Manulife 宏利

APPLICATION FOR TRADITIONAL PRODUCTS
傳統計劃投保申請書

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：

- This application is issued in conjunction with the Proposal Summary. 此申請書連同建議書摘要一併發出。
- Please complete this application form in BLOCK letters. 請以正楷填寫此申請書。
- Please put a "✓" in the appropriate box(es) and cross-out as inappropriate. 請在適當方格內加上「✓」及刪去不適用者。
- In respect of Voluntary Health Insurance Scheme ("VHIS"), the term "policyowner" for the purpose of this application shall carry the same meaning as "Policy Holder" under the Terms and Benefits of the VHIS policies. 就自願醫保計劃而言，此申請內「policyowner」一詞與自願醫保計劃保單的條款及保障中「Policy Holder」一詞具有相同意義。
- 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

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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. Office Location 辦事處地點	City 城市 / Country 國家	City 城市 / Country 國家
14. 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	Room/Flat 室 / Floor 樓 / Block 座
	Name of building/estate/village 大廈/ 屋村名稱	Name of building/estate/village 大廈/ 屋村名稱
	No. and name of street/road 街道名稱及號碼	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	Name of area/district 區域/ 地區 / Postal code 郵寄代碼
	City 城市 / Country 國家	City 城市 / Country 國家

Only Policyowner information is required for Question No.15-18 (must be completed). 題號15-18只需提供保單持有人資料 (必須填寫)。

15. 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

16. 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）_____

17. 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

18a. Please indicate your source of fund for initial and renewal premium payment (Please "✓" one or more)
請註明您首期及續保保費的資金來源（可"✓"多於一項）
(If you have completed the Financial Needs Analysis, please do not answer this question. 若已填妥財務需要分析，請不用回答此問題)

☐ Salary, Bonus 薪金、花紅 ☐ Savings 儲蓄 ☐ Investment 投資 ☐ Investment Income 投資收入 ☐ Commission 佣金

☐ Domestic Income 家用 ☐ Business Earning 業務收入 ☐ Pension 退休金 ☐ Rental Income 租金收入

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

18b. What are your objectives for seeking to purchase an insurance product? (Please "✓" one or more)
您選購保險產品的目標為？（可"✓"多於一項）
(If you have completed the Financial Needs Analysis, please do not answer this question. 若已填妥財務需要分析，請不用回答此問題)

☐ Financial protection against adversities (e.g. death, accident, disability etc.) 為應付不時之需提供財務保障（例如：身故、意外、殘疾等）

☐ Providing regular income in the future (e.g. retirement income etc.) 為未來提供定期的收入（例如：退休收入等）

☐ Saving up for the future (e.g. child education, retirement etc.) 為未來需要作儲蓄（例如：子女教育，退休等）

☐ Investment 投資

☐ Preparation for health care needs (e.g. critical illness, hospitalization etc.) 為應付醫療保健需要（例如：危疾，住院等）

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

Special Remarks by Insurance Advisor (For Insurance Advisor Use) 保險顧問特別備註（由保險顧問使用）

Please provide explanation below for selected products NOT fully matching the selected buying objectives
若所選購的產品未能完全符合所選擇的購買目標，請在以下提供解釋

☐ The buying objectives selected by the applicant are "financial protection against adversities" and "preparation for health care needs". I have recommended the products portfolio(s) that meet all the buying objectives of the applicant for the applicant to choose. The applicant has decided to purchase the product(s) as indicated in this application form due to his/her financial priorities and understands that the selected product(s) can only meet his/her buying objective of "financial protection against adversities". 申請人選購保險產品的目標是「為應付不時之需提供財務保障」及「為應付醫療保健需要」。我已建議符合客人所有購買目標的產品組合給客人選擇。申請人基於其財務優先之考慮決定選購申請書上所示之產品，並已清楚明白所選產品只能符合其「為應付不時之需提供財務保障」的購買目標。

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

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

Beneficiary 受益人

19. 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 II: DETAILS OF INSURANCE PLAN BEING APPLIED FOR (as shown on Proposal Summary) 第二部份：投保計劃資料（如建議書摘要上所示）

Please submit the signed Proposal Summary 請遞交已簽妥的建議書摘要

20. Basic Plan (Must be completed) 基本計劃 (必須填寫)

Plan Name 計劃名稱	Premium Payment Period 保費繳付期		Notional Amount 名義金額
	☐ Years 年	☐ To Age 至年歲	
(If the above selected plan is a critical illness or medical insurance product, please complete Q20 (A) 如以上選擇了的計劃是危疾或醫療保險產品，請填寫題號20(A)) ☐ Opt-Out Inflation Protector Option (if applicable) 不選擇通脹加保權益（如適用）			

Policy Currency 保單幣值

☐ USD 美元 ☐ HKD 港元 ☐ Others 其他 _____

Premium Payment Mode 保費繳付形式*

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

☐ Quarterly 每季 ☐ Semi-annual 每半年 ☐ Annual 每年 ☐ Single Payment 整付保費

* **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。

Renewal Premium Payment Method 續期保費繳付方式 (Not applicable to single premium plan 不適用於整付保費計劃)

☐ Autopay 自動轉帳 (Please complete Direct Debit Authorization 請填寫直接付款授權書) ☐ Direct billing 郵寄帳單 ☐ Premium Dump-In Facility 保費預繳措施

Premium Financing 保費融資 (Only applicable to premium-financing-eligible product 只適用於可申請保費融資之產品)

Apply Premium Financing 申請保費融資

☐ Yes 是 (If you, the policyowner, have not indicated your intention to use premium financing in the Financial Needs Analysis (FNA) Form, by checking this box, you, the policyowner, confirms that you have changed your preference after FNA was conducted and you fully understand and accept the relevant impact of the change, and are able and willing to pay for the premium for the entire premium payment term of the policy by your income/liquid asset as indicated in the FNA Form, and are aware of your obligation in repaying the loan and any associated interests and have set aside funds for repayment of such amounts. By signing the application form, the advisor also confirms that he/she has fully considered the information collected in the FNA process, explained the impact and related factors of premium financing in affordability consideration, and highlighted general associated risk regarding this arrangement to the policyowner. 如閣下（保單持有人）於財務需要分析表格上並未表示打算使用保費融資，若剔此方格即代表閣下（保單持有人）確認於財務需要分析完成後改變選擇並充分明白及接受此改變之相關影響，亦確認能夠及願意以閣下的收入及流動資產（根據財務需要分析表格所示）來支付在整個保費繳付期內的保費，及明白需償還貸款和任何相關利息的義務，並已預留資金償還該等款項。顧問簽署此投保申請書即表示顧問確認已充分考慮到財務需要分析過程中收集到的所有資料，並為閣下解釋保費融資在負擔能力考慮中的影響及相關因素，亦向閣下披露有關此安排的一般相關風險。）

☐ No 否 (If you, the policyowner, have indicated your intention to use premium financing in the FNA Form, by checking this box, you, the policyowner, confirm that you have changed your preference after FNA was conducted and you fully understand and accept the relevant impact of the change.
如閣下（保單持有人）於財務需要分析表格上表示打算使用保費融資，若剔此方格即代表閣下（保單持有人）確認於財務需要分析完成後改變選擇並充分明白及接受此改變之相關影響。）

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). 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）。

1. **If you apply for Manulife Shelter VHIS Standard Plan, Manulife First VHIS Flexi Plan, or Manulife Supreme VHIS Flexi Plan ("VHIS Basic Plans")**
   若您申請「宏利愛守護自願醫保標準計劃」、「宏利全護航自願醫保靈活計劃」或「宏利晉悅自願醫保靈活計劃」（"自願醫保基本計劃"）
   If you wish to receive a paper policy contract, please check the box below. 若你希望收到紙本保單合約，請在以下方格填上剔號。
   ☐ I would like to request a paper policy contract . 我想索取紙本保單合約。
2. **If you apply for products other than VHIS Basic Plans 若您申請自願醫保基本計劃以外的產品：**
   If you wish to receive an additional physical printed copy of the policy contract, please contact your insurance advisor.
   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。

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。

Simplified Chinese Provisions (for reference and applicable to designated products only) 簡體中文條款（只供參考及只適用於指定產品）

☐ I would like to have Simplified Chinese provision. 我想索取簡體中文條款。

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 and regular withdrawal, 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及定期提取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 II: DETAILS OF INSURANCE PLAN BEING APPLIED FOR (as shown on Proposal Summary) (CONTINUED) 第二部份：投保計劃資料（如建議書摘要上所示）（續）

20(A) If you have selected any critical illness or medical insurance product as indicated above, please indicate the type of insurance product you are seeking to purchase and the product selected to meet your insurance needs
若您已於上述選擇任何危疾或醫療保險產品，請列明您選購的保險類型和適合您保險需要的計劃

