



保單財務調配申請表 Request For Financial Services Form

保單編號: Policy Number		受保人: Name of Insured		保單持有人: Name of Policyholder	
請選擇適當之空格 <input checked="" type="checkbox"/> Please tick <input checked="" type="checkbox"/> the relevant box(es)					
<input type="checkbox"/> 領款 Withdrawal					
洽辦事項: Service Options		<input type="checkbox"/> 保單期滿 Maturity		<input type="checkbox"/> 全部 All	
生效日期: Effective Date		<input type="checkbox"/> 保單退保 Surrender		<input type="checkbox"/> 提取金額 Withdrawal Amount: _____	
		<input type="checkbox"/> 累積分期領款 Accumulated Coupons		<input type="checkbox"/> 全部 All	
		<input type="checkbox"/> 累積紅利 Accumulated Dividends		<input type="checkbox"/> 提取金額 Withdrawal Amount: _____	
		<input type="checkbox"/> 其他			
本公司將開付以保單持有人抬頭之畫線支票 We will issue a cheque in the name of the Policyholder					
請按所選貨幣簽發支票: Please issue cheque in		<input type="checkbox"/> 保單貨幣 Policy Currency		<input type="checkbox"/> 港元 HKD	
支票處理: Cheque to be		<input type="checkbox"/> 本人/授權人親身領取 picked up personally or by authorized individual			
聯絡電話 Telephone:		<input type="checkbox"/> 寄往本人通訊地址 mailed to my correspondence address			
通訊地址 Correspondence Address:		<input type="checkbox"/> 交往保險代理傳遞 delivered through my Servicing Agent			
		<input type="checkbox"/> 存入指定戶口 deposited to my bank account			
		*請填後頁《銀行直接轉帳申請表》 please fill in the form back page			
		<input type="checkbox"/> 請列明 Please Specify:			
<input type="checkbox"/> 保單貸款 Policy Loan					
洽辦事項: Service Options		<input type="checkbox"/> 最高貸款額 Maximum Loan			
		<input type="checkbox"/> 貸款額(港幣/美元) Loan Amount (HKD/USD): _____			
<input type="checkbox"/> 償還貸款					
洽辦事項: Service Options		<input type="checkbox"/> 全部還貸款額 Full Amount			
		<input type="checkbox"/> 還貸款額(港幣/美元) Loan Repayment Amount (HKD/USD): _____			
		請附上繳款證明。 Please attach the proof of repayment.			
		*最低還款額為 HK\$10,000.00 Minimum Loan Repayment Amount HK\$10,000.00			
聲明 Declaration :					
本人/吾等現要求中國人壽保險(海外)股份有限公司香港分公司依據保單條文完成以上之申請。本人/吾等在此聲明,若本人所領取支票或委託入賬的金額與上述可領金額相符,當支票兌現或款項入賬後,則此申請書即作為本人領款憑證。					
I / We, the undersigned, request China Life Insurance (Overseas) Co. Ltd. Hong Kong Branch to effect the transaction(s) marked above, in accordance with the conditions of the policy. I/We HEREBY DECLARE that this form will serve as a proof of receipt when the cheque with above amount is cashed by me/us or is credited to my/our designated bank account.					
保單持有人/受讓人/信託人蓋章或簽署: Signature of Policyholder/Assignee/Trustee			身份證號碼 HKID No.: (請附身份證影印本/ Please attach a copy of HKID)		
			日期 Date:		
保險中介人簽署 Insurance Intermediary's Signature			分行/營業員編號 Branch/Agent Code		
重要事項 Important Notice:					
1. 所有之申請均須提交保單之正本。2 若遺失保單,須呈交"保單遺失聲明書"和手續費用 HK\$200。3 保單持有人之簽署須與本公司之記錄相同。 1. All requests must be submitted with the original policy. 2. In case of lost policy, the Lost Policy Declaration and HK\$200 services charge are required with this form. 3. The signature of Policyholder must match our Company's record.					
閣下如有任何查詢,請與您的保險中介人聯絡或致電本公司客戶服務部(電話 28350252)查詢。填妥的表格請寄往香港灣仔軒尼詩道 313 號中國人壽大廈 22 字樓客戶服務部。 If you have any queries, please feel free to contact your insurance intermediary or our Customer Services Department at 28350252 for details. Completed form should be sent to Customer Services Department, China Life Insurance (Overseas) Co. Ltd. Hong Kong Branch, 22/F, CLI Building, 313 Hennessy Road, Wan Chai, Hong Kong.					

此欄由本保險公司財會部填寫 :

此欄由本保險公司財會部填寫 :

支票抬頭人: _____
付款銀行 : _____
支票編號 : _____

主管: _____
覆核: _____
印鑑校對: _____



Direct Credit Payment Application Form

銀行直接轉帳申請表

Please fill in the details below and return to us **with copy of bank book (front page)** via mail or fax no. 2892 0520.

請填妥以下表格, **連同銀行存摺首頁影印件**寄回或傳真(傳真號碼:2892 0520)至本公司.

Name of Policy Holder (Chinese) 保單持有人姓名:(中文)_____	(English in BLOCK Letters) (英文 請以正楷填寫) _____	
Policy No. 保單號碼:_____	Contact No. 聯絡電話:_____	
Name of Bank 銀行名稱:_____		
Account No: 帳戶號碼:_____		
Name of Account (Chinese) 帳戶持有人姓名:(中文)_____	(English in BLOCK Letters) (英文 請以正楷填寫) _____	
_____ Signature of the Policy/Bank Account Holder 保單/銀行帳戶持有人簽署		_____ Date 日期
Remarks:備註		
1. Policy holder and Account holder must be same person. 保單持有人和銀行帳戶持有人必須是同一人.		
2. The application is for