Citizen)? 您是否美國公民、美國居民或擁有美國居民身份之外僑（永久居民/ 綠卡持有人/ 美國公民）？

☐ Yes 是 (Please provide your consent to report along with U.S. TIN. by submitting the prescribed form/substitute Form W-9 as requested by Manulife and complete your U.S. jurisdiction of tax residency and TIN in paragraph number 1b. 請提交宏利所要求的指定表格/ 簡易W-9表格，以表示您同意申報並提供閣下的美國稅務識別號碼並於第1b項填寫有關美國稅務居民司法管轄區及美國稅務編號的資料。)

☐ No 否

Important Notes for the above 重要事項：

- You must answer "Yes" if any of the following circumstances applied.
  - i. You are a U.S. citizen even though you reside outside of the U.S.
  - ii. You hold multiple citizenships, one of which is U.S. citizenship.
  - iii. You were born in the U.S. (or U.S. Territory) and have not legally surrendered your U.S. citizenship.
  - iv. The U.S. Citizenship and Immigration Service (USCIS) has issued you a U.S. Green Card registration card as a lawful permanent resident of the United States.
  - v. One of you in the joint owners' application are a U.S. citizen, U.S. resident for U.S. federal income tax purposes or U.S. Green Card Holders.
- You may be considered a U.S. resident for U.S. federal income tax purposes (and therefore, must answer "Yes") if you meet the "Substantial Physical Presence Test". You will meet this test if, for instance, during the current year, you were present in the U.S. for at least 183 days under a specified formula. For more details, please refer to the information on the IRS' website http://www.irs.gov/Individuals/International-Taxpayers/Substantial-Presence-Test.
- In the event your Green Card is expired as of the date your sign and complete this form, please consult your legal or tax advisor whether you are still a U.S. citizen or resident.
- You should answer "No" if your Green Card has been officially abandoned, revoked, or relinquished as of the date you sign and complete this form and you are not a US citizen or a U.S. resident for U.S. federal income tax purposes for any other reason. Please submit Form W-8BEN and the stamped declaration/ form of the abandonment of your U.S. citizenship or permanent resident status, e.g. Form I-407 issued by the U.S. government.
- 若您有以下情況，請必須回答「是」。
  - i. 您是美國公民，即使您在美國境外定居。
  - ii. 您持有多重公民身份，而當中包括美國公民身份。
  - iii. 您在美國（或美國屬地）出生而且並未合法放棄美國公民身份。
  - iv. 您獲美國公民與移民事務局發出外國人登記卡作為永久合法居留美國的證明。
  - v. 聯名申請書中其中一位申請人為美國公民、符合美國所得稅目的之美國居民，或擁有美國居民身份之外僑。
- 您如通過「親身居留測試」，可視作符合美國所得稅目的之美國居民（故此必須回答「是」）。舉例說，按指定計算方法，您如在本年度停留美國至少183天，則視作通過有關測試。有關詳情，請瀏覽美國國稅局網站(http://www.irs.gov/Individuals/International-Taxpayers/Substantial-Presence-Test)。
- 若您在簽署及填交本表格當天所持綠卡日已到期，請先諮詢您的律師或專業稅務顧問您是否仍然是美國公民或美國居民。
- 您在簽署及填交本表格當天，若已正式放棄、撤銷或取消您所持綠卡，而且已非美國公民、符合美國所得稅目的或其他原因之美國居民，請回答「否」。請填交W-8BEN表格及已蓋印的放棄美國公民或永久居民身份狀況之申報/ 表格，例如：美國政府所發的I-407表格。

PART VI: CERTIFICATIONS IN RELATION TO TAX REGULATIONS (CONTINUED) 第六部份：有關稅務規例的證明（續）

1b. Please complete the following table indicating all jurisdictions (including Hong Kong) where you are a resident for tax purposes and Taxpayer Identification Number or its Functional Equivalent (TIN) for each jurisdiction. Please use Application Supplement(F856) if more than 3 jurisdictions.
請在以下列明您在所有司法管轄區（包括香港）符合稅務的居民的稅務編號或具有等同功能的識辨編號（稅務編號）。如多於三個司法管轄區，請使用投保申請附加資料(F856)。
Your personal information as completed in Part I will be considered as part of your self-certification and applied to the following section. 您在第一部份填寫的個人資料將被視為您的自我證明的一部份並適用於以下部份。

Applicant's Tax Residence 申請人稅務居住地

I hereby declare that, to the best of my knowledge and belief, I am (please tick one) 以本人據知及所信，在此聲明本人（請選一項）：

☐ (i) a tax resident of Hong Kong (Taxpayer Identification Number (TIN): my HKID Card No. provided) only 只是香港的稅務居民（稅務編號：本人提供的香港身份證號碼）

☐ (ii) a tax resident of Hong Kong (Taxpayer Identification Number (TIN): my HKID Card No. provided) and also some other jurisdictions 是香港（稅務編號: 本人提供的香港身份證號碼）及其他司法管轄區的稅務居民

☐ (iii) not a tax resident of Hong Kong, but instead a tax resident of some other jurisdictions. 不是香港的稅務居民，而是其他司法管轄區的稅務居民

If a "✓" is put in tick box (ii) or (iii) above, please provide the following information of each jurisdiction of the tax residence. 如上述選擇為(ii)或(iii)，請根據各個稅務居住地填寫以下資料。

	Jurisdiction of Tax Residency 稅務居民所在司法管轄區	TIN 稅務編號	If no TIN is available, enter Reason A, B or C 若未能提供稅務編號，填上理由A、B或C	Please explain why you are unable to obtain a TIN if you selected Reason B. 若您選擇理由B，請在下方解釋無法取得稅務編號的原因。
1				
2				
3				