☐ **Critical Illness Insurance Product 危疾保險產品**

- ☐ **Manulife Bright Care PRO** 「活耀人生危疾保PRO」
- ☐ **ManuBright Care 2** 「活耀人生危疾保2」
- ☐ **ManuBright Care 2 Plus** 「活耀人生危疾保2（加強版）」
- ☐ **ManuLove Care** 「心愛一家保」
- ☐ **ManuVital Care** 「悠然危疾保」
- ☐ **ManuPrimo Care** 「守護無間危疾保」
- ☐ **ManuPrimo Care (BestStart)** 「守護無間危疾保（保寶未來）」
  (Please skip Part III to VII, and complete Part VIII. 請略過第三至第七部份並回答第八部份)
- ☐ **IncomeGuard Critical Illness Protector** 「宏健守護危疾入息保障」
- ☐ **IncomeShield Critical Illness Protector** 「宏伴護航危疾入息保障」
  (Please skip Part III to V, and complete Part VI's question 39, 40, 41, 43, 44 and Part VII. 請略過第三至第五部份並回答第六部份之問題 39, 40, 41, 43, 44 及第七部份)
- ☐ **Others 其他** _____

☐ **Indemnity Hospital Insurance Product 償款住院保險產品**

Non-VHIS Plans 非「自願醫保」產品：

- ☐ **ManuGuard Medical Plan** 「守護一生醫療保障計劃」
- ☐ **ManuEnrich Medical Top-up Plan** 「倍康醫療加保計劃」
- ☐ **ManuMaster HealthCare Series** 「晉領醫療保障系列」
- ☐ **ManuShine HealthCare Series**「活亮人生醫療保障系列」
- ☐ **Others 其他** _____

VHIS Plans 「自願醫保」產品：

- ☐ **Manulife Shelter VHIS Standard Plan** 「宏利愛守護自願醫保標準計劃」
- ☐ **Manulife First VHIS Flexi Plan** 「宏利全護航自願醫保靈活計劃」
- ☐ **Manulife Supreme VHIS Flexi Plan** 「宏利晉悅自願醫保靈活計劃」

Note (when VHIS plan is selected) 備註 (如選購的是「自願醫保」產品)：

Second Medical Opinion (only applicable to Manulife Supreme VHIS Flexi Plan) and International Medical Assistance/ Worldwide Emergency Assistance will be available to the proposed insured. In case you do not wish to participate in any of these services, please contact our Customer Service Hotline or your Insurance Advisor.
第二醫療意見服務（只適用於「宏利晉悅自願醫保靈活計劃」）及國際醫療援助/ 緊急醫療援助將為擬受保人提供。如閣下不願意參加任何此等服務，請聯絡我們的客戶服務熱線或你的保險顧問。

☐ **Hospital Income Product 住院現金保障產品**

- ☐ **Others 其他** _____

☐ **Outpatient Insurance Product 門診保障產品**

- ☐ **Others 其他** _____

20(B) Basic Plan - Supplementary Information 補充資料

20b(i) ☐ **ManuGuard Medical Plan**「守護一生醫療保障計劃」/ **ManuEnrich Medical Top-up Plan**「倍康醫療加保計劃」

Plan Type 計劃種類 ☐ Private 私家病房 ☐ Semi-Private 半私家病房 ☐ Ward 普通病房 ☐ Essential 基礎

Additional Benefit 額外保障 (not applicable to **ManuEnrich Medical Top-up Plan** 不適用於**倍康醫療加保計劃**)
☐ Major Medical Benefit 額外醫療保障 ☐ Major Medical Plus Benefit 特級額外醫療保障

20b(ii) ☐ **ManuMaster Healthcare Series**「晉領醫療保障系列」/ **ManuShine Healthcare Series**「活亮人生醫療保障系列」

Plan Type 計劃種類 ☐ Elite 卓越 ☐ Premier 優越

Annual Deductible 每年自付額 ☐ Nil 無 ☐ USD美元1,000 / HKD 港元8,000 ☐ USD美元2,850 / HKD 港元22,800

20b(iii) ☐ **Manulife First VHIS Flexi Plan**「宏利全護航自願醫保靈活計劃」

Plan Type 計劃種類 ☐ Private 私家房 ☐ Semi-Private 半私家房 ☐ Ward 普通房

Additional Benefit 額外保障 ☐ Major Medical 高額醫療保障 ☐ Major Medical Plus 特級高額醫療保障

20b(iv) ☐ **Manulife Supreme VHIS Flexi Plan**「宏利晉悅自願醫保靈活計劃」

Plan Type 計劃種類 ☐ Advance 精選 ☐ Smart 智選 ☐ Deluxe 優選

Annual Deductible 每年自付費 ☐ Nil 無 ☐ HKD港元8,000 (For Advance and Deluxe plan only 只適用於精選及優選計劃)
☐ HKD港元22,800 ☐ HKD港元45,000 ☐ HKD港元100,000

Other Products 其他產品

20b(v) ☐ **ManuCentury**「世紀傳承保障計劃」 ☐ To Age 100 百歲版 ☐ 100 Years 百年版

PART II: DETAILS OF INSURANCE PLAN BEING APPLIED FOR (as shown on Proposal Summary) (CONTINUED) 第二部份：投保計劃資料（如建議書摘要上所示）（續）

21. Supplementary Benefits 附加保障

21a. Life 人壽	Protection Amount 保障額
☐ **ManuTerm Benefit**「精選定期壽險附加保障」First Level Premium Period 首個水平保費期 ☐ 10 years 年 ☐ 20 years 年	
21b. Critical Illness 危疾保障	
☐ **Cancer Guard Protection Benefit**「守護安心癌症附加保障」	
☐ **Cash Assistance Benefit**「現金扶危附加保障」 ☐ Opt-Out Inflation Protector Option 不選擇通脹加保權益	
☐ **Child Care Benefit**「保寶安心兒童附加保障」	
☐ **CareGuard Critical Illness Benefit**「摯無憂危疾附加保障」 Plan Type 計劃種類 ☐ Core 基本版 ☐ Enhanced 加強版 Renewable Term 續保期 ☐ 5 Policy Years 個保單年度 ☐ 10 Policy Years 個保單年度	
21c. Accident, Disability and Others 意外、傷殘及其他	
☐ **Accidental Death Benefit**「意外死亡附加保障」 ☐ Opt-Out Riot & Civil Commotion 不包括暴亂及民眾騷動 (this option is only applicable for specific occupation 此選項只適用於指定職業)	
☐ **Take Care Personal Accident Benefit 2**「萬無一失」個人意外附加保障2 ☐ Class 類別 _____	
☐ **Premium Waiver Benefit**「傷殘豁免保費附加保障」	
☐ **Payor Benefit**「保費支付人利益附加保障」(Please complete "Application for Reinstatement/Statement of Insurability" Form U36 請填寫「保單復效申請/受保資格聲明」U36表格)	
☐ **Others 其他** _____	

21d. Medical 醫療保障

☐ **ManuGuard Medical Benefit**「守護一生醫療附加保障」

Plan Type 計劃種類 ☐ Private 私家病房 ☐ Semi-Private 半私家病房 ☐ Ward 普通病房 ☐ Essential 基礎

Additional Benefit 額外保障

☐ Major Medical Benefit 額外醫療保障 ☐ Major Medical Plus Benefit 特級額外醫療保障

☐ **ManuMaster Healthcare Benefit**「晉領醫療附加保障」/ **ManuShine Healthcare Benefit**「活亮人生醫療附加保障」

Plan Type 計劃種類 ☐ Elite 卓越 ☐ Premier 優越

Annual Deductible 每年自付額 ☐ Nil 無 ☐ USD美元1,000 / HKD 港元8,000 ☐ USD美元2,850 / HKD 港元22,800

☐ **Cancer Treatment Benefit**「癌症治療附加保障」

Plan Type 計劃種類 ☐ Private 私家病房 ☐ Semi-Private 半私家病房 ☐ Ward 普通病房

Additional Benefit 額外保障 ☐ Hospitalization and Surgery Benefit 住院及手術保障

☐ **Manulife Supreme Lite VHIS Supplementary Benefit**「宏利晉逸自願醫保附加保障」

Plan Type 計劃種類 ☐ Advance 精選 ☐ Smart 智選 ☐ Deluxe 優選

Annual Deductible 每年自付額 ☐ Nil 無 ☐ USD美元3,125/HKD港元25,000 ☐ USD美元6,250/HKD港元50,000 ☐ USD美元12,500/HKD港元100,000

Note 備註：

Second Medical Opinion and International Medical Assistance/ Worldwide Emergency Assistance will be available to the proposed insured. In case you do not wish to participate in any of these services, please contact our Customer Service Hotline or your Insurance Advisor. 第二醫療意見服務及國際醫療援助/ 緊急醫療援助將為擬受保人提供。如閣下不願意參加任何此等服務，請聯絡我們的客戶服務熱線或你的保險顧問。

