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Manulife 宏利

APPLICATION FOR MATURITY WITHDRAWAL / SURRENDER (TRADITIONAL / UNIVERSAL LIFE POLICY)
保單期滿／退保申請表（傳統／萬用壽險保單）

Branch code 分行編號 _____ Location 地點 _____
Advisor code 保險顧問編號 _____
Advisor's name 保險顧問姓名 _____
Contact no. 聯絡電話 _____

Important Notes 重要事項:

To comply with the industry guidelines, please attach copy of policyowner's valid HKID card/Passport. For business entity, please also attach copies of Business Registration Certificate and other relevant identification documents. Please state the policy number(s) on the attached copies. 為遵守保險業務守則，請附上保單持有人之有效的香港身份證／護照副本；商業實體則另須附上商業登記證及其他有關身份證明文件副本。請於該副本上註明保單編號。

- Any amendments should be clearly indicated and counter-signed by the policyowner. 任何資料如有更改，保單持有人必須清楚註明並在更改的位置簽署作實。
- Please put a "✓" in the appropriate box(es). All dollar amounts are stated in the policy currency unless otherwise stated. 請於適當方格內填上「✓」號。除特別指明外，所有金額之幣值皆為保單幣值。
- Manulife shall have the right to update this form from time to time and to accept or reject the form submitted by you if you fail to fulfill the Company's requirements.
  宏利有權隨時更新表格內容，如閣下未能符合本公司的有關規定，宏利將保留接受或拒絕閣下遞交之申請表格的權利。
- Please read the Notice to Customers relating to the Personal Data (Privacy) Ordinance ("Notice") before you complete this form. The Notice is available on Manulife's website (www.manulife.com.hk) or upon request from your Manulife Advisor. By completing and returning to Manulife the form, you are agreeing to the Notice.
  當閣下填寫此表格前，請閱畢《有關〈個人資料（私隱）條例〉的客戶通知》（「通知」）。該通知可於宏利網址 (www.manulife.com.hk) 或向閣下的宏利顧問索取。透過填妥及交回此表格，即表示閣下同意該通知之內容。

Full name of policyowner 保單持有人姓名 Ng Pan

SECTION A — MATURITY WITHDRAWAL/SURRENDER 第一項：保單期滿／退保

For withdrawal, please also complete Section B 如提取金額，請同時填寫「第二項：付款指示」

Note: Requests for withdrawal/surrender at your next policy anniversary must be submitted **within 60 days prior to that anniversary.**
於下一個保單周年日退保／提取，必需於保**單周年日前兩個月內**遞交申請。

☑ a Surrender 退保

Policy No. 保單編號	Effective Date 生效日期	Transfer (fill in where applicable) 調動（如適用請填寫） To Policy No. 至保單編號	Amount 金額	Purpose 用途
38-665093-7	☑ Upon receipt by Manulife 於宏利收到有關申請* ☐ At next anniversary 下一個保單周年日		☐ All 全部 ☐ OR 或 ____ $ _____	☐ Payment of Premium and/or Levy 繳付保費及／或徵費 ☐ Loan Repayment 償還貸款 ☐ Other 其他 _____
38-660944-_	☑ Upon receipt by Manulife 於宏利收到有關申請 ☐ At next anniversary 下一個保單周年日		☐ All 全部 ☐ OR 或 ____ $ _____	☐ Payment of Premium and/or Levy 繳付保費及／或徵費 ☐ Loan Repayment 償還貸款 ☐ Other 其他 _____

* The effective date would be the date of receipt of this form by Manulife together with all required information for surrender application. You can refer to the Policy surrender notice for the effective date.
生效日期將為我們收妥閣下此申請表及所有有關是次退保申請所需資料之當日。您可參閱退保通知書上的生效日期。

Only applicable to policies with Manulife Supreme Lite VHIS Supplementary Benefit attached 只適用於附有宏利晉逸自願醫保附加保障的保單

Coverage Continuation Arrangement for Manulife Supreme Lite VHIS Supplementary Benefit 宏利晉逸自願醫保附加保障之保障延續安排