Remarks 註：For more guidance on a TIN, please visit the below OECD website: 您可在以下OECD網頁了解相關稅務居民司法管轄區發佈的稅務編號：
https://www.oecd.org/en/networks/global-forum-tax-transparency/resources/aeoi-implementation-portal/tax-identification-numbers.html.
In particular, you can visit the below webpages for the details of the TINs for PRC, Hong Kong and Macau: 您可以在以下網頁了解中國，香港及澳門的稅務編號格式：
PRC 中國：https://www.oecd.org/content/dam/oecd/en/topics/policy-issue-focus/aeoi/china-tin.pdf
Hong Kong 香港：https://www.oecd.org/content/dam/oecd/en/topics/policy-issue-focus/aeoi/hong-kong-tin.pdf
Macau 澳門：https://www.oecd.org/content/dam/oecd/en/topics/policy-issue-focus/aeoi/macau-tin.pdf

Reason A - *The jurisdiction where the account holder is a resident for tax purposes does not issue TINs to its residents.*
理由 A - *帳戶持有人在當地為稅務居民的司法管轄區不向其居民發出稅務編號。*
Reason B - *The account holder is unable to obtain a TIN. Please explain why you are unable to obtain a TIN in the above table if you have selected this reason.*
理由 B - *帳戶持有人無法取得稅務編號。若您選擇這理由，請在上表解釋您無法取得稅務編號的原因。*
Reason C - *No TIN is required. Select this reason only if the authority of the relevant jurisdiction of residency does not require the TIN to be disclosed.*
理由 C - *無需稅務編號。只有在稅務居民所在的司法管轄區的主管當局不需要披露稅務編號方可選擇這理由。*

Explanation on My Tax Residency (if applicable) 我的稅務居民解釋(如適用)

I am not a tax resident of _____ because of the following reason(s) and the relevant documentary evidence, if any, is enclosed

由於以下原因，我不是 _____ 的稅務居民，並且提供書面證明(如有需要)：

Same jurisdictions of tax residency should not be provided under "Application's Tax Residence" and "Explanation on My Tax Residency". If you are not a tax resident of a specific jurisdiction, please provide an explanation in "Explanation on My Tax Residency". This jurisdiction will not be reported by Manulife to the relevant tax authorities for AEOI purposes, provided that the explanation for non-tax residency is valid and reasonable. 相同的稅務居住地不應在「申請人稅務居住地」和「我的稅務居民解釋」中同時提供。如果您不是某一特定司法管轄區的稅務居民，請在「我的稅務居民解釋」中提供解釋。若非稅務居民的解釋合理且有效，宏利將不會因自動交換目的而向相關稅務機關報告該司法管轄區。

Important Notes 重要提示：

- This is a self-certification provided by you to Manulife for the purpose of automatic exchange of financial account information. The data collected may be transmitted by Manulife to the Inland Revenue Department which may further exchange such information to the competent authority of another reportable jurisdiction.
  這是由您向宏利提供的自我證明，以作自動交換財務帳戶資料用途。宏利可把收集所得的資料交給稅務局，稅務局會將資料交到另一申報稅務司法管轄區的主管部門。
- This self-certification will remain valid unless there is any change in circumstances relating to your status of tax residency(ies). You must notify Manulife within 30 days if there is any change in circumstances that makes any of the information provided in any parts of this self-certification form incorrect or incomplete and provide an updated self-certification form. 這自我證明是有效文件除非您的稅務居住地有任何改變。您必須在改變後的30天內通知宏利有關的改變並提供最新的自我證明。
- If this is a joint owners' application, each of you must complete a separate CRS self-certification form. 若為聯名申請書，每位申請人都需要填妥上方的自我證明。

Declaration and Acknowledgement 聲明及確認：

I/We declare that the information given and all statements made in this self-certification (which includes any separate sheet(s)are, to the best ofmy/our knowledge and belief, true, correct and complete. 本人／吾等聲明就本人／吾等所知所信，本自我證明（包括使用另外紙張）內所填報的所有資料和聲明均屬是真實、正確及完備 。

I/We understand that the information supplied by me/us is covered by the full provisions of the terms and conditions governing the account holder's relationship with Manulife setting out how Manulife may use and share the information supplied by me/us. 本人／吾等明白，本人／吾等提供之資料受管限帳戶持有人與宏利之間關係的全部條款及條件規定所限，該等規定列明了宏利可如何使用及分享本人／吾等提供之資料。

I/We undertake to advise Manulife of any change in circumstances which affects the tax residency status of the individual identified in this self-certification or causes the information contained herein to become incorrect or incomplete, and to provide Manulife with a suitably updated self-certification within 30 days of such change in circumstances. 本人／吾等承諾，如情況有所改變，以致影響本自我證明所述的個人的稅務居民身份，或引致本自我證明所載的資料不正確或不完整，本人／吾等會通知宏利，並會在情況發生改變後30天內，向宏利提交一份適當更新的自我證明。

I/We acknowledge and agree that (a) the information contained in this self-certification is collected and may be kept by Manulife for the purpose of automatic exchange of financial information, (b) such information and information regarding the account holder and any reportable account(s) may be reported by Manulife to the Inland Revenue Department of the Government of the Hong Kong Special Administrative Region and exchanged with the competent authorities of a reportable jurisdiction(s) in which the account holder may be a resident for tax purposes, pursuant to the legal provisions for exchange of financial account information provided under the Inland Revenue Ordinance and (c) I/We agree to the obligation that the policyowner must comply with requests made by Manulife to comply with the CRS (AEOI) requirements under the Inland Revenue Ordinance and/or applicable laws and regulations, and such obligation forms the basis of the policy to be issued. 本人／吾等確認及同意，宏利可根據《稅務條例》有關交換財務帳戶資料的法律條文，(a)收集本自我證明所載資料並可備存作自動交換財務帳戶資料用途，(b) 把該等資料和關於帳戶持有人及任何須申報帳戶的資料向香港特別行政區政府稅務局申報，從而把資料交換到帳戶持有人的稅務司法管轄區的主管當局及 (c) 本人／吾等同意保單持有人必須遵守宏利的要求以便遵守《稅務條例》及／或適用法律及規例的CRS（AEOI）規定，並為日後簽發保單之基礎。