☐ **Outpatient Benefit**「門診附加保障」

Applicable to ManuGuard Medical Plan/ManuGuard Medical Benefit/Manulife Shelter VHIS Standard Plan/Manulife First VHIS Flexi Plan/Manulife Supreme VHIS Flexi Plan 適用於「守護一生醫療保障計劃」/「守護一生醫療附加保障」/「宏利愛守護自願醫保標準計劃」/「宏利全護航自願醫保靈活計劃」/「宏利晉悅自願醫保靈活計劃」

☐ **Hospital Income**「住院現金」Daily Cash Benefit 每日現金 _____

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

STATEMENT FOR COLLECTION OF INFORMATION 資料收集聲明

(i) Part III, Part IV, Part V (supplementary health information only) and Part VI questions 39 collects health-related information solely for the purpose of underwriting which is a process for the Company to evaluate the health risk of the proposed insured and decide the application results. The underwriting process that the Company adopts should be fair and reasonable, and the Company should explain the application results if requested by the customers.
第三部份、第四部份、第五部份（健康資料補充）、和第六部份問題39收集與健康相關的資料僅作為核保之用途，而核保是本公司評估擬受保人之健康風險及決定申請結果的程序。本公司採用的核保程序應為公平合理，並會因應客戶要求解釋申請結果。

(ii) As the policyowner, you are required to provide the Company with complete and accurate information requested in Part III, Part IV, Part V (supplementary health information only) and Part VI questions 39 to the best of your knowledge and belief. Based on the information provided, the Company may have follow-up questions or enquiries that require you to provide further information for underwriting purpose.
作為保單持有人，閣下需要盡其所知所信，按第三部份、第四部份、第五部份（健康資料補充）、和第六部份問題39中要求向本公司提供完整及準確的資料。本公司根據閣下提供的資料，可能會提出跟進問題或查詢而需要閣下進一步提供資料以作核保之用。

(iii) If there are any changes to or updates of the information provided in Part III, Part IV, Part V (supplementary health information only) and Part VI questions 39 after the time of submission of this application and before you receive the Policy, you are required to notify the Company in a timely manner.
若閣下在提交本申請表後至閣下收到保單前的期間就第三部份、第四部份、第五部份（健康資料補充）、和第六部份問題39中提供的資料有任何改變或更新，閣下需要及早通知本公司。

(iv) Even after an insurance policy has been issued upon successful application, the insurance coverage for you may be affected or the policy may be terminated, voided or rescinded, or claims may be repudiated by the Company, if you have not provided the Company with complete and accurate information to the best of your knowledge and belief according to (ii), or if you have not notified the Company on any changes to or updates of the information in time according to (iii).
即使已成功投保並獲簽發保單，若閣下未按(ii)所述盡其所知所信向本公司提供完整及準確的資料，或未按(iii)所述就資料的任何改變或更新而及早通知本公司，閣下的保險保障可能會受到影響，本公司亦可能因此終止、作廢或撤銷有關保單，或拒絕賠償。

If you apply for VHIS Products*: 如閣下申請自願醫保計劃產品*：

- In respect of Part III and IV, please complete Question No. 22 to 37. 關於第三和第四部份，請填寫題號22至37。

If you apply for plans other than VHIS Products*: 如閣下申請的計劃並非自願醫保計劃產品*：

- In respect of Part III to V, please complete Question No. 22 to 38. 關於第三至第五部份，請填寫題號22至38。

* "VHIS Products" include Manulife Shelter VHIS Standard Plan, Manulife First VHIS Flexi Plan, Manulife Supreme VHIS Flexi Plan and Manulife Supreme Lite VHIS Supplementary Benefit.「自願醫保計劃產品」包括「宏利愛守護自願醫保標準計劃」、「宏利全護航自願醫保靈活計劃」、「宏利晉悅自願醫保靈活計劃」和「宏利晉逸自願醫保附加保障」。

Remark: If you apply for plans other than VHIS Products, and proposed insured arranged medical exam, please cross out Part III to Part V. 備註：如閣下申請的計劃並非自願醫保計劃產品，而擬受保人已安排身體檢查：請刪去第三部份至第五部份。

PART III: GENERAL INFORMATION OF PROPOSED INSURED 第三部份：擬受保人的基本資料

22. Height 身高：_____ cm 厘米 | Weight 體重：_____ kg 公斤

Please "✓" the appropriate boxes. 請在適當方格上填上「✓」		**NO 否**	**YES 是**
23. Smoking habit 吸煙習慣 Do you smoke or have you smoked in the last 12 months? 閣下有沒有吸煙或在過去十二個月內曾否吸煙？ For the purpose of this question, the meaning of "smoking" includes but is not limited to cigarettes, cigars, tobacco pipes, chewing tobacco and the use of nicotine replacement products (such as e-cigarettes)「吸煙」在此問題的含義包括但不限於香煙、雪茄、煙斗、嚼煙及使用尼古丁補充劑產品（例如電子煙）。	23	☐	☐

If the answer to question 23 is "Yes", please state your smoking habit(s): 若問題23之答案為「是」者，請描述閣下的吸煙習慣：

- ☐ Cigarettes 香煙 Up to 30 sticks **per day 每日**不超過30支
- ☐ Cigarettes 香煙 More than 30 sticks **per day 每日**30支以上
- ☐ Cigars 雪茄 1 stick or below **per month 每月**一支或以下
- ☐ Cigars 雪茄 More than 1 stick **per month 每月**超過一支
- ☐ Tobacco pipes, chewing tobacco and the use of nicotine replacement products (such as e-cigarettes) 煙斗、嚼煙及使用尼古丁補充劑產品（例如電子煙）

24. Alcohol consumption 飲酒 In the last 12 months, on average do you drink alcoholic beverage for more than 3 times in a week? 在過去十二個月內，閣下是否平均每週飲用酒精飲品超過三次？	24	☐	☐

If the answer to question 24 is "Yes", please provide your drinking habit(s) in below box: 若問題24之答案為「是」者，請於下表提供閣下的飲酒習慣：

	Type of alcoholic beverage 酒精飲品種類	**Frequency and quantity of consumption 頻密度及飲用份量 (Average per week 每週平均)**
☐	Regular Beer 啤酒	_____ can(s) (360ml per can) 罐（每罐360毫升）
☐	Table Wine 餐酒	_____ glass(es) (150ml per glass) 杯（每杯150毫升）
☐	Chinese Wine 中國酒	_____ glass(es) (45ml per glass) 杯（每杯45毫升）
☐	Spirit (e.g. Brandy, Vodka) 烈酒（例如：白蘭地、伏特加）	_____ tot(s) (30ml per tot) 小杯（每杯30毫升）
☐	Other 其他： Type 種類：_____	_____ ml 毫升

PART III: GENERAL INFORMATION OF PROPOSED INSURED (CONTINUED) 第三部份：擬受保人的基本資料（續）

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

		NO 否	YES 是
25. At your best knowledge, have any of your parents or siblings by blood been diagnosed with any of the following diseases or medical conditions at or before age 60 : 就您所知，閣下的親生父母或兄弟姊妹曾否於六十歲或以前被確診下列疾病或健康狀況：			
a. Cancer 癌症	25a	☐	☐
b. Coronary heart disease 冠心病	25b	☐	☐
c. Diabetes mellitus 糖尿病	25c	☐	☐
d. Motor neuron disease 運動神經元疾病	25d	☐	☐
e. Multiple sclerosis 多發性硬化症	25e	☐	☐
f. Stroke 中風	25f	☐	☐
g. Parkinson's disease 柏金遜症	25g	☐	☐
h. Hereditary diseases - including cystic fibrosis, familial adenomatous polyposis, Alzheimer's disease, familial cardiomyopathy, inherited blood disorders (hemophilia, thalassemia, sickle cell disease), muscular dystrophy, polycystic kidney disease or Huntington's disease. 遺傳病 - 包括囊性纖維化、家族性大腸腺息肉病、亞茲海默氏症、家族性心肌病、遺傳性血病（血友病、地中海貧血、鐮刀型貧血）、肌肉萎縮症、多囊性腎病或亨丁頓舞蹈症。	25h	☐	☐

26. If the answer to question 25 is "Yes", please provide additional information in below table. 若問題25之答案為「是」者，請於下表提供更多資料。

Family member 親屬	Disease 疾病	Onset age of disease 發病年齡			
Father 父親		☐ Age at or below 30 30歲或以下	☐ Age 歲 31-40	☐ Age 歲 41-50	☐ Age 歲 51-60
Mother 母親		☐ Age at or below 30 30歲或以下	☐ Age 歲 31-40	☐ Age 歲 41-50	☐ Age 歲 51-60
Brothers 兄弟		☐ Age at or below 30 30歲或以下	☐ Age 歲 31-40	☐ Age 歲 41-50	☐ Age 歲 51-60
		☐ Age at or below 30 30歲或以下	☐ Age 歲 31-40	☐ Age 歲 41-50	☐ Age 歲 51-60
Sisters 姊妹		☐ Age at or below 30 30歲或以下	☐ Age 歲 31-40	☐ Age 歲 41-50	☐ Age 歲 51-60
		☐ Age at or below 30 30歲或以下	☐ Age 歲 31-40	☐ Age 歲 41-50	☐ Age 歲 51-60