Notes: If your policy has a Manulife Supreme Lite VHIS Supplementary Benefit attached, policy surrender will terminate your Manulife Supreme Lite VHIS Supplementary Benefit, unless you put a "✓" in the box below to indicate you wish this coverage to continue.
備註：如您的保單附有宏利晉逸自願醫保附加保障，若然退保，該附加保障將會終止，除非您在以下空格內加上「✓」號表示有意延續該保障。

☐ Please continue my Manulife Supreme Lite VHIS Supplementary Benefit coverage.
請延續我的宏利晉逸自願醫保附加保障。

[Note: If more than one policy is stated in this form, we will apply the same arrangement to continue/terminate all Manulife Supreme Lite VHIS Supplementary Benefits attached to those policies, unless otherwise instructed. You may provide instructions under Section C "Special Request".
備註：若在此表格內列明多於一個保單，除非另有指明，本公司將一併延續／終止該等保單所附帶的所有宏利晉逸自願醫保附加保障。您可於第三項的「特別指示」指明您的要求。]

☑ b Full Maturity Withdrawal 提取全數保單期滿金額

Policy No. 保單編號	Effective Date 生效日期	Transfer (fill in where applicable) 調動（如適用請填寫） To Policy No. 至保單編號	Amount 金額	Purpose 用途
38-665093-7	☑ Upon receipt by Manulife 於宏利收到有關申請# ☐ At next anniversary 下一個保單周年日		☐ All 全部 ☐ OR 或 ____ $ _____	☐ Payment of Premium and/or Levy 繳付保費及／或徵費 ☐ Loan Repayment 償還貸款 ☐ Other 其他 _____
_-	☐ Upon receipt by Manulife 於宏利收到有關申請 ☐ At next anniversary 下一個保單周年日		☐ All 全部 ☐ OR 或 ____ $ _____	☐ Payment of Premium and/or Levy 繳付保費及／或徵費 ☐ Loan Repayment 償還貸款 ☐ Other 其他 _____

\# The effective date would be the date of receipt of this form by Manulife together with all required information for full maturity withdrawal application. You can refer to the Settlement Rolling Account withdrawal notice for the effective date.
生效日期將為我們收妥閣下此申請表及所有有關是次保單期滿提取申請所需資料之當日。您可參閱累積期滿帳戶提取通知書上的生效日期。

☐ c Partial Maturity Withdrawal 提取部份保單期滿金額

Policy No. 保單編號	Withdrawal/Transfer 提取／調動	Transfer (fill in where applicable) 調動（如適用請填寫） To Policy No. 至保單編號	Amount 金額	Purpose 用途
_-	Amount 金額 ____ $ _____		☐ All 全部 ☐ OR 或 ____ $ _____	☐ Payment of Premium and/or Levy 繳付保費及／或徵費 ☐ Loan Repayment 償還貸款 ☐ Other 其他 _____
_-	Amount 金額 ____ $ _____		☐ All 全部 ☐ OR 或 ____ $ _____	☐ Payment of Premium and/or Levy 繳付保費及／或徵費 ☐ Loan Repayment 償還貸款 ☐ Other 其他 _____

SECTION B — PAYMENT INSTRUCTIONS 第二項：付款指示

Notes 註：

- **e-Payout is only applicable to policyowner's bank account, except joint account. 電子支付只適用於保單持有人之銀行帳戶，不包括聯名戶口。**
- Default e-Payout Method will be applied (if any) if no option is specified or the specified option is invalid 如未有指明或所選擇的付款方法無法被使用，預設電子提取付款方法（如有）將採用為是次付款方法

For withdrawal instruction(s), please complete this section. 若申請提取金額，請填寫此部份。

By e-Payout 電子支付：

☐ a Default e-Payout Method (i.e. last channel for receiving claims payment or policy payment through FPS/Direct Credit. If this option is selected without prior default arrangement, we will pay according to option b(i) below (if applicable). Otherwise, cheque will be issued.)
預設電子提取付款方法（即上一次經轉數快或直接存入銀行帳戶以收取理賠金額或保單款項之渠道。如選擇此選項但未有預先設立提取安排，將根據下列b(i) 選項處理付款（如適用）。否則將以支票形式支付。）