WARNING: It is an offence under section 80(2E) of the Inland Revenue Ordinance if any person, in making a self-certification, makes a statement that is misleading, false or incorrect in a material particular AND knows, or is reckless as to whether, the statement is misleading, false or incorrect in a material particular. A person who commits the offence is liable on conviction to a fine at level 3 (i.e. HK$10,000). 警告: 根據《稅務條例》第80(2E)條，如任何人在作出自我證明時，在明知一項陳述在要項上屬具誤導性、虛假或不正確，或罔顧一項陳述是否在要項上屬具誤導性、虛假或不正確下，作出該項陳述，即屬犯罪。一經定罪，可處第3級(即HK$10,000)罰款。

Paragraph numbers 1a and 1b of the certification applies to policyowners (i.e. policy applicants) who are individuals or controlling person of sole proprietor only. Entities, who are not individuals or controlling person of sole proprietor, should submit a certification and/or another prescribed form required by Manulife for Entity applications. 上述第1a及1b項證明，只適用於個人或獨資經營控權人的保單持有人（即投保申請人）。個人或獨資經營控權人以外之申請者，應另行提交證明及／或宏利就公司申請所指定之核證表格。

PART VII: POLICY REPLACEMENT 第七部份：轉保

PART 1: POLICYOWNER'S DECLARATION 第1部份: 保單持有人聲明

Name of Insurer of this application 本投保申請的保險公司名稱:

MANULIFE (INTERNATIONAL) LIMITED 宏利人壽保險（國際）有限公司

In order to fund the purchase of your new life insurance policy, are you using, or do you intend to use some or all of the funds arising from your existing life insurance policy(ies), or any savings made by reducing the premium payable under your existing life insurance policy(ies)? For example, such funds or savings may arise from: 閣下是否使用或打算使用現有人壽保險保單的部分或全部資金，或使用或打算使用通過減少現有人壽保險保單的應付保費而節省的金額，以資助 閣下購買新的人壽保險保單？例如，此等資金或金額可能來自：

a) surrendering / partially surrendering your existing life insurance policy(ies) to obtain its surrender value
就 閣下現有人壽保險保單作出退保/部分退保的安排，以獲得其退保價值

b) taking out a policy loan (including automatic premium loan) from your existing life insurance policy(ies)
從 閣下現有人壽保險保單中提取保單貸款 (包括自動貸款代繳保費)

c) withdrawing policy values from your existing life insurance policy(ies) (e.g. cash out dividends or redeem fund units etc.)
從 閣下現有人壽保險保單中提取保單價值 (例如：套現紅利或贖回基金單位等)

d) lapsation of your existing life insurance policy(ies) (e.g. by non-payment of premium)
容許 閣下現有人壽保險保單失效 (例如：終止支付保費)

e) exercising the right to a premium holiday under your existing life insurance policy(ies)
行使 閣下現有人壽保險保單中「保費假期」的權利

(Please check one appropriate box only) 請在適當的方格內填上剔號（只可選擇一項）

☐ Yes是 ☐ Not yet decided 尚未決定 ☐ No否

Warning: Please answer the above question carefully. Making changes on your existing life insurance policy(ies) may not be in your best interest. Your licensed insurance intermediary must explain to you the financial implications, insurability implications and claims eligibility implications of such changes. For this purpose, your licensed insurance intermediary may require certain information on your existing life insurance policy(ies). You may need to approach the insurer of your existing life insurance policy(ies) to obtain accurate and up to date information on your existing policy(ies). 忠告：請小心回答上述問題。就現有人壽保險保單作出變更未必符合 閣下的最佳利益。閣下的持牌保險中介人必須向 閣下解釋有關變更對 閣下的財務、受保資格及索償資格所構成的影響。 因此，閣下的持牌保險中介人可能會向 閣下索取 閣下現有人壽保險保單的某些資料。閣下可能需要聯絡現有人壽保險保單的保險公司並向其索取有關現有人壽保險保單準確及最新的資料。

If your answer is "Yes" or "Not yet decided", your licensed insurance intermediary must explain the "Important Facts Statement – Policy Replacement" to you. 若 閣下的回答為「是」或「尚未決定」，閣下的持牌保險中介人必須向 閣下解釋《重要資料聲明書—轉保》。

PART VII: POLICY REPLACEMENT (CONTINUED) 第七部份：轉保（續）

PART 2: INSURANCE INTERMEDIARY'S ASSESSMENT AND ADVICE 第2部份: 保險中介人的評估和意見

Part A 甲部: (Please put a "✓" in the appropriate box請在適當方格內加上「✓」)

According to the information provided by the policyowner, the policyowner 根據保單持有人提供的資料，保單持有人

☐ **has made** / **intends to make** / **has not yet decided whether or not to make** change(s) to his/her existing policy(ies), and **is using** / **intends to use** / **has not yet decided whether or not to use** some or all of the fund arising from his/her existing policy(ies) to fund the purchase of this new life insurance policy. [Please answer part B and C] **已經**/ **打算**/ **尚未決定會否** 對現有人壽保險保單作出更改，並**使用**/ **有意使用**/ **尚未決定會否使用** 通過作出該保單更改的部分或全部資金以購買此新人壽保險保單。[請回答乙部和丙部]

☐ **has made** / **intends to make** change(s) to his/her existing policy(ies), but is **NOT using** and **has no intention to use** any of the fund arising from the existing policy(ies) to fund the purchase of this new life insurance policy. [Please answer part B only] **已經**/ **打算** 對現有人壽保險保單作出更改，但並**不會**和**無意使用**通過作出該保單更改的任何資金以購買此新人壽保險保單。[請只回答乙部]

☐ **has not and has no intention to make** change(s) to his/her existing policy(ies). [Please skip both part B and C] **並未和無意**對現有人壽保險保單作出更改。[請不用回答以下部份]

Part B 乙部: (Please "✓" one or more可「✓」多於一項)

Please indicate the change(s) that policyowner has made / intends to make to his/her existing policy(ies)
請註明保單持有人對他/她的現有人壽保險保單所作出/ 打算作出之更改:

☐ Surrender 退保
☐ Lapsation 保單失效
☐ Premium Holiday 保費假期
☐ Reducing Sum Insured 減少保額
☐ Policy Loan (including automatic premium loan) 保單貸款（包括自動貸款代繳保費）
☐ Partially Surrender部分退保 / Withdrawing Policy Values 提取保單價值
☐ Reduced Paid-up / Extended Term Insurance 減額繳清保險/展期保險
☐ Collateral Assignment for loan 以保單抵押轉讓形式獲得貸款
☐ Others (Please specify) 其他（請註明）_____
☐ Not yet decided 尚未決定

Part C 丙部: (Please "✓" one or more可「✓」多於一項)

I, the insurance intermediary, have assessed and provided advice to the policyowner on the proposed purchase of this new life insurance policy. The policyowner has provided information on his/her existing life insurance policy(ies) for such assessment. My assessment, recommendation and advice was made in the best interests of the policyowner taking into account of the relevant changes to his/her existing life insurance policy(ies) and the potential adverse consequences to the policyowner arising from policy replacement, including (i) Financial Implications, (ii) Insurability Implications, and (iii) Claims Eligibility Implications etc. and based on the following reason(s). 本人（保險中介人）就保單持有人選購此新人壽保險保單進行了評估和提供意見。保單持有人也就此評估提供了現有人壽保險保單之資料。我的評估、建議和意見是因應保單持有人之最佳利益而作出，考慮到其現有人壽保險保單的相關更改及轉保對保單持有人所帶來的潛在不利後果，包括(一)財務影響、(二)受保資格的影響及(三)索償資格的影響等，及基於以下因素:

☐ After review with the customer, the customer considers that his/her need(s) changed and the new plan is more suitable for his/her current needs and circumstances despite the implications and associated risks involved in replacing his/her existing life insurance policy(ies).
經過與客戶的審查，客戶認為他/她的需求已經改變，並且認為新計劃更適合他/她的當前需求和情況，儘管在更換其現有人壽保險保單時會產生影響和相關風險。

☐ After review with the customer, the customer considers that the product features of the new plan are more suitable for him/her based on his/her current needs and circumstances despite the implications and associated risks involved in replacing his/her existing life insurance policy(ies).
經過與客戶的審查，客戶認為，儘管更換其現有人壽保險保單會帶來影響和相關風險，但基於他/她當前的需求和情況，新計劃的產品特色更適合他/她。

☐ Others (Please specify) 其他（請註明）_____

PART 3: POLICYOWNER'S ACKNOWLEDGEMENT 第3部份: 保單持有人確認書

I/We, the policyowner, confirm my/our declaration provided in Part 1 and acknowledge and agree to the explanation provided by the insurance intermediary in Part 2. 本人/ 吾等（保單持有人）確認本人/ 吾等於第1部份提供的聲明，及知悉並同意保險中介人在第2部份提供的說明。

X	**X**	
Signature of Policyowner 保單持有人簽署	Signature of Licensed Insurance Intermediary 持牌保險中介人簽署	Full name of Licensed Insurance Intermediary 持牌保險中介人姓名
		Individual Insurance Agent 個人保險代理 License No. 牌照號碼:
Date (DD / MM / YYYY) 日期 (日/ 月/ 年)	Date (DD / MM / YYYY) 日期 (日/ 月/ 年)	Type of License and License No. 牌照類別及牌照號碼

Policy no. 保單編號 ☐☐—☐☐☐☐☐☐☐—☐
(For office use only 公司專用)

PART VIII: IDENTIFYING THIRD-PARTY INTERESTS 第八部份：釐清第三者權益

Is there anyone other than policyowner, insured, payer of payor benefit or beneficiary (i.e. Third Party) expecting to participate in, make decisions about or benefit from this policy in any way? 是否有保單持有人、受保人、保費支付人利益附加保障之支付者或受益人以外之其他人士（即第三方）欲就本保單作出任何方式之參與、決定或受益？

☐ No 否 ☐ Yes 是

PART IX: DECLARATION AND AUTHORIZATION 第九部份：聲明及授權

I/We, the policyowner and the proposed insured, hereby authorize any licensed physician, medical practitioner, hospital, clinic or other medical or medically related facility, insurance company or other organization, institution or person, that has any records or knowledge of the proposed insured/or proposed insured's health, to give to Manulife (International) Limited (the "Company" or "Manulife") and its reinsurers any such information for the purpose of assessment of this insurance proposal or subsequent assessment of any insurance claim under the policy that may be issued pursuant to this application, such authorization shall survive me/us and shall be irrevocable. A photographic copy of this authorization shall be as valid as the original.

IT IS DECLARED, UNDERSTOOD AND AGREED that (1) I confirm that the insurance advisor for this application has disclosed to me that he/she is a licensed insurance agent appointed by Manulife and in this capacity he/she can only promote, advise on or arrange the insurance products offered by Manulife; (2) I confirm that I have provided necessary and sufficient information to the licensed insurance agent in this application to conduct the suitability assessment in relation to my circumstances and needs and the suitability assessment has been carried out by him/her; (3) I have read and fully understood the offering documents (comprising the Product Brochure, Investment Choice Brochure and the Product Key Facts Statement) and illustration document of the policy applied for and the above questions; (4) the answers in this application form together with this declaration and authorization are complete and true to the best of my knowledge and form the basis of the policy to be issued; (5) failure to disclose any material facts or information which may influence or which the Company would regard as likely to influence the assessment and acceptance of the application, may render the policy voidable by the Company. In the event of doubt as to whether a fact or information is material, it should be disclosed in this application; (6) the policy shall not become effective until it is issued with first premium paid in full and all requirements being met; (7) I agree to inform the Company immediately in writing of any change in (a) the personal information of me provided on this application form; (b) the personal particulars of any of the persons mentioned in this application; and/or (c) the other information provided by me in this application 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; on receiving information of any change, the Company is entitled to accept or reject my application; (8) the person(s) for whose use or benefit or on whose account the insurance policy is being applied for and to be entered into have an insurable interest in the said policy and their name(s) have already been inserted into this application or their class/description have already been specified in the application with sufficient particularity to make it possible to establish their identities; (9) no payment and benefit will be made under the policy until the verification of the identity(ies) of the policyowner(s), proposed insured(s), beneficiary(ies) and/or other relevant parties has been completed to the satisfaction of the Company; (10) I certify that I am over 18 years of age; (11) I shall make my own independent decisions/judgments in respect of subscription, redemption, switching or any other matters relating to my selected investment choices and my policy; (12) I confirm and fully understand/am aware of the associated risk and return of the investment choices chosen by me, which may or may not be suitable for me; (13) I understand that I may be exposed to the additional associated risks if the selected mix of underlying investment choices I intend to allocate through top-up premiums or switch in, after policy inception, is inconsistent with my risk profile and knowledge (including investment knowledge in derivatives); (14) I understand that I should read the respective offering documents of the underlying fund(s) that are linked to the relevant investment choice(s), in addition to Investment Choice Brochure, to understand the relevant risks in relation to the underlying fund(s); (15) Apollo Protection Linked Plan has been authorized by the Securities and Futures Commission ("SFC") in Hong Kong. SFC authorization is not a recommendation or endorsement of a scheme nor does it guarantee the commercial merits of a scheme or its performance. It does not mean the scheme is suitable for all investors nor is it an endorsement of its suitability for any particular investor or class of investors; and (16) this application and the policy are governed by the laws of the Hong Kong Special Administrative Region.