27. Taking of drugs not prescribed by doctors 服用未經醫生處方之藥物 In the **last 5 years**, have you used any drugs (excluding dietary supplements) which are not prescribed by doctors (including habit-forming or recreational drugs such as cocaine, ecstasy, heroin, methadone, anabolic steroids) for a continuous period of more than one (1) month? 在**過去五年**內，閣下曾否持續超過一個月使用未經醫生處方之藥物（包括成癮性或消遣性藥物，例如可卡因、興奮劑、海洛英、美沙酮、同化性類固醇；惟不包括營養補充品）？	27	☐	☐

If the answer to question 27 is "Yes", please give information requested in below box: 若問題27之答案為「是」者，請提供下表所要求的資料：

Type of drugs 藥物種類	Frequency and quantity of consumption 用藥頻密度及份量	Duration of consumption 用藥持續時間

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

Note for Policyowner/Proposed Insured: Questions of this Part IV do not require the Policyowner/Proposed Insured to disclose information regarding the medical conditions or treatments below –
保單持有人/ 擬受保人須知：無需於第四部份問題披露以下健康狀況或治療 –

Cold / flu / sore throat, gastroenteritis/food poisoning (fully recovered), indigestions (no investigations required), acne, muscle sprained (fully recovered), thrush, routine scan / blood test for pregnancy (normal result), routine cervical smear (normal result), routine health check (normal result), preventive vaccination, Hormonal Replacement Therapy (menopause), infertility treatment or uncomplicated pregnancy, myopia / hyperopia / astigmatism / presbyopia.
傷風/ 感冒/ 喉嚨痛、腸胃炎/ 食物中毒（已痊癒）、消化不良（無需檢查）、痤瘡、肌肉扭傷（已痊癒）、鵝口瘡、常規產前掃描/ 血液檢驗（檢驗結果正常）、常規子宮頸細胞塗片檢驗（檢驗結果正常）、常規健康檢查（檢查結果正常）、預防疫苗、荷爾蒙補充治療（更年期）、不育治療或胎兒生長情況正常的懷孕、近視/ 遠視/ 散光/ 老花。

If your answer to any of the questions 28-35 below is "Yes", please proceed to answer the relevant follow-up questions in Supplementary Health Information.
若以下第 28 至 35 項任何一項問題之答案為「是」者，請於健康資料補充回答相關的跟進問題。

Please "✓" the appropriate boxes. 請在適當方格上填上「✓」		**NO 否**	**YES 是**
28. Have you ever been diagnosed with any of the following diseases or medical conditions? 閣下是否曾被確診下列疾病或健康狀況？			
a. Cancer or carcinoma in situ 癌症或原位癌	28a	☐	☐
b. Brain tumor 腦部腫瘤	28b	☐	☐
c. Heart disease 心臟疾病	28c	☐	☐
d. Stroke (including transient ischemic attack (TIA)) 中風（包括短暫性腦缺血，俗稱「小中風」）	28d	☐	☐
e. Hypertension 高血壓	28e	☐	☐
f. Diabetes mellitus or impaired glucose tolerance 糖尿病或葡萄糖耐量異常	28f	☐	☐
g. Kidney disease 腎病	28g	☐	☐
h. Prolapsed intervertebral disc or degenerative spine conditions 椎間盤突出或脊椎退化性疾病	28h	☐	☐
i. Diseases or medical conditions requiring a medical device or prosthesis to be implanted within the body 需要植入醫療儀器或義肢的疾病或健康狀況	28i	☐	☐
j. Human immunodeficiency virus ("HIV") infection 人體免疫力缺乏病毒（愛滋病病毒）感染	28j	☐	☐
k. Congenital conditions (medical, physical or mental abnormalities that existed at the time of or before birth) 先天性疾病（指於出生時或之前已存在的醫學、生理或精神上的異常）	28k	☐	☐
l. Physical defects, impairments, deformities, and / or conditions affecting mobility, sight, speech or hearing 身體缺陷、不健全、畸形，及/ 或影響活動能力、視力、說話能力或聽力的狀況	28l	☐	☐
m. Mental health conditions (such as depression, anxiety, schizophrenia, eating disorders, or bipolar disorders) 精神健康狀況（例如抑鬱、焦慮、精神分裂、飲食失調或躁狂抑鬱症）	28m	☐	☐
n. Hypercholesterolemia or Hyperlipidemia 高膽固醇症或高血脂症	28n	☐	☐
o. Liver disorder (such as hepatitis B or hepatitis C (including tested positive), fatty liver or cirrhosis of liver) 肝臟疾病（例如乙型或丙型肝炎（包括測試呈陽性反應）、脂肪肝或肝硬化）	28o	☐	☐
p. Multiple sclerosis 多發性硬化症	28p	☐	☐
29. Do you currently have any of the following diseases or medical conditions? 閣下目前是否患有下列疾病或健康狀況？			
a. Hernia 疝氣（俗稱「小腸氣」）	29a	☐	☐
b. Breast lesion (tumour/mass/lump/cyst/nodule/growth) 乳房病變（腫瘤/ 硬塊/ 腫塊/ 囊腫/ 結節/ 增生）	29b	☐	☐
c. Uterine or ovarian lesion (tumour/mass/lump/cyst/polyp/nodule/growth) 子宮或卵巢病變（腫瘤/ 硬塊/ 腫塊/ 囊腫/ 瘜肉/ 結節/ 增生）	29c	☐	☐
d. Benign prostatic hypertrophy 良性前列腺肥大	29d	☐	☐
e. Gall bladder stone or urinary stone (renal stone, ureteric stones or urinary bladder stone) 膽結石或泌尿道結石（腎結石、輸尿管結石或膀胱結石）	29e	☐	☐
f. Cataract, glaucoma or retinopathy 白內障、青光眼或視網膜病變	29f	☐	☐
g. Arthritis or other joint disorder 關節炎或其他關節疾病	29g	☐	☐

PART IV: HEALTH INFORMATION OF PROPOSED INSURED (CONTINUED) 第四部份：擬受保人的健康資料（續）

Please "✓" the appropriate boxes. 請在適當方格上填上「✓」		NO 否	YES 是
30. In the **last 5 years**, have you ever had or been advised to have any regular or ongoing (such as monthly, every 2 months, half yearly, annually) follow-up consultations or medical care with a healthcare professional (such as specialist doctor,physiotherapist, psychiatrist) for any disease or medical condition? 在**過去五年**內，閣下是否曾經或被建議定期或持續（例如每月、每兩個月、每半年、每年）為任何疾病或健康狀況接受專業醫護人員（例如專科醫生、物理治療師、精神科醫生）的跟進診治或醫療護理？	30	☐	☐
31. In the **last 5 years,** have you been advised by your doctor to take any medications (such as to be taken daily/once per week/as needed as directed by doctor) for a continuous period of more than one (1) month ? 在**過去五年**內，閣下是否曾被醫生建議定期（例如按醫生指示每日/ 每週一次/ 有需要時）服用為期超過一個月的時間的處方藥物？	31	☐	☐
32. In the **last 5 years**, have you been admitted into a hospital? 在**過去五年**內，閣下是否曾入住醫院？	32	☐	☐
33. In the **last 5 years,** have you undergone a surgical procedure (including endoscopy or biopsy) without being admitted into a hospital? 在**過去五年**內，閣下是否曾在非住院情況下接受外科程序（包括內窺鏡檢查或活組織化驗）？	33	☐	☐
34. In the **last 5 years**, have you ever had or been advised to undergo investigations (such as blood or urine test, ECG, X-ray, ultrasound, CT scan, MRI, PET scan, HIV test, Hepatitis B test, Hepatitis C test)? 在**過去五年**內，閣下是否曾接受或曾被建議接受檢查（例如驗血、驗尿、心電圖、X光、超聲波、電腦掃描、磁力共振、正電子掃描、愛滋病測試、乙型肝炎測試、丙型肝炎測試）？	34	☐	☐
If the answer to question 34 is "Yes", do your investigation result(s) include the followings? 若問題34之答案為「是」者，閣下的檢查結果是否包括下列情況？			
a. Normal test result is advised 檢驗結果正常	34a	☐	☐
b. Abnormal test result is advised 檢驗結果異常	34b	☐	☐
c. You are still awaiting test/test result 閣下正等候檢驗或檢驗結果	34c	☐	☐
d. Test result is inconclusive or uncertain (retesting or follow up test is required) 檢驗結果為無定論或不確定（需要重新或進一步檢驗）	34d	☐	☐
e. Medical advice has been sought or treatment is required for the test result (such as liver cyst/brain cyst/joint degeneration or calcification/lung or breast or thyroid calcification discovered on imaging test, that may not require immediate treatment) 就檢驗結果已尋求醫療意見或需要接受治療（例如一些未必需要即時治療的情況如肝囊腫/ 腦囊腫/ 關節退化或鈣化/ 於成像檢測中發現肺部或乳房或甲狀腺出現鈣化）	34e	☐	☐
35. Apart from anything you have already disclosed in Questions 28 - 34, do you have any of the following conditions? 除了閣下在第28至34項問題中已披露的資料外，閣下是否有下列情況?			
a. Unintentional weight loss by more than 5 kg (11 lbs) over **past 12 months** 在**過去十二個月**內，體重無故地減少了5 公斤（11 磅）以上	35a	☐	☐
b. Abnormal bleeding (such as vaginal bleeding, rectal bleeding, nose bleeding or coughing up of blood) for at least one month 不正常出血（例如陰道出血、便血、流鼻血或咳血）至少一個月	35b	☐	☐
c. In the **last 12 months**, you had or have been required to have follow-up consultation with a healthcare professional (such as specialist doctor, physiotherapist, psychiatrist) for any medical condition or sign and symptom 在**過去十二個月**內，閣下有任何健康狀況或病徵及症狀曾經接受或需要接受專業醫護人員（例如專科醫生、物理治療師、精神科醫生）的跟進診治	35c	☐	☐
d. Other medical conditions or sign and symptom (such as lump, headache, persistent coughing, chest pain or epigastric pain) that you are seeking or intend to seek medical advice 其他健康狀況或病徵及症狀（例如腫塊、頭痛、持續咳嗽、胸痛或上腹痛）而正在或打算尋求醫療意見	35d	☐	☐
36. **[For Proposed Insured aged 2 or below only 只適用於兩歲或以下之擬受保人]** Was the proposed insured born before 37th week of pregnancy and/or born with body weight less than 2.5 kg (5.5 lbs)? 擬受保人是否於懷孕第37 週前出生，及/ 或出生時體重少於2.5 公斤（5.5 磅）？	36	☐	☐

