

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。

B03 (12/2025)

PLEASE DO NOT DETACH 請勿撕去

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 Chinese 中文姓名	English	Surname 姓	English/ Company Name 英文姓名/ 公司名稱	Surname 姓
	Chinese	Given name & middle name(s) 名	Chinese/ Company Name 中文姓名/ 公司名稱	Given name & middle name(s) 名
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"/> DD 日 <input type="text"/> MM 月 <input type="text"/> YYYYY 年		<input type="text"/> DD 日 <input type="text"/> MM 月 <input type="text"/> YYYYY 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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Please affix the policy no. here
 請在此貼上保單編號
 (For office use only 公司專用)

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

<p>Please “✓” the appropriate boxes. 請在適當方格上填上「✓」</p>	NO 否	YES 是	
<p>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，請掃描二維碼或瀏覽https://www.manulife.com.hk/content/dam/insurance/hk/en/documents/services/others/etia.pdf。</p>			
<p>44. Has the proposed insured: 擬受保人否有：</p> <p>(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？</p>	44a	<input type="checkbox"/>	<input type="checkbox"/>
<p>(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？</p>	44b	<input type="checkbox"/>	<input type="checkbox"/>

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(不包括皮膚癬或牛皮癬)
- 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)

<p>Please “✓” the appropriate boxes. 請在適當方格上填上「✓」</p>	NO 否	YES 是	
<p>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？</p> <p>(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</p> <p>* 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、心臟瓣膜疾病、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。</p> <p>(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、瘰癧、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。 <input type="checkbox"/> Breast 乳房 <input type="checkbox"/> Lung 肺部 <input type="checkbox"/> Colon 腸 <input type="checkbox"/> Thyroid 甲狀腺 <input type="checkbox"/> Other Parts 其他部位</p>	45a	<input type="checkbox"/>	<input type="checkbox"/>
<p>(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、瘰癧、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。 <input type="checkbox"/> Breast 乳房 <input type="checkbox"/> Lung 肺部 <input type="checkbox"/> Colon 腸 <input type="checkbox"/> Thyroid 甲狀腺 <input type="checkbox"/> Other Parts 其他部位</p>	45b	<input type="checkbox"/>	<input type="checkbox"/>
<p>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：</p> <p>(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)</p> <p>i) but the surgery was not completed yet; or 手術尚未完成；或</p> <p>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</p> <p>(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</p> <p>^ 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</p>	46a	<input type="checkbox"/>	<input type="checkbox"/>
<p>(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</p> <p>^ 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</p>	46b	<input type="checkbox"/>	<input type="checkbox"/>

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)	<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+ 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)