本人/ 吾等，保單持有人及擬受保人，現授權任何執業醫生、醫療從業員、醫院、診所或其他持有擬受保人健康狀況紀錄之保險公司、組織、機構或人士提供擬受保人的健康或個人資料予宏利人壽保險（國際）有限公司〔「貴公司」或「宏利」〕及其再保險公司，作為審核此投保申請或日後之索償申請。此授權書不能推翻，而即使本人/ 吾等去世，此授權仍然生效。本授權書之複製本將與原本同樣有效。

謹此聲明本人清楚明白及同意下列各項：(1)本人確認本申請書的保險顧問已向本人表明他/她是獲宏利委任為持牌保險代理人，並在此身份下只可就宏利提供的保險產品進行推廣、提供意見或安排相關保險產品；(2)本人確認已向本申請書的持牌保險代理人提供所需及足夠資料以就本人有關情況及需要進行合適性評估，而本申請書的持牌保險代理人亦已進行該合適性評估；(3)本人已細閱並明白銷售文件（包括產品説明書、投資選項手冊及產品資料概要）及説明文件之內容及上列各項問題；(4)填報於本申請書內之資料連同此聲明及授權均為本人所知之全部及真實無訛，並為日後簽發保單之基礎；(5)如未有披露任何重要事實或資料，而該等重要事實或資料足以影響貴公司評估及接受投保申請，貴公司有權將所簽發的保單宣告無效。假如未能確定事實或資料的重要性，則須於本申請書披露該等事實或資料；(6)保單將於正式簽發及首期保費繳清，同時符合所有規定後，方告生效；(7)本人同意若以下資料有所變更，本人將即時以書面通知貴公司：（甲）本人於本申請書的個人資料；（乙）本申請內所提及任何人士的個人資料；及/ 或（丙）本人於本申請書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）。貴公司於收到有關通知後有權決定是否接納本人的投保申請；(8)如所訂立之保險合約是為某有關人士的使用或利益，或為某有關人士申請及訂立，則該有關人士已於有關保單內擁有可保利益，而該有關人士的姓名已載於本申請內或其類別/ 種類已詳列於本申請內並足以確立其身份；(9)在保單持有人、擬受保人、受益人及/ 或其他相關人士之身份證明經貴公司核實後，貴公司方會根據保單作出任何付款及賠償；(10)本人已證實年滿十八歲；(11)本人就認購、贖回、轉換或其他本人所選擇的投資選項及保單之事項作獨立決定/ 判斷；(12)本人確認及充份理解/ 認識本人所選擇的投資選項所附帶之風險及潛在回報，而該風險可適合或不適合本人；(13)本人明白，如果本人打算在保單生效後，就增額保費所選擇分配的相關投資選項組合或轉入的相關投資選項組合，與本人的風險承擔能力及知識（包括對衍生產品的相關投資知識）不相符，本人可能需承受額外相關風險；(14)本人明白，除了投資選項手冊之外，本人還應閱讀與各相關投資選項連繫的相關基金的銷售文件，以了解與相關基金有關的風險；(15)傲宏保障投資相連計劃已獲香港證券及期貨事務監察委員會（「證監會」）認可，惟此認可並不等如對本計劃作出推介或認許，亦不是對本計劃的商業價值或表現作出保證，更不意味著本計劃適合所有投資者，或認許本計劃適合任何個別投資者或任何類別的投資者；及(16)香港特別行政區法律適用於投保申請書及保單。

PART X: PERSONAL INFORMATION COLLECTION STATEMENT 第十部份：個人資料收集聲明

I/We have received and read the "Notice to Customers relating to the Personal Data (Privacy) Ordinance" ("Notice"). I/We agree and consent that "personal data" as referred to in the Notice include my/our personal data previously provided in the Financial Needs Analysis (printed on the standard form(s) of the insurance broker representing me, Manulife or its insurance agency, as the case may be) and the related documents pertaining to this application submission. I/We understand and agree to the Notice. I/We confirm my/our consent as referred to in the sections entitled ***Use of Personal Data in Direct Marketing*** and ***Provision of Personal Data for Use in Direct Marketing*** of the Notice subject to any objection as indicated by me/us below: (IMPORTANT NOTES: Please note that direct marketing can include offers of special discounts, coupons or gift items. You can leave these boxes blank.)