37. If the answer to question 36 is "Yes" , please provide additional information as applicable –
若問題36之答案為「是」者，請在適用的問題提供更多資料 –

(a) At which week of pregnancy was the proposed insured born? 擬受保人在孕期哪一週出生？

- ☐ Less than 少於 28 weeks 週
- ☐ 28 – 31 weeks 週
- ☐ 32 – 37 weeks 週
- ☐ More than 多於37 weeks 週

(b) Body weight at birth 出生時體重

- ☐ Less than 少於 1.00 kg 公斤
- ☐ 1.00 – 1.49 kg 公斤
- ☐ 1.50 – 2.49 kg 公斤
- ☐ More than 多於 2.49 kg 公斤

PART V: ADDITIONAL HEALTH INFORMATION OF PROPOSED INSURED 第五部份：擬受保人的附加健康資料

Question 38 should be answered only If you apply for plans other than VHIS Products (including basic plans and supplementary benefit).
只有在閣下申請的計劃並非自願醫保計劃產品（包括基本計劃和附加保障），才需回答題號38。

If your answer to any of the questions 38 below is "Yes", please proceed to answer the relevant follow-up questions in Supplementary Health Information.
若以下第 38 項任何一項問題之答案為「是」者，請於健康資料補充回答相關的跟進問題。

Please "✓" the appropriate boxes. 請在適當方格上填上「✓」		**NO 否**	**YES 是**
38. Have you ever suffered from, been treated for, or had any signs or symptoms of the following disease(s) or disorder(s): 閣下曾否患有以下疾病或機能失調，出現相關病徵，或因此接受治療：			
a. Any tumour, mass, cyst, nodule, polyp, lump, growth, or abnormal swelling? 任何腫瘤、硬塊、囊腫、結節、瘜肉、腫塊、增生或不正常腫脹？	38a	☐	☐
b. Disease of Musculoskeletal system or skin disorder? 骨骼肌肉系統或皮膚疾病?	38b	☐	☐
c. Blood disorder, such as anaemia, haemophilia, myelodysplastic syndrome? 血液失調，例如：貧血、血友病、骨髓增生異常綜合症?	38c	☐	☐
d. Thyroid disorders or other endocrine disease? 甲狀腺或其他內分泌系統疾病?	38d	☐	☐
e. Enlarged lymph node, lymph gland or any lymphatic disorder? 淋巴結或淋巴腺腫大或淋巴系統疾病?	38e	☐	☐
f. Nervous system disorder or brain disorder such as seizure or epilepsy, paralysis, aneurysm, arteriovenous malformation (AVM), Autism? 神經系統或腦部疾病，例如：抽搐發作或癲癇、癱瘓、動脈瘤、腦動靜脈畸形、自閉症？	38f	☐	☐
g. Respiratory disease such as: asthma, bronchitis, Chronic obstructive pulmonary disease (COPD), Obstructive Sleep Apnea? 呼吸系統疾病，例如：哮喘、支氣管炎、慢性阻塞性肺疾病、阻塞性睡眠窒息症？	38g	☐	☐
h. Digestive system disorder such as gastroesophageal reflux disease, gastritis, haemorhoid? 消化系統疾病，例如：胃食管反流病、胃炎、痔瘡？	38h	☐	☐
[To be completed for Female Proposed Insured with age 12 or above. 只適用於 12 歲或以上的女性擬受保人。]			
i. Disease involved any female organ such as breast, ovary, cervix, uterus (e.g. menstrual disorder, abnormal pap smear) 任何涉及女性器官的疾病，如乳房、卵巢、子宮頸、子宮（例如月經失調、柏氏抹片檢查異常）	38i	☐	☐
[To be completed for Male Proposed Insured with age 18 or above. 只適用於 18 歲或以上的男性擬受保人。]			
j. Disease involved any male organ such as prostate, scrotum, testicle (e.g. prostate enlargement, elevated prostate specific antigen (PSA)) 任何涉及男性器官的疾病，如前列腺、陰囊、睾丸（例如前列腺肥大、前列腺特異性抗原升高）	38j	☐	☐
[To be completed for Proposed Insured under age 5. 只適用於 5 歲以下的擬受保人。]			
k. Slow physical or mental development issues, Attention Deficit / Hyperactivity Disorder (ADHD), Down's Syndrome or Tourette Syndrome? 身體或智能發展遲緩的跡象、專注力不足/ 過度活躍症、唐氏綜合症或妥瑞症?	38k	☐	☐

PART V: ADDITIONAL HEALTH INFORMATION OF PROPOSED INSURED (CONTINUED) 第五部份：擬受保人的附加健康資料（續）

Supplementary Health Information 健康資料補充

- If the answer to any of the questions 28-37 and 38 (Additional health information) is "Yes", please provide additional information as applicable –
  若第 28 - 37 項和第 38 項（附加健康資料）任何一項問題之答案為「是」者，請在適用的問題提供更多資料 –
- Please provide information as detailed as possible (e.g. provide year and month if exact date could not be recalled) for the sake of fair assessment in underwriting.
  請盡量提供齊全資料（例如在未能回憶確實日期的情況下提供年份及月份）以便作出公平核保決定。

Question No. 題號.	Disease / medical condition / sign and symptom 疾病/ 健康狀況/ 病徵及症狀	Date of first occurrence of sign and symptom 首次出現病徵及症狀的日期	(a) Treatment / investigations / tests / scans that have been performed 已進行的治療/ 檢查/ 測試/ 掃描 (b) Date of such treatment / investigation / tests / scan 有關治療/ 檢查/ 測試/ 掃描日期	Present condition (such as whether fully recovered, follow up action / medication / next follow up date) 現況（例如是否已完全康復、有否跟進/ 服用跟進藥物/ 下次覆診日期)	Date of last follow-up medical consultation / treatment 最後覆診/ 治療日期	Name of doctor who treated the disease / sickness / medical condition / sign and symptom 治療有關疾病/ 不適/ 健康狀況/ 病徵及症狀的醫生姓名

PART VI: OTHER INFORMATION OF PROPOSED INSURED 第六部份：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
39. 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）？	39a	☐	☐
(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）	39b	☐	☐

If the answer to any of the questions 39a - 39b is "Yes", please state your activity habit: 若第39a至39b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

40. 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」。	40	☐	☐

41. Special Request 特別指示

Question 42-44 should be answered only if you apply for plans other than VHIS Products (including basic plans and supplementary benefit).
只有在閣下申請的計劃並非自願醫保計劃產品（包括基本計劃和附加保障），才需回答題號42-44。

