

Important Notes 重要事項:

- This simplified application form is valid only for basic plans of designated savings products. If you wish to apply for our supplementary benefit(s), please fill in an "Application for Traditional Products". This application is issued in conjunction with the Proposal Summary. 此簡易投保申請書只適用於申請指定儲蓄產品的基本計劃，如欲投保附加保障，請填寫「傳統計劃投保申請書」。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。
- The company should be entitled, at its sole discretion to accept this application as guaranteed acceptance. 本公司有權決定是否接納此申請為保證受保保單。
- 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 _____		English/ Company Name 英文姓名/ 公司名稱	Surname 姓 _____ Given name & middle name(s) 名 _____	
	Chinese 中文姓名			Chinese/ Company Name 中文姓名/ 公司名稱		
	2. Sex 性別		<input type="checkbox"/> Male 男 <input type="checkbox"/> Female 女		<input type="checkbox"/> Male 男 <input type="checkbox"/> Female 女	
	3. Relationship to Proposed Insured 與擬受保人的關係		Not applicable 不適用		<input type="checkbox"/> Father 父親 <input type="checkbox"/> Mother 母親 <input type="checkbox"/> Husband 丈夫 <input type="checkbox"/> Wife 妻子 <input type="checkbox"/> Others 其他 _____	
4a. Date of Birth 出生日期		<input type="text"/> <input type="text"/> DD 日 <input type="text"/> <input type="text"/> MM 月 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YYYY 年		<input type="text"/> <input type="text"/> DD 日 <input type="text"/> <input type="text"/> MM 月 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YYYY 年		
4b. Place of Birth 出生地點		<input type="checkbox"/> Hong Kong 香港 <input type="checkbox"/> Macau 澳門 <input type="checkbox"/> Others (Please specify) 其他 (請註明) City 城市 _____ Country 國家 _____		<input type="checkbox"/> Hong Kong 香港 <input type="checkbox"/> Macau 澳門 <input type="checkbox"/> 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) <input type="checkbox"/> HK Permanent Resident ID 香港永久性居民身份證/ HK Birth Cert. 香港出世紙 <input type="checkbox"/> HK Non-Permanent Resident ID 香港非永久性居民身份證 <input type="checkbox"/> Macau Resident ID 澳門居民身份證 <input type="checkbox"/> PRC Resident ID 中國內地居民身份證/ PRC Birth Cert. 中國內地出世紙 <input type="checkbox"/> USA Identity Documents 美國身份證明文件 <input type="checkbox"/> Passport 護照 <input type="checkbox"/> 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) <input type="checkbox"/> HK Permanent Resident ID 香港永久性居民身份證/ <input type="checkbox"/> HK Non-Permanent Resident ID 香港非永久性居民身份證 <input type="checkbox"/> Macau Resident ID 澳門居民身份證 <input type="checkbox"/> PRC Resident ID 中國內地居民身份證 <input type="checkbox"/> USA Identity Documents 美國身份證明文件 <input type="checkbox"/> Business Registration 商業登記 <input type="checkbox"/> Certificate of Incorporation 公司註冊證書 <input type="checkbox"/> Passport 護照 <input type="checkbox"/> 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?		<input type="checkbox"/> Yes, please specify your position 是，請註明閣下的職位 _____ <input type="checkbox"/> No 否		<input type="checkbox"/> Yes, please specify your position 是，請註明閣下的職位 _____ <input type="checkbox"/> No 否		
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		

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\$FORMB03S042025

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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)

B. E-Statement/E-Notice 電子結單/ 電子通知

- ☐ Apply for e-Statement/e-Notice (premium-related)*^A 申請電子結單/ 電子通知 (保費繳付類別)*^A
- ☐ Apply for e-Statement/e-Notice (other statements/notices/endorsements)*^A 申請電子結單/ 電子通知/ 電子批註 (其他結單/ 通知/ 批註)*^A