本人/ 吾等已收訖及閱畢《有關〈個人資料（私隱）條例〉的客戶通知》（「通知」）。本人/ 吾等同意及確認在該通知上的〈個人資料〉已包括本人/ 吾等於財務需要分析表格所提供的個人資料（列印在代表本人的保險經紀、宏利或其保險代理的標準財務需要分析表格及/ 或風險承擔能力問卷上，視屬何情況而定），及是次申請有關文件。本人/ 吾等清楚明白及同意該通知之內容。除本人/ 吾等如下所示提出之任何反對外，本人/ 吾等確認同意該通知內以***個人資料在直接促銷中的使用***及***提供個人資料作直接促銷***為標題之內容。（重要提示：請注意直接促銷用途可包括提供特別折扣、優惠券或禮品。你可將這些空格留空。

☐ I/We object to Manulife using my/our personal data in direct marketing as referred to in the section entitled ***Use of Personal Data in Direct Marketing*** of the Notice.
本人/ 吾等反對宏利按該通知內以***個人資料在直接促銷中的使用***為標題的部份，將本人/ 吾等之個人資料作直接促銷用途。

☐ I/We object to Manulife providing my/our personal data to Manulife Group (other than Manulife itself) for use in direct marketing as referred to in the section entitled ***Provision of Personal Data for Use in Direct Marketing*** of the Notice.
本人/ 吾等反對宏利按該通知內以***提供個人資料作直接促銷***為標題的部份，向宏利集團（不包括宏利本身）提供本人/ 吾等之個人資料作直接促銷用途。

PART XI: COLLECTION OF LEVY ON INSURANCE PREMIUM(S) BY THE INSURANCE AUTHORITY ("IA") 第十一部份：保險業監管局(「保監局」)所收取的保費徵費

I/We, the policyowner, hereby acknowledge, agree and confirm the following in relation to my obligations to pay a prescribed levy on each premium payment made under the policy ("Levy") pursuant to section 134 of the Insurance Ordinance (Cap. 41), the Insurance (Levy) Regulation and the Insurance (Levy) Order:
本人/吾等（作為保單持有人）知悉、同意及確認，根據《保險業條例》（第 41 章）第134條、《保險業（徵費）規例》及《保險業（徵費）令》，有關本人/ 吾等有責任於每次根據保單繳付保費時需同時繳付訂明徵費（「徵費」）的以下各項：

1. The policyowner shall, each time a premium is paid, pay Levy to the IA, via the Company, the amount of which is subject to the rate and cap as prescribed by the Insurance (Levy) Order.
   保單持有人需要於每次繳付保費時，透過本公司繳付徵費予保監局，其金額乃根據《保險業（徵費）令》所訂明的徵費率及徵費上限而計算。
2. A failure to pay Levy by the policyowner when a premium is paid is a contravention of the Insurance (Levy) Regulation. The IA may recover the outstanding Levy as a civil debt due to the IA and impose a pecuniary penalty at a rate as from time to time prescribed under the Insurance (Levy) Regulation against the policyowner.
   如保單持有人沒有於繳交保費時繳付徵費，保單持有人將會被視作違反《保險業（徵費）規例》。保監局有權以民事債項為基礎追收未繳付的徵費，以及根據由《保險業（徵費）規例》不時訂明的費率，對保單持有人施加罰款。
3. In the event of default for payment of Levy, the Company may, at its discretion and/or as reasonably required by the IA, provide the particulars of the policyowner to the IA.
   對於拖欠繳付徵費的情況，本公司可酌情決定及/或根據保監局合理的要求，提供保單持有人的詳情予保監局。
4. The Company shall collect Levy from the policyowner along with the payment of the corresponding premium. Unless specified otherwise, where the premium is settled according to the terms of the policy and/or the instruction of the policyowner through, including without limitation, direct debit from an account specified by the policyowner, deduction from premium dump-in facility, accumulated dividends and/or other entitlements available to the policyowner, automatic premium loan and/or other automatic premium payment options, the Levy corresponding to the premium so collected shall be collected at the same time and in the same manner.
   本公司將於保單持有人繳付保費時一併收取相應徵費。除非另有註明，否則，當保費以根據保單條款及/或保單持有人所指示的方式繳付時，包括但不限於從保單持有人指定的直接付款帳戶扣繳、從保單注入款項、累計紅利及/或保單持有人的其他適用權益扣除、以自動貸款代繳保費及/或其他自動繳交保費方式，則本公司將於同一時間及以相同方式收取該筆保費的相應徵費。
5. Any outstanding of Levy shall be treated as an indebtedness to the Company and the Company may first deduct the amount of outstanding Levy as indebtedness from the benefits and/or entitlements (including without limitation the cash value, dividend and/or death proceeds of the policy) otherwise available to the policyowner, assignee or beneficiary, if any, pursuant to the policy, as the case may be.
   任何欠繳的徵費會被本公司視為負債。當本公司提供保障及/或權益予保單持有人、受讓人或受益人時，包括但不限於保單的現金價值、紅利及/或死亡賠償（如適用及根據保單及情況而定），可先從金額中扣除被視為負債的欠繳徵費。
6. The premium and levy can be paid in other currency as acceptable by the Company, by using the prevailing exchange rate as determined by the Company which may change from time to time. Under such circumstances, the policyowner may be subject to exchange rate fluctuation risk.
   保費及徵費可以本公司所容許的其他貨幣支付，惟需根據當時適用的兑換率計算，而兑換率是由本公司釐定並可不時作出修訂。在這情況下，保單持有人可能需承受匯率風險。
7. The above confirmation shall bind my/our successors, assignees and/or beneficiaries. This confirmation shall remain valid notwithstanding my/our death or incapacity.
   本人/吾等之繼承人、受讓人及/或受益人亦受此確認書約束。即使本人/吾等死亡或喪失行為能力，此確認書仍然存有法律效力。

[Note: For more details on Levy and its arrangement, please visit our website www.manulife.com.hk.]
[註：有關更多徵費的詳情及安排，請參閱宏利網站 www.manulife.com.hk 。]

PART XII: CANCELLATION RIGHTS AND REFUND OF PREMIUM(S) AND LEVY WITHIN COOLING-OFF PERIOD
第十二部份：冷靜期內取消保單的權利及退還保費及徵費