Please "✓" the appropriate boxes. 請在適當方格上填上「✓」		NO 否	YES 是
42. 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？	42	☐	☐
If answer is "YES" , please give full details. 如答案為「是」，請提供詳情。			
43. 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)	43	☐	☐

If the answer to question 43 is "Yes", please provide details in below box : 若問題43之答案為「是」者，請於下表提供詳情：

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）_____

PART VI: OTHER INFORMATION OF PROPOSED INSURED (CONTINUED) 第六部份：擬受保人的其他資料（續）

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

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。

eTIA

		NO 否	YES 是
44. 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？	44a	☐	☐
(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？	44b	☐	☐

PART VII: UNDERWRITING QUESTIONS FOR PROPOSED INSURED 第七部份：擬受保人的核保問題

(The below section is only applicable to IncomeShield Critical Illness Protector 以下部份僅供「宏伴護航危疾入息保障」申請者使用)

Note for Policyowner/Proposed Insured: Questions of this Part VII do not require the Policyowner/Proposed Insured to disclose information regarding the medical conditions or treatments below – 保單持有人/ 擬受保人須知：無需於第七部份問題披露以下健康狀況或治療 –

- Cold/flu/sore throat/influenza, one or single episode of pneumonia, fever for less than 3 days 傷風/ 感冒/ 喉嚨痛/ 流感，1 次或單次發作的肺炎，少於 3 天的發燒
- Indigestions, gastroenteritis/food poisoning (fully recovered and without any endoscopy or other procedure), hernia, appendicitis or appendectomy 消化不良，腸胃炎/ 食物中毒（完全康復及沒有任何內窺鏡或其他醫療程序），疝氣，闌尾炎或闌尾切除術
- One or single episode of urinary tract infection 1 次或單次發作的尿道感染
- Autism spectrum disorders, attention deficit hyperactivity disorder , depressive disorders 自閉症譜系障礙，注意力缺陷過動障礙，憂鬱症
- Degenerative disk disease, herniated disk , fractures without complications (excluding the fracture of skull or spine), trigger finger, carpal tunnel syndrome, ganglion, muscle sprain or sprained wrists or ankles, ingrown toenail, bunion, bony spur, clubfoot/plantar fasciitis, skin complaints (excluding skin cancer or psoriasis) 退化性椎間盤疾病、椎間盤突出，沒有併發症的骨折（不包括顱骨或脊柱骨折），扳機指，腕管綜合症，腱鞘囊腫，肌肉扭傷或扭傷手腕或腳踝，腳趾嵌甲，腳趾囊腫、骨刺，馬蹄內翻足/ 足底筋膜炎，皮膚病（不包括皮膚癌或牛皮癬）
- Infertility treatment or uncomplicated pregnancy, abortion/miscarriage (without complication), tubal ligation/vasectomy or sterilization, circumcision, hormonal replacement therapy (menopause) 不育治療或胎兒生長情況正常的懷孕，墮胎/ 流產（無併發症），輸卵管結紮術/ 輸精管結紮術或絕育，包皮環切術，荷爾蒙補充治療（更年期）
- Chalazion, myopia/hyperopia/astigmatism/presbyopia, refractive eye surgeries such as Lasik, dental treatment, thrush, adenitis or adenoidectomy, tonsillitis or tonsillectomy, deviated nasal septum, one or single episode of nosebleed 霰粒腫，近視/ 遠視/ 散光/ 老花，屈光眼科手術，例如角膜切割激光矯視手術，牙齒治療，鵝口瘡，腺炎或腺樣體切除術，扁桃體炎或扁桃體切除術，鼻中隔彎曲，1次或單次鼻出血
- Cosmetic surgery (excluding surgery for obesity or breast augmentation) 整容手術（不包括因肥胖而進行的手術或乳房整形手術）

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

		NO 否	YES 是
45. Have you ever been diagnosed with any one of the following diseases? 閣下是否曾被確診下列疾病？			
(a) cancer or carcinoma-in-situ, leukaemia and other blood tumours, heart disease* or undergone heart surgery (including angioplasty), stroke (including transient ischemic attack (TIA)), diabetes mellitus with the latest HbA1c level in the last 12 months being above 7, or for which hospitalization or regular injection was ever required, or with complications related to diabetes mellitus (including retinopathy, diabetic foot conditions, and diabetic neuropathy), liver cirrhosis, hepatitis B (including carrier, only if you have been advised to take medication or admitted into any hospital) or hepatitis C (including carrier), kidney failure or advised for dialysis, human immunodeficiency virus (HIV) infection, AIDS, AIDS-related complications or conditions 癌症或原位癌、白血病及其他血液腫瘤，心臟疾病*或接受心臟手術（包括血管成形術/ 通波仔），中風（包括短暫性腦缺血，俗稱「小中風」），糖尿病並在過去12個月內最新的糖化血紅素 (HbA1c) 水平高於7，或曾經需要住院或定期注射，或伴有糖尿病相關併發症（包括糖尿病視網膜病變、糖尿病足部疾病及糖尿病腎病），肝硬化、乙型肝炎（包括帶菌者，僅適用於已被建議服藥或入院）或丙型肝炎（包括帶菌者），腎衰竭或被建議進行血液透析，人類免疫力缺乏症病毒感染、愛滋病，愛滋病相關的併發症或狀況 * Heart disease includes angina, myocardial infarction, coronary artery disease, heart failure, cardiomyopathy, heart valve diseases, aorta diseases, heart defects, heart rhythm abnormalities (including arrhythmia), congenital heart disease and/or other heart diseases. 心臟疾病包括心絞痛、心肌梗塞、冠狀動脈疾病、心臟衰竭、心肌病、心瓣膜疾病、主動脈疾病、心臟缺陷、心律異常（包括心律不正），先天性心臟病及/ 或其他心臟疾病。	45a	☐	☐
(b) Tumour, mass, nodules, lump, polyp, cyst for which doctor has advised repeat examination or follow-up medical consultation within 12 months from the last consultation 腫瘤、硬塊、結節、腫塊、瘜肉、囊腫，並被醫生建議在上次就診後的12個月內進行複檢或跟進診治 If answer to question 45b is "Yes", please provide the site of the Tumour/Cyst. 若問題45b之答案為「是」者，請提供腫瘤/ 囊腫的位置。 ☐ Breast 乳房 ☐ Lung 肺部 ☐ Colon 腸 ☐ Thyroid 甲狀腺 ☐ Other Parts 其他部位	45b	☐	☐
46. For conditions you have answered "Yes" in question 45b, you don't need to disclose details below. 如於問題45b回答「是」，無須就相關健康狀況於下列問題重複披露。 In the past 2 years, have you: 在過去2年內，閣下是否：			
(a) been advised to undergo any surgery (including day case procedures) 曾被建議接受任何手術（包括日間手術） i. but the surgery was not completed yet; or 手術尚未完成；或 ii. the surgery was completed, and follow-up medical consultation(s) is/are required within 12 months from the last consultation 手術已完成，並且需要在上次就診後的12個月內覆診	46a	☐	☐
(b) had any tests^ below with abnormal findings (including health checkup or regular checkup) for which the medical advice recommended further investigation, or follow-up medical consultations within 12 months from examination/consultation dates? 曾進行過任何以下檢查^（包括健康檢查或常規檢查）並發現異常，而醫療建議進一步檢查，或在檢查或就診後的12個月內跟進診治 ^ *Tests include fecal occult blood, X-Ray, ultrasound, endoscopy, MRI, MRA, CT scan, PET scan, PET-CT scan, Mammogram, ECG , Holter, ECHO, Coronary Angiogram, treadmill ECG, stress test (including stress echocardiogram and nuclear stress test), tumor marker, urine test, histopathology, cytology, biopsy. ^檢查包括：大便隱血測試、X光、超聲波、內窺鏡檢查、磁力共振（MRI）、磁力共振血管造影（MRA）、電腦掃描(CT scan)、正電子掃描(PET scan)、正電子電腦掃描(PET-CT scan)、乳房造影、心電圖(ECG)、霍爾特監測/ 24小時心電圖（Holter)、心臟超聲波，血管造影，運動/ 平板心電圖, 負荷測試（包括負荷超聲心動圖，核素心臟負荷試驗），癌症指數/ 腫瘤標記、驗尿、病理化驗，細胞學檢查、活組織化驗*	46b	☐	☐

PART VII: UNDERWRITING QUESTIONS FOR PROPOSED INSURED (CONTINUED) 第七部份：擬受保人的核保問題（續）

(The below section is only applicable to IncomeShield Critical Illness Protector 以下部份僅供「宏伴護航危疾入息保障」申請者使用）