OR below specified e-Payout Method (will be set as default arrangement) 或以下指定電子提取付款方法（將被設置為預設付款方式）：

☐ b Direct Credit to one of my following bank accounts (up to HKD300,000/USD37,500) 直接存入本人下列其中一個銀行帳戶（限額港元300,000/美元37,500）

☐ (i) Current autopay bank account in HKD currency for payment of premium and levy 現時繳付保費及徵費之港元自動轉帳銀行帳戶

☐ (ii) Bank account specified below 以下指定的銀行帳戶：

1. Name of account holder 帳戶持有人姓名：_____

2. Currency and Bank Name 貨幣及銀行名稱

☐ HKD Bank Account 港元銀行帳戶

Bank Name 銀行名稱：_____

☐ USD Bank Account (only applicable for USD Policy) 美元銀行帳戶（只適用於美元保單）

Bank Name 銀行名稱：**THE HONGKONG AND SHANGHAI BANKING CORPORATION LTD 香港上海滙豐銀行有限公司**

3. Bank No. 銀行編號 | Branch No. 分行編號 | Bank Account No. 銀行帳戶號碼

Please provide account proof (e.g. bank statement or bank book copy showing the name of account holder and account number)
請提供帳戶資料證明（如列有帳戶持有人之姓名及帳戶號碼之銀行帳單或銀行存摺影印本）

☑ c FPS to my default receiving account (in HKD only, up to HKD1,000,000) 轉數快至本人預設的收款帳戶（只限港元，限額港元1,000,000）

Hong Kong Mobile Phone Number 香港手提電話號碼：

(852) 67021117

Others: Country / Region Code & Mobile Phone Number 其他：國家／區域號碼及手提電話號碼：

( ) _____

Remarks 備註：

- The above specified Faster Payment System (FPS) mobile phone number is for FPS payment only and will not be updated to your contact information in our record. 上述指定之手提電話號碼只用於轉數快轉賬，並不會用作更新您於我們紀錄內的聯絡資料。
- For payout through FPS, only applicable to payment with maximum daily transaction limit not exceeding HKD1,000,000 (or equivalent) per policy. If payment is exceeding HKD1,000,000 (or equivalent), or the instruction cannot be executed, it will be issued by cheque. 經轉數快之付款，每份保單每日最高存款交易不能超逾港元1,000,000 (或等值)。如交易金額超逾港元1,000,000 (或等值)，或無法執行有關付款指示，總額將以支票形式支付。
- For payout through Direct Credit, only applicable to payment with maximum daily transaction limit not exceeding HKD300,000/USD37,500 per policy. If payment is exceeding HKD300,000/USD37,500, or the instruction cannot be executed, it will be issued by cheque. 經直接存入銀行帳戶之付款，每份保單每日最高存款交易不能超逾港元300,000／美元37,500。如交易金額超逾港元300,000／美元37,500，或無法執行有關付款指示，總額將以支票形式支付。
- If there is no default e-Payout method set in our record, it will be issued by cheque. 如未有設立電子預設付款方法，總額將以支票形式支付。

☑ For **ALL policies** - Paid by Cheque in **Hong Kong Dollar**[a] 適用於**所有保單** - 以**港幣**支票支付[a]

☐ For **USD policy** - Paid by Cheque in **USD**[b] 適用於**美元保單** - 以**美元**支票支付[b]

- ☐ Drawn in Hong Kong 由香港的銀行付款
- ☐ Drawn in United States 由美國的銀行付款 (Applicable for deposit with bank outside Hong Kong 適用於存入香港以外的銀行)

☐ For **CNY policy** - Paid by Cheque in **CNY**[b] (drawn in Hong Kong) 適用於**人民幣保單** - 以**人民幣**支票支付[b] (由香港的銀行付款)

☐ For **AUD/CAD/GBP/SGD policy** - Paid by cheque in **policy currency**[b] (drawn in respective country) 適用於澳**元**／**加元**／**英磅**／**新加坡元保單** - 以**保單貨幣**支票支付[b] (由各國的銀行付款)

