

Please complete this form in BLOCK letters. 請以正楷填寫本表格。

Part I: Joint Owners Particulars 第一部份: 聯名持有人資料

	Surname 姓	Given Name(s) 名	Contact Number 聯絡電話
First Owner 第一持有人	_____	_____	_____
Second Owner 第二持有人	_____	_____	_____
Third Owner 第三持有人	_____	_____	_____
Fourth Owner 第四持有人	_____	_____	_____

Part II: Policy / Account Information 第二部份: 保單/帳戶資料

Please specify ALL Policy No. / Account No. of your current jointly owned policies / accounts:

請列明閣下現時聯名持有的所有保單 / 帳戶之號碼:

Individual Insurance 個人保險	:	_____
General Insurance 一般保險	:	_____
Manulife Asset Management 宏利資產管理	:	_____
Wealth Management 財富管理	:	_____

Part III: Declaration 第三部份: 聲明

All joint owners must sign.
所有聯名持有人均須簽署。

We understand that by completion of this form we agree to permit Manulife to issue a MCN (Manulife Customer Number), an ON (Owner Number) and a PIN (Personal Identification Number) to be used by any one of the Joint Owners named in Part I. 吾等明白填妥本表格代表允許第一部份所列之任何一位聯名持有人使用宏利向吾等發給的宏利客戶號碼、持有人號碼及私人密碼。

We authorize Manulife to accept instructions via the Manulife Customer Website and Manulife Smart Call using our MCN, ON and PIN to perform any financial or non-financial transactions which shall be binding on all of us being the Joint Owners named in Part I. Any instructions received by Manulife apply to all of our products/services provided by all companies within the Manulife group of companies in Hong Kong and Macau and also companies which provide trustee/custodian services.

吾等授權宏利接納以吾等之宏利客戶號碼、持有人號碼及私人密碼透過「宏利客戶服務網站」及「宏利一線通」作出的任何財務或非財務交易指示，而有關指示對第一部份所列之所有聯名持有人均具約束力。宏利接獲之指示，將應用於宏利旗下於香港及澳門之公司以及為該等公司提供信託 / 託管服務之公司，其所提供予吾等之所有產品 / 服務上。

We understand that we are responsible for maintaining security and not to release our MCN, ON and PIN to any other party. We accept the responsibility for any transactions performed using our MCN, ON and PIN.

吾等明白吾等有責任將宏利客戶號碼、持有人號碼及私人密碼保密，並切忌向他人透露。吾等同意為任何以吾等之宏利客戶號碼、持有人號碼及私人密碼作出之指示負上責任。

Signature of First Owner 第一持有人簽署 / Date 日期 (DD/MM/YYYY 日/月/年)

Signature of Second Owner 第二持有人簽署 / Date 日期 (DD/MM/YYYY 日/月/年)

Signature of Third Owner 第三持有人簽署 / Date 日期 (DD/MM/YYYY 日/月/年)

Signature of Fourth Owner 第四持有人簽署 / Date 日期 (DD/MM/YYYY 日/月/年)

Please return your completed form by mail to Customer Contact Centre, Manulife (International) Limited, 21/F, Tower B, Manulife Financial Centre, 223 - 231 Wai Yip Street, Kwun Tong, Kowloon, Hong Kong or via Fax No. 2508 1629. If you have any questions, please contact your Manulife Advisor or contact our Customer Service Hotline at 2108 1188.

請將填妥的表格寄往香港九龍觀塘偉業街 223 - 231 號宏利金融中心 B 座 21 樓宏利人壽保險(國際)有限公司客戶聯絡中心或傳真至 2508 1629。閣下如有任何查詢，請聯絡閣下之宏利顧問或致電本公司的客戶服務熱線 2108 1188。

The Chinese version of this form is for reference only. In the event of conflicts between the Chinese and the English version, the English version shall prevail. 此表格之中文譯本只供參考之用，若與英文有異，一概以英文為準。

CS02(12/2016)