Please "✓" the appropriate boxes. 請在適當方格上填上「✓」		NO 否	YES 是
47. In the last 6 months, did you have other sign or symptoms (other than the specific medical conditions below#) for which you intend to seek medical advice or are still under medical consultation(s) or investigation, for example? 在過去6個月內，閣下是否有任何其他病徵或症狀（指定健康狀況#以外的病徵或症狀），而打算尋求醫療建議或正在接受診治或檢查，例如： Unexplained and sustained weight loss of more than 5 kilograms, abnormal bleeding (including repeated nose bleeding, repeated subcutaneous bleeding, vaginal bleeding, blood in stool, urine, sputum, nasal secretions, etc.), shortness of breath, enlarged lymph nodes or repeated skin ulcers, chest pain, epigastric pain or abdominal pain, repeated headache, faint or convulsions, any other signs or symptoms 體重持續且無故減少了超過5公斤，不正常出血（包括反覆流鼻血、反覆皮下出血、陰道出血、便血、血尿、痰及鼻涕有血等），呼吸急促，淋巴結腫大或反覆皮膚潰瘍，胸痛，上腹痛或腹痛，反覆頭痛、頭暈或抽搐，其他病徵或症狀 # Specific medical conditions: hypertension, hypercholesterolemia and/or hyperlipidemia, prediabetes (including impaired glucose tolerance and impaired fasting glucose), gout, Rheumatoid arthritis, anemia, thyroid function diseases(including hyperthyroidism and hypothyroidism), asthma, conditions you have answered "yes" in 45b 指定健康狀況：高血壓，高膽固醇血症和/ 或高脂血症，糖尿病前期（包括糖耐量受損和空腹血糖受損），痛風，類風濕關節炎，貧血，甲狀腺功能疾病（包括甲狀腺功能亢進症和甲狀腺功能減退症），哮喘，於問題45b回答「是」的病徵或症狀	47	☐	☐

PART VIII: UNDERWRITING QUESTIONS FOR PROPOSED INSURED 第八部份：擬受保人的核保問題

(The below section is only applicable to ManuPrimo Care (BestStart) 以下部份僅供守護無間危疾保（保寶未來）申請者使用）

Note: The Proposed Insured (i.e. the expectant mother) will be the life insured of the policy prior to the childbirth. Upon childbirth, subject to the Company's receipt of acceptable proof of the childbirth 14 days before the first policy anniversary, the newborn child will be the life insured of the policy. Upon receipt of the acceptable proof of childbirth, the Company will issue an endorsement in relation to the change of the life insured of the policy to the newborn child. For Proposed Insured who is carrying two fetuses, an application of "ManuPrimo Care (BestStart)" policy with same Notional Amount will be made in respect of each fetus where the answers regarding the medical information of the fetus are based on both fetuses instead of just one. If the Proposed Insured is carrying more than two fetuses, the policy application will not be accepted. 註：於嬰孩出生前，保單的受保人將為擬受保人（即孕婦）。於嬰孩出生後，在本公司於第1個保單周年日之前的14天前收妥認可出生證明的情況下，新生嬰孩將成為保單的受保人。當本公司收到認可出生證明，將簽發一份有關此保單的受保人變更為新生嬰孩的批註。若擬受保人同時懷有兩個胎兒，申請人須就每個胎兒各自申請一份相同名義金額的「守護無間危疾保（保寶未來）」保單，而擬受保人對於胎兒的健康資料申報是根據兩個胎兒的狀況（而不是其中一個）。若擬受保人懷有多於兩個胎兒，此保單申請將不被接納。

Part A 甲部

48. Have all the conditions stated below been fulfilled by you and/or the Proposed Insured? 擬受保人及/ 或您是否已完全符合下述的各項條件？
***If any of the below conditions are not completely fulfilled, this policy application will not be accepted. 若下述的所有條件未能完全符合，本保單申請將不被接納。**

1) The Proposed Insured is a female who is pregnant and carries the fetus for herself on the date of application of the policy, who will become the legal mother of the child following live birth; the Proposed Insured is now at 22 weeks of pregnancy or more; the Proposed Insured is not carrying more than two fetuses. 擬受保人是於投保當天已經懷孕及懷有自己胎兒的女性並將在出生後成為該嬰孩的合法母親；擬受保人現已懷孕22週或以上；擬受保人並沒有懷有兩個以上的胎兒。
2) The Proposed Insured's pregnancy is NOT by a surrogate mother. 擬受保人的懷孕並非由代母進行。
3) The Proposed Insured's pregnancy is NOT via oocyte cryopreservation or In Vitro Fertilization (IVF) where such egg does not come from the Proposed Insured. 擬受保人的懷孕並非通過卵子冷凍保存或體外受精(IVF)進行，而該卵子並非來自擬受保人。
4) The Proposed Insured is residing and living in Hong Kong, Macau, Mainland China (Exclude Tibet & Xinjiang), Taiwan, Singapore, Malaysia, South Korea, Japan, Australia, New Zealand, Canada, USA, France, Germany, Italy, Portugal or United Kingdom or shall reside and live in the aforesaid country(ies)/city(ies) for over 6 months a year. 擬受保人現居於香港、澳門、中國內地（西藏及新疆除外）、台灣、新加坡、馬來西亞、南韓、日本、澳洲、紐西蘭、加拿大、美國、法國、德國、意大利、葡萄牙或英國或會於上述國家/ 地區每年居住6個月以上。

☐ **I/we hereby declare that I/we have fulfilled all the conditions stated above. 本人/ 吾等在此聲明本人/ 吾等完全符合上述的所有條件。**

☐ **I/we hereby declare that I/we <u>do not</u> completely fulfil conditions stated above*. 本人/ 吾等在此聲明本人/ 吾等<u>未能完全</u>符合上述的所有條件*。**

Part B 乙部		NO 否	YES 是
49. Has the proposed insured ever been diagnosed with or had any indication or symptoms of cancer, stroke, heart disease (including coronary artery disease, cardiomyopathy, and heart valve disease), any history of high blood pressure prior to pregnancy, diabetes, hyperthyroidism or hypothyroidism, chronic nephritis or renal failure, chronic hepatitis (including hepatitis B and C), Human Immunodeficiency Virus (HIV) infection or depression? 擬受保人曾否被診斷患有以下疾病或出現任何相關跡像或病徵：癌症、中風、心臟疾病（包括冠狀動脈疾病、心肌病及心瓣膜疾病）、任何孕前高血壓病史、糖尿病、甲狀腺功能亢進症或甲狀腺功能減退症、慢性腎炎或腎衰竭、慢性肝炎（包括乙型和丙型肝炎）、人類免疫力缺乏症病毒感染或抑鬱症？	49	☐	☐
50. Has the proposed insured smoked, used any tobacco product or consumed alcohol (please ignore if 1 or 2 rare incidences of social drinking up to 1 glass of alcohol each time) after her pregnancy is confirmed (e.g. by home pregnancy test kit, or doctor's diagnosis)? 在確認懷孕後（例如通過家居懷孕測試工具包或醫生診斷），擬受保人曾否吸煙、使用任何煙草產品或飲酒（偶有1或2次而每次酒量不超過1杯的社交飲酒除外）？	50	☐	☐
51. Regarding the prenatal tests for proposed insured's current pregnancy, does she has any abnormal findings in test reports (including but not limited to ultrasound, Electrocardiogram (ECG), blood tests, genetic test, urine test)? 關於擬受保人目前懷孕的產前檢查，報告中是否有任何異常發現（包括但不限於超聲波、心電圖、血液檢查、基因檢查、尿液檢查）	51	☐	☐
52. During any of proposed insured previous or current pregnancy, did/does she has: 在擬受保人之前任何一次懷孕或當前懷孕期間，擬受保人曾否出現： (a) complications during pregnancy or high-risk pregnancy due to thalassemia or haemophilia 懷孕期間的併發症或因地中海貧血或血友病導致的高風險懷孕 (b) babies born with congenital heart disease or spinal defects 嬰兒出生時患有先天性心臟病或脊柱缺陷	52	☐	☐

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

PART IX: CERTIFICATIONS IN RELATION TO TAX REGULATIONS 第九部份：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 IX: CERTIFICATIONS IN RELATION TO TAX REGULATIONS (CONTINUED) 第九部份：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。

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PART X: POLICY REPLACEMENT 第十部份：轉保

(It is not applicable to the term conversion case in which underwriting is not required 如屬無需進行核保的定期保險轉換保單則可省略此部分)

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》。

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PART X: POLICY REPLACEMENT (CONTINUED) 第十部份：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 XI: DECLARATION OF RELATIONSHIP WITH INSURED DEPENDENT 第十一部份：與受保人的親屬關係之聲明

(This part only applies to the application for Voluntary Health Insurance Scheme's ("VHIS") policy or VHIS supplementary benefit, for which the policyowner is NOT the same as the proposed insured. 此部份只適用於保單持有人並非擬受保人的自願醫保計劃保單或自願醫保計劃附加保障之申請。)

I, the policyowner of this Policy, hereby declare and confirm the following:
本人為此保單的保單持有人，現作出以下聲明及確認以下內容：