I/We, the policyowner, understand that I/we have the right to cancel the policy and obtain a refund of any premium(s) paid by giving a written notice to Manulife. Upon cancellation or termination of the policy during the cooling-off period, the refund of premium will be calculated in accordance with this formula (the total premium made less any market value adjustment) and any levy paid. I/We understand that to exercise this right, the notice of cancellation must be signed by me/us and received directly by Manulife at 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) within the Cooling-off Period. I/We understand that the Cooling-off Period is the period of **21 calendar days** immediately following either the day of delivery of the policy or the Cooling-off Notice to me/us or my/our nominated representative (whichever is the earlier). I/We understand that the Cooling-off Notice is a notice embedded in the welcome letter that will be sent to me/our nominated representative by Manulife to notify me/us of the Cooling-off period around the time the policy is delivered. Failure to exercise the above right will be deemed as final acceptance of the policy and I/we shall be bound by the provisions stated in the policy.
本人/吾等（保單持有人）明白本人/吾等有權以書面通知要求宏利取消保單並取回已繳保費。凡於冷靜期內取消或終止保單，退還本人/吾等的保費將按照下述方式計算（已扣除市值調整後的已繳總保費）及任何已繳保費徵費。本人/吾等明白為行使這項權利，該取消保單的通知必須由本人/吾等簽署並由宏利在其總辦事處（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）於冷靜期內直接收到。本人/吾等明白冷靜期為緊接保單或冷靜期通知書交付予本人/吾等或本人/吾等的指定代表之日起計的**21個曆日**的期間（以較早者為準）。本人/吾等明白冷靜期通知書是由宏利在交付保單時致予本人/吾等或本人/吾等的指定代表的迎新信內的一份通知書，以就冷靜期一事通知本人/吾等。如本人/吾等沒有行使上述的權益，則表示本人/吾等願意接受此保單，並受保單合約內之條款約束。

Signed at Hong Kong on this _____ day of _____ , _____
簽署地點：香港 Day 日 Month 月 Year 年

X _____
Signature of Witness 見證人簽署

X _____
Signature of Policyowner
(if other than Proposed Insured)
保單持有人簽署（如非擬受保人）

X _____
Signature of Proposed Insured (if aged 18 or above)
擬受保人簽署（如十八歲或以上 ）

_____
Name of Witness 見證人姓名

Policy no. 保單編號 | | | — | | | | | | | | — | |
(For office use only 公司專用)

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INSURANCE ADVISOR'S STATEMENT 保險顧問聲明

Please fill in the information below. 請填寫以下資料。

1. Was this application completed and signed by you as the witness? If "No", please explain the circumstances.
   此申請是否已填妥及由您作為見證人簽署？若「否」，請解釋有關情況。

   ☐ Yes 是 ☐ No 否 _____

2. Are you aware of: 您有否察覺：

   (a) any factor (health or otherwise) which you feel is not apparent from the application form and which could affect the underwriting of the policy? If "yes", please explain. 任何對核保有影響而未於投保申請書內清楚列明的因素（身體健康或其他）？若「有」，請解釋。

   ☐ No 沒有 ☐ Yes 有 _____

   (b) any hearing or visual impairment of the policyowner which would limit the policyowner's capability in understanding the product(s) purchased and understanding the information provided in the application documents and the related product documents? If "yes", please explain and submit the "Declaration of Witness Required for Completion of Application Form and Application Process of the Policy" signed by third party witness. 保單持有人有任何聽力或視力障礙致限制其理解所購買的產品及申請文件及其相關產品文件上所提供之資訊的能力？若「有」，請解釋並提交由第三方見證人簽署的「投保申請書及保單申請程序的見證人聲明」。

   ☐ No 沒有 ☐ Yes 有 _____

3. Amount paid 已付金額

   Paid By 支付方式：

   ☐ Cash 現金 ☐ Cheque 支票 ☐ Credit Card 信用卡 ☐ Draft 匯票 ☐ Others, please specify 其他，請註明 _____

   Total Amount 總額: _____ Internal Reference 參考編號: _____

4. For "split case" policy, please provide the following details of other insurance advisor(s). 如有多於一位保險顧問，請填寫其他保險顧問的以下資料。

Name of the Insurance Advisor 保險顧問姓名	Insurance Advisor code 保險顧問編號	Branch code / Location 分行編號/ 地點

5. Signature 簽署

I, the Insurance Advisor, declare that this insurance application has been arranged and/or advised on personally by me and such application would not be submitted by the policyowner but for my advice and/or arrangement. I further confirm in accordance with the legal and regulatory requirements with respect to the prevention of money laundering and terrorist financing, I have verified the identity of the policyowner and the proposed insured against their identification documents and have interviewed the policyowner and the proposed insured before the application is submitted. I agree that I will inform the Company if I suspect that the policyowner is acting on behalf of another person in making this application for insurance policy who has not been named in the application.

I declare that I have disclosed to the policyowner that I am appointed as a licensed insurance agent by Manulife and in this capacity can only promote, advise on or arrange the insurance products offered by Manulife.

I declare that I have obtained necessary and sufficient information from the policyowner and have carried out the suitability assessment in relation to his/ her circumstances and needs. I have considered the available insurance options and given regulated advice to the policyowner based on the suitability assessment and the policyowner's circumstances and needs.

If the policyowner is referred to me by referrer, I confirm that I have informed the policyowner before arranging the insurance policy that (1) I am responsible for arranging the insurance policy and, for this purpose, he/she should only deal directly with me; (2) the referrer does not represent me and should have no involvement in the arrangement of the insurance policy; (3) I shall have no liability for any advice in relation to the insurance policy given to him/her by the referrer; and (4) the premium for the insurance policy should be paid directly to Manulife.