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。

A 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

17. 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)

18. 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

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)
<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>				

Note: The policyowner hereby declares that any trustee designated in the 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。

20. Basic plan 基本計劃

☐ **La Vie 2「赤霞珠終身壽險計劃2」** (Applicable to Standard Life Protection Option 適用於基本人壽保障選項)
Premium Payment Period 保費繳付期：_____ years 年

☐ **ManuCentury「世紀傳承保障計劃」**
Premium Payment Period 保費繳付期：_____ years 年 ☐ To Age 100 百歲版 ☐ 100 Years 百年版

☐ **Genesis「宏擎傳承保障計劃」**

(a) Premium Payment Period 保費繳付期： ☐ Single Payment 整付保費 ☐ _____ years 年

(b) Easy Choice 無憂選： ☐ Yes 是 ☐ No 否

Please select the options below if Easy Choice is selected. 若選擇了無憂選，請選取以下選項。

(1) Income Start Anniversary 入息開始周年日： ☐ _____ Policy Anniversary 保單周年日

(2) Income Payment Mode 入息支付方式： ☐ Monthly 每月 ☐ Annual 每年

(3) Income Payment Option 入息支付選項： ☐ Payout 提取 ☐ Leave on deposit 積存生息

☐ **Future Assure「宏浚傳承保障計劃」**
Premium Payment Period 保費繳付期： ☐ Single Payment 整付保費 ☐ _____ years 年

☐ **Prestige Saver「財擎傳承保障計劃」**
Premium Payment Period 保費繳付期： ☐ Single Payment 整付保費 ☐ _____ years 年

☐ **Prestige Preserver「財擎家傳保障計劃」**
Premium Payment Period 保費繳付期： ☐ Single Payment 整付保費 ☐ _____ years 年

☐ **ManuGlobal Saver「宏利環球貨幣保障計劃」**
Premium Payment Period 保費繳付期： ☐ Single Payment 整付保費 ☐ _____ years 年

☐ **ManuGrand Saver 2「豐譽傳承保障計劃2」**
Premium Payment Period 保費繳付期： ☐ Single Payment 整付保費 ☐ _____ years 年

☐ **FlexiFortune Annuity Plan「富足自主年金計劃」**

a) Premium Payment Period 保費繳付期： ☐ Single Payment 整付保費 ☐ _____ years 年

b) Income Start Year 入息開始年度： Policy Year 保單年度 _____

c) Annuity Option 年金選項： ☐ Living Payment 在生支付 ☐ Certain Period Payment 定期支付

d) Income Payment Option 入息支付選項： ☐ Pay out monthly 每月支付 ☐ Leave on Deposit 積存生息

e) Declaration 聲明

Please "✓" the box below if you agree to the followings concerning the Dementia Care Booster: 請「✓」以下方格若閣下同意有關認知障礙加倍保的以下內容：

☐ I/We, the policyowner and the proposed insured, acknowledge, understand and agree that: 本人/ 吾等，保單持有人及擬受保人確認，明白及同意：

(1) No benefit under Dementia Care Booster will be payable if any health condition, that results in a claim otherwise payable by us in respect of Severe Dementia, is: (a) diagnosed; or (b) treated; or (c) yet to be confirmed but may require further investigations; or (d) for which the existence or onset of any signs or symptoms linked to dementia were present, within or prior to the Elimination Period. 如在緩接期內或以前，有任何健康狀況屬任何下列情況，該嚴重認知障礙將不獲支付認知障礙加倍保之賠償：(a)被診斷患上；或(b)被治療；或(c)對於尚未確認但可能需要進一步檢查的情況；或(d)有關認知障礙的任何病徵或症狀已經存在。
The Elimination Period means the 5-year period after the issue date, the Policy Year Date or the effective date of reinstatement (whichever is later) of the basic plan. The Elimination Period will still apply if the Severe Dementia is directly and solely caused by an accident. 緩接期指於基本計劃的保單簽發日、保單生效日或保單復效生效日(以較後者為準)起計5年。若嚴重認知障礙是直接及完全因意外而導致，緩接期將仍然適用。
Please see the policy provisions for details of Dementia Care Booster and all the above defined terms, including but not limited to the respective definition of Severe Dementia and Elimination Period. 有關認知障礙加倍保之詳情及上述界定字詞，包括但不限於嚴重認知障礙及緩接期的各自定義，請參閱保單條款。