1. I will be responsible for payment of premium required for the policy taken out on behalf of the Insured Person (who is dependent on me financially) and I shall be responsible for payment of any medical costs and funeral expenses of the Insured Person.
   本人會負責支付代受保人（需在經濟上依賴本人）所購買的保單之保費及受保人的任何醫療和殯葬費用。
2. I further declare that the above statements are full, complete and true and agree that they shall form part of my application above mentioned to Manulife and acknowledge that any untrue or inaccurate statement may render the policy void or terminated at the option of Manulife.
   上述之陳述本人確認為全部、完整和真實無訛的，並同意將其構成本人上述保單申請的一部分，並確認如有任何不真實或不準確的陳述宏利有權選擇當作保單作廢或終止。
3. I understand and acknowledge that, if the policy is void or becomes terminated by Manulife at its option, Manulife will refund to me the relevant premium paid for the policy year in which the policy becomes terminated, on a pro rata basis, which represents the unused portion of such premium after deduction of any administrative costs incurred by Manulife. If any claim(s) which arose from an uncovered period and has been paid by Manulife for the policy year which the policy becomes terminated, I may be required to repay the amount of that claim(s) on demand by Manulife at its sole discretion.
   本人明白並確認，如宏利選擇作廢或終止此保單，在扣除宏利的行政費用後，宏利將按比例向本人退還本人於保單終止的保單年度所支付而未使用的相關保費。如宏利在保單終止的保單年度內支付過任何受保期以外的索償，宏利有全權酌情要求本人償還有關賠償的金額。
4. Should any terms or coverage under the Policy be void, invalid or unenforceable or contravene applicable laws and regulations, then such terms or coverage shall be ineffective to the extent of such voidance, invalidity or unenforceability only. The remaining provisions or coverage of the policy taken out on behalf of the Insured Person shall remain valid and enforceable.
   倘若此保單中任何條款或保障範圍屬作廢、無效、不能執行或違反適用法律及規例，則該等條款或保障範圍於此作廢、無效或不能執行的情況下將視作無效。代受保人所購買的保單之其餘不受影響條款及保障範圍將繼續有效及執行。
5. I acknowledge that Manulife does not provide tax and/or legal advice. I should consult independent tax and/or legal advisor as appropriate.
   本人確認宏利不會就稅務及/ 或法律問題上提供意見。如有需要本人會諮詢獨立稅務及/ 或法律顧問。
6. Under no circumstances is Manulife deemed or presumed to warrant eligibility for tax deduction or any other benefits under law.
   在任何情況下，宏利均不應被視為或假定有資格確保本人於法律下可獲得稅項扣減或任何其他利益。
7. The signing of this declaration should not be deemed or presumed to be Manulife's acceptance of the application for this Policy, all applications are subject to Manulife's internal underwriting rules and Manulife's absolute discretion.
   本人簽署本聲明不應被視為或當作為宏利接納本保單的申請，所有申請均受宏利內部核保指引約束及由宏利全權酌情決定。

X _____

Signature of policyowner (if other than proposed insured) 保單持有人簽署（如非擬受保人）

PART XII: IDENTIFYING THIRD-PARTY INTERESTS 第十二部份：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 XIII: DECLARATION AND AUTHORIZATION 第十三部份：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/We confirm that the insurance advisor for this application has disclosed to me/us 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/We confirm that I/we have provided necessary and sufficient information to the licensed insurance agent in this application to conduct the suitability assessment in relation to my/our circumstances and needs and the suitability assessment has been carried out by him/her; (3) I/We have read and fully understood the full content of the product leaflet and the Proposal Summary of the policy applied for and the above questions; (4) For VHIS certified plans (including basic plans and supplementary benefits): I/We fully understand that I/We have the option to apply for a policy of any VHIS certified plan(s) made available by the Company at the time of this application, and I/We have received, read and fully understood the product leaflet and other essential information concerning the policy applied for (including but not limited to product and premium information, underwriting factors, eligibility for tax deduction and complaint handling procedures), and the aforementioned information can be accessed via www.manulife.com.hk or made available by the Company upon request; (5) the answers in this application form together with this confirmation, declaration and authorization are complete and true to the best of my/our knowledge and form the basis of the policy to be issued; (6) 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; (7) the policy shall not become effective until it is issued with first premium paid in full and all requirements being met; (8) I/We agree to inform the Company immediately in writing of any change in (a) the personal information of me/us provided on this application form; (b) the personal particulars of any of the persons mentioned in this application; (c) the other information provided by me/us 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; and/or (d) the state of health, occupation or activity of the life to be insured between the date of this application/last medical examination and the date of issue of the policy; on receiving information of any change, the Company is entitled to accept or reject my/our application; (9) the proposed insured may be randomly selected to undergo a medical examination; (10) 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; (11) 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; (12) this application and the policy are governed by the laws of the Hong Kong Special Administrative Region; and (13) any excess amount paid will be refunded or left with the policy for offsetting next premium and any amount due.

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/吾等清楚明白及同意下列各項：
(1)本人/吾等確認本申請書的保險顧問已向本人/吾等表明他/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/吾等確認已向本申請書的持牌保險中介人提供所需及足夠資料以就本人/吾等有關情況及需要進行合適性評估，而本申請書的持牌保險中介人已進行該合適性評估；(3)本人/吾等已細閱並明白有關保單申請之產品單張及建議書摘要之全部內容及上列各項問題；(4)對於自願醫保認證計劃（包括基本計劃及附加保障）：本人/吾等明白本人/吾等於申請時可以選擇貴公司提供的任何自願醫保計劃認可產品的保單，及本人/吾等已收妥、細閱並明白有關所申請保單的產品單張及其他重要資料 (包括但不限於產品及保費資料、核保因素、稅項扣減的資格及處理投訴程序)，而上述資料可於 www.manulife.com.hk 查閱或貴公司可應要求提供；(5)填報於本申請書內之資料連同此確認、聲明及授權均為本人/吾等所知之全部及真實無訛，並為日後簽發保單之基礎；(6)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；(7)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；(8)本人/吾等同意若以下資料有所變更，本人/吾等將即時以書面通知貴公司：（甲）本人/吾等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；（丙）本人/吾等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）；及/或（丁）由投保申請/進行身體檢查的日期至保單簽發當日，如健康狀況、職業或生活習慣出現任何轉變。貴公司於收到有關通知後有權決定是否接納本人/吾等的投保申請；(9)本人/吾等明白擬受保人或會被隨機抽樣進行身體檢查；(10)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；(11)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；(12)香港特別行政區法律適用於投保申請書及保單；及(13)剩餘已付金額均會被安排退款或保留於保單內支付下期保費及到期款項。

PART XIV: PERSONAL INFORMATION COLLECTION STATEMENT 第十四部份：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 XV: POINTS TO NOTE ABOUT COLLATERAL ASSIGNMENT 第十五部份：有關抵押轉讓的注意事項

In the event the policy will be assigned as collateral for premium financing facility, I/we confirm that I/we shall fully understand the associated risks, including but not limited to those listed under the "Important Notes & Implications" section of the Important Facts Statement - Premium Financing ("IFS-PF") before proceeding to use premium financing. I/We also understand that premium financing is an option available to me/us, but not a requirement nor a product feature of the policy, and it is entirely up to me/us whether to seek premium financing in relation to the policy. Manulife is not the provider of such premium financing and shall not be liable or responsible in any respect of any loss, damage, expense, suit, action or proceedings suffered or incurred by me/us, whether directly or indirectly, arising from or in connection with premium financing provided by the provider and/or its agents, or the availability of premium financing.

如本保單因保費融資用途將被用作抵押品，本人/吾等確認本人/吾等在採用保費融資前須充分明白相關風險，包括但不限於在《重要資料聲明書-保費融資》中「重要說明及影響」部分所提及的風險。本人/吾等亦明白保費融資是一個選項可供本人/吾等選擇，並非保單的規定或產品特點，而就保單尋求保費融資與否完全取決於本人/吾等。宏利不是保費融資的提供者及不會就本人/吾等因保費融資的提供者及/或其代理所提供之保費融資或保費融資之供應而直接或間接蒙受或招致之任何損失、損害、費用、起訴、訴訟或法律程序，向本人/吾等承擔任何責任。

PART XVI: COLLECTION OF LEVY ON INSURANCE PREMIUM(S) BY THE INSURANCE AUTHORITY ("IA") 第十六部份：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兌換率計算，而兌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 XVII: CANCELLATION RIGHTS AND REFUND OF PREMIUM(S) AND LEVY WITHIN COOLING-OFF PERIOD
第十七部份：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 and any levy paid, by giving a written notice to Manulife. 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獲退還所有已繳保費及任何已繳徵費；本人/吾等明白為行使這項權利，本人/吾等必須簽署該取消保單的通知予宏利，並確保貴公司之總辦事處（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該通知。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 | | | — | | | | | | | | — | |
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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）