本人（保險顧問）謹此聲明此投保申請經本人之親身安排及/ 或給予意見，否則保單持有人不會自行遞交此申請書。本人亦有根據相關法律及監管機構就防止洗黑錢及恐怖分子融資活動的規定，查閱保單持有人及擬受保人的身份證明文件以核實其身份，並於遞交此申請書前與保單持有人及擬受保人面見。本人同意若懷疑保單持有人代表他人投保此保單，而該人士並未名列於本投保申請，本人需立即知會貴公司。

本人聲明本人已向保單持有人表明本人是獲宏利委任為持牌保險代理人，並在此身份下只可就宏利提供的保險產品進行推廣、提供意見或安排相關保單。

本人聲明本人已向保單持有人索取所需及足夠資料及已就其情況及需要進行合適性評估。本人已根據該合適性評估及保單持有人的情況及需要考慮可選擇的保險方案及向其提供受規管意見。

若保單持有人是經轉介人轉介給本人，本人確認已在安排保單前向保單持有人表明(1)本人會負責安排保單，而就此目的而言，他/她只應直接與本人作往來；(2)轉介人並不代表本人，亦不應參與安排保單的過程；(3)本人就轉介人對於有關保單所給予保單持有人的任何意見均不會承擔任何責任；(4)保單的保費應直接支付予宏利。

Name of Insurance Advisor 保險顧問姓名	Signature of Insurance Advisor 保險顧問簽署	Date 日期
Name of Manager 經理姓名	Signature of Manager 經理簽署	Date 日期

OBJTAGTSTAT

Policy no. 保單編號 ☐☐—☐☐☐☐☐☐☐—☐

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Manulife 宏利

Application Checklist (applicable to Individual Applicant Only) 申請文件清單（只適用於個人申請者）

A. Document – Applicable to Policyowner Only 文件 – 只適用於保單持有人	
1. Financial Needs Analysis (FNA) 財務需要分析 (FNA)	☐ FNA 財務需要分析表格 **(Must be signed on or before (a) the print date of the proposal summary and (b) and the date of completing application 必須在建議書摘要列印日和填妥申請表格日或之前簽署)** **<Please visit ManuTouch for details of completing FNA 填寫FNA的有關詳情請參考「宏利全接觸」(ManuTouch) >**
2. Proposal Summary 建議書摘要	☐ Proposal Summary of Proposed Insured 擬受保人的建議書摘要 ☐ Signed and Dated by Policyowner 由保單持有人簽署及填上日期 ☐ Sign date 簽署日期 **(before EXPIRY DATE of Proposal Summary 在建議書摘要到期日之前)**
3. FATCA	☐ Form W-9 表格 (Applicable to Policyowner who is a US Tax Payer 美國納稅人身份的保單持有人適用)
4. Autopay / Monthly Mode 自動轉帳/月繳模式	☐ DDA Form OR, 直接付款授權書，或 ☐ Agent memo to confirm DDA form will be submitted later 於代理人備註中確認後補直接付款授權書
5. Policy Replacement 轉保	☐ IFS-PR <<重要資料聲明書 — 轉保>> (if answer to Policy Replacement is "Yes" or "Not yet decide" 如「轉保」部分之答案為「是」或「尚未決定」)

B. Identification Document – Applicable to both Proposed Insured and Policyowner 身份證明文件 – 擬受保人及保單持有人皆適用

	HK Permanent Resident 香港永久性居民	HK Non Permanent Resident 香港非永久性居民	PRC Resident 內地居民	Foreigners (Non-PRC Resident) 外籍人士（非中國內地居民）
1. Valid ID Copy of the **Policyowner+** Valid ID Copy/Birth Certificate of **Proposed Insured** if not the same **保單持有人**的有效身份證副本 + **擬受保人**的有效身份證副本/出生證明書（如非同一人）	☐	☐	☐	☐
2. **Policyowner's** Valid Travel Document Copy with Photo **保單持有人**的有效旅行證件副本（附照片）		☐		
3. **Policyowner & Proposed Insured's (*)** Travel document with Valid Entry Proof (The number on the Entry Proof must match with the number on the Travel Document) **保單持有人及擬受保人(*)**的旅行證件（附有有效入境證明，入境證明上的號碼必須與旅行證件號碼相符）			☐	☐
4. MCV001 Declaration Form for Insurance Application by Non Hong Kong Resident(s) 非香港居民投保申請聲明			☐	
5. IFS-MP (completed by Policyowner) 內地人重要資料聲明書（由保單持有人填寫）			☐	

* For child insured below age 18 (applicable to life insured from Country A & Mainland China only), please refer to the latest Residency Underwriting Guideline.
* 年齡未滿18歲的受保兒童（只適用於A類國家及中國內地的壽險受保人），請參閱最新的居住地核保指引。

For Application for Traditional Products 傳統計劃投保 (U03)

- ☐ U42 Residential Questionnaire 居住地問卷 (Only applicable to Proposed Insured who reside or work outside Hong Kong or the current residential address for more than 6 months per year 只適用於在香港或現時居住或工作地址以外居留逾6個月的擬受保人)
- ☐ U36 Application for Reinstatement/Statement of Insurability 復效申請/受保資格聲明 (applicable to "Payor Benefit" 適用於「保費支付人利益附加保障」)
- ☐ U39 Application for Disability Income 傷殘入息保障申請書 (If the "Monthly Benefit" is over HKD30,000 如「每月保障」超過30,000港元)

For Application for Manulife Investment Plus 2 宏利投資計劃2投保 (MS01)

- ☐ Risk Profile Questionnaire 風險承擔能力問卷
- ☐ IFSAD (Important Facts Statement and Applicant's Declarations 重要資料聲明書及申請人聲明書)
- ☐ T39 and Bank Account Proof **with Bank Code, Branch Code, Account Number, Account Holder's name** (if applicable)
  T39 及銀行戶口證明**附銀行編碼、分行編碼、戶口號碼及戶口持有人姓名**（如適用）

For Application for Apollo Protection Linked Plan 傲宏保障投資相連計劃投保 (U03T)
For Simplified Application for Apollo Protection Linked Plan 傲宏保障投資相連計劃簡易投保 (U03T_S)

- ☐ Risk Profile Questionnaire 風險承擔能力問卷
- ☐ IFSAD (Important Facts Statement and Applicant's Declarations 重要資料聲明書及申請人聲明書)
- ☐ Supplementary Sheet of Benefit Illustration Statement 利益說明的補充文件
- ☐ Cost of Insurance Rates for basic plan per annum 基本計劃的每年保險費用率
- ☐ Application Supplement – Customer Declaration 投保申請附加資料 - 客戶聲明