(2) Dementia Care Booster will not cover the initial policyowner or the proposed insured (as the case may be) if: 若有下列情況，首名保單持有人或擬受保人(視情況而定)將不獲認知障礙加倍保保障：
(a) the age of the initial policyowner or proposed insured at the issue date is higher than age 70 (age nearest birthday) for premium payment period being shorter than 10 years; 若保費繳付期少於10年，首名保單持有人或擬受保人的年齡於保單簽發日時為70歲以上(最接近一個生日所達之歲數)；
(b) the age of the initial policyowner or proposed insured at the issue date is higher than age 65 (age nearest birthday) for premium payment period being 10 years. 若保費繳付期為10年，首名保單持有人或擬受保人的年齡於保單簽發日時為65歲以上(最接近一個生日所達之歲數)。

(3) Dementia Care Booster will not cover the initial policyowner if the initial policyowner is a non-individual (i.e. is not a natural person, such as company/corporation/jointly-owned). 若首名保單持有人為非個人(例：即非自然人，如公司/法團)，首名保單持有人將不獲認知障礙加倍保保障。

(4) Dementia Care Booster will not cover the initial policyowner and any subsequent policyowner(s) if there is subsequent change of policyowner. 若其後更改保單持有人，首名保單持有人及任何後續的保單持有人將不獲認知障礙加倍保保障。

☐ **ManuLeisure Deferred Annuity「歲稅樂享延期年金」** Premium Payment Period 保費繳付期：_____ years 年
Annuity Start Age 年金開始年齡：_____ Age 歲

☐ **Others 其他** _____
(Subject to Manulife's final approval 以宏利最終批核為準)

☐ USD 美元 ☐ HKD 港元 ☐ Others 其他 _____

☐ 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

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>。

☐ 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

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

☐ 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。

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

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。

☐ I/We, the policyowner, hereby nominate and authorize the licensed insurance broker as indicated in the application form as my nominated representative to receive the policy contract for and on behalf of me/us. 本人/ 吾等 (保單持有人) 現委任並授權投保申請書內列明的持牌保險經紀代表本人/ 吾等收取保單。(Only applicable to application submitted through licensed insurance broker 只適用於經由持牌保險經紀提交的申請)

PART III: CERTIFICATIONS IN RELATION TO TAX REGULATIONS 第三部份：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://web.archive.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/> 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://web.archive.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/> 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 you 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。

(For office use only 公司專用)

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

- 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

☐ Yes是 ☐ Not yet decided 尚未決定 ☐ No否

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

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

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

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]**

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
 ☐ Policy Loan (including automatic premium loan) 保單貸款 (包括自動貸款代繳保費)
- ☐ Lapsation 保單失效
 ☐ Partially Surrender 部分退保 / Withdrawing Policy Values 提取保單價值
- ☐ Premium Holiday 保費假期
 ☐ Reduced Paid-up / Extended Term Insurance 減額繳清保險/展期保險
- ☐ Reducing Sum Insured 減少保額
 ☐ 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

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）

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。

Type of License and License No.
牌照類別及牌照號碼

*Please cross-out the inappropriate type of license
請刪去不適用之牌照類別

☐ No 否 ☐ Yes 是

IT IS DECLARED, UNDERSTOOD AND AGREED that

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（於百慕達註冊成立之有限責任公司）（「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。