Cheque collection method支票交付方式

☐ Through my Insurance Advisor 經由本人的保險顧問轉交

☐ By mail to my latest correspondence address with Manulife 寄往本人於宏利紀錄的最新通訊地址

☐ By registered mail to my latest correspondence address with Manulife (only applicable to payment cheque amount of HKD1,000,000 or above or equivalent in other currency.)[c] 以掛號方式寄往本人於宏利紀錄的最新通訊地址（只適用於支票金額為港元1,000,000或以上或相等的其他貨幣）[c]

Notes 註：

(a) For policy in non-HKD currency, its HKD equivalent will be based on the currency exchange rate provided by the Company at the time of issue of the cheque and it can be changed from time to time. 非港元保單的港元等值將會以支票發出時的貨幣兌換率計算，而宏利將不時提供有關的貨幣兌換率。

(b) In general, it takes a longer settlement period to clear a foreign cheque in Hong Kong. Bank charges may be incurred by client for clearing the cheque. 銀行通常需要較長的結算時間由香港兌現外幣支票；另銀行或會向客戶徵收兌現支票的相關手續費。

(c) If the payment cheque amount is less than HKD1,000,000 or equivalent in other currency, the cheque will be sent by ordinary mail. 如支票金額少於港元1,000,000 或相等的其他貨幣，支票會以普通郵寄方式寄出。

SECTION C — SPECIAL REQUEST 第三項：特別指示

SECTION D — COLLECTION OF LEVY ON INSURANCE PREMIUM(S) BY THE INSURANCE AUTHORITY ("IA") 第四項：保險業監管局（「保監局」）所收取的保費徵費

I, the policyowner, hereby acknowledge, agree and confirm that any outstanding of levy on insurance premium ("Levy") payable by the policyowner under the policy pursuant to section 134 of the Insurance Ordinance (Cap. 41), the Insurance (Levy) Regulation and the Insurance (Levy) Order shall be treated as an indebtedness to Manulife and Manulife 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.
本人（作為保單持有人）知悉、同意及確認，保單持有人就保單根據《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》所應付的保費徵費（「徵費」）當中的任何欠繳徵費會被宏利視為負債。當宏利提供保障及／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。

SECTION E — DECLARATION AND AUTHORIZATION 第五項：聲明及授權

I, hereby agree to the application(s) as stated above and understand that the above application(s) is/are bound by the provisions stated in the Contract(s). For the case of surrender, I hereby agree to surrender the above policy(ies) for cash value, if any. I understand that surrender charges may be levied as appropriate and that the above application(s) is/are bound by the surrender and withdrawals provisions as stated in the Contract(s). I declare that I do not have any bankruptcy petition made against me. I understand that all payments and benefits of the policy will not be payable by Manulife if the identification of the relevant parties does not completely follow the Company's guidelines and instructions provided in this application.
本人同意以上之申請及明白上述申請受保單合約內之條款約束。如屬退保之申請事宜，本人同意將以上保單退保以提取現金價值。本人明白宏利人壽保險（國際）有限公司可收取有關退保手續費，亦明白上述之退保申請受保單合約內之退保及提款條款約束。本人聲明本人現時並沒有破產。本人明白倘相關人士之身份證明資料未能完全符合宏利於此申請上提供的指引及規定，宏利將不會根據保單作出任何付款及賠償。

Signature(s) of irrevocable beneficiary(ies) (if applicable)
不可更改之受益人簽署（如適用）

Signature of collateral assignee (if applicable)
附屬抵押轉讓受讓人簽署（如適用）

Signature of witness 見證人簽署 (Name 姓名：　　)

Signature of policyowner 保單持有人簽署　　DD/MM/YYYY 日／月／年

✉ Please return the completed form to Individual Financial Products, Manulife (International) Limited, 22/F., Manulife Financial Centre, 223-231 Wai Yip Street, Kwun Tong, Kowloon, Hong Kong.
請將填妥的表格寄回香港九龍觀塘偉業街223-231號宏利金融中心22樓宏利人壽保險（國際）有限公司個人理財產品業務部。