(1)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亦已進行該合適性評估；(2)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；(3)填報於本申請書內之資料連同此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；(4)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；(5)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；(6)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；(7)本人/ 吾等明白擬受保人或會被隨機抽樣進行身體檢查；(8)如所訂立之保險合約是為某有關人士的使用或利益，或為某有關人士申請及訂立，則該有關人士已於有關保單內擁有可保利益，而該有關人士的姓名已載於本申請內或其類別/ 種類已詳列於本申請內並足以確立其身份；(9)在保單持有人、擬受保人、受益人及/ 或其他相關人士之身份證明經貴公司核實後，貴公司方會根據保單作出任何付款及賠償；(10)香港特別行政區法律適用於投保申請書及保單；及(11)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。

本人/吾等，保單持有人明白，確知及同意，宏利人壽保險（國際）有限公司（“宏利”）會就本人/吾等購買及接受宏利簽發的保單，於保單有效期內（包括保單續保期），向負責安排有關保單的持牌保險中介人支付佣金及其他酬金。假如保單持有人為法人團體，本人/吾等向宏利確認本人/吾等已獲授權代表保單持有人簽署。本人/吾等亦明白宏利必須取得本人/吾等以上的同意，才能處理有關申請。

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及/或風險承擔能力問卷所提供的個人資料（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）。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 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.

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.

PART IX: COLLECTION OF LEVY ON INSURANCE PREMIUM(S) BY THE INSURANCE AUTHORITY ("IA") 第九部份：保險業監管局(「保監局」)所收取的保費徵費

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：

- [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 X: CANCELLATION RIGHTS AND REFUND OF PREMIUM(S) AND LEVY WITHIN COOLING-OFF PERIOD
第十部份：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）
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Name of Witness
見證人姓名

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. I have requested policyowner to provide address proof and explained the below reason to client:

我已要求保單持有人提交住址證明並解釋了以下原因:

This is the requirement of the regulator “Manulife (International) Limited is regulated by the Bermuda Monetary Authority and Bermudian laws and regulations which requires provision of customer proof of residential address at onboarding. The customer proof of residential address shall be submitted together with the insurance application or in any event before policy issuance”.

根據監管機構的要求，宏利人壽保險（國際）有限公司受百慕達金融管理局和百慕達法規的監管，而需向新客戶索取住址證明，客戶的住址證明應與投保申請書一併提交，或在任何情況下，在保單簽發之前提交。

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, 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 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 with Company Stamp

保險顧問簽署及公司印章

Mobile Number 流動電話

Date 日期

OBJTAGTSTAT



Application Checklist (applicable for Individual Applicant Only) 申請文件清單 (個人申請者適用)

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)	<input type="checkbox"/> 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	<input type="checkbox"/> Proposal Summary of Proposed Insured 擬受保人的建議書摘要 <input type="checkbox"/> Signed and Dated by Policyowner 由保單持有人簽署及填上日期 <input type="checkbox"/> 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	<input type="checkbox"/> 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	<input type="checkbox"/> DDA Form 直接付款授權書
5. Policy Replacement 轉保	<input type="checkbox"/> 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)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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)		<input type="checkbox"/>		
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)			<input type="checkbox"/>	<input type="checkbox"/>
4. MCV001 Declaration Form for Insurance Application by Non Hong Kong Resident(s) 非香港居民投保申請聲明			<input type="checkbox"/>	
5. IFS-MP (completed by Policyowner) 內地人重要資料聲明書 (由保單持有人填寫)			<input type="checkbox"/>	

* 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 (B03)
<input type="checkbox"/> 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)
<input type="checkbox"/> 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」)
<input type="checkbox"/> B39 Application for Disability Income 傷殘入息保障申請 (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_B)
<input type="checkbox"/> Risk Profile Questionnaire 風險承擔能力問卷 <input type="checkbox"/> IFSAD (Important Facts Statement and Applicant's Declarations 重要資料聲明書及申請人聲明書)
<input type="checkbox"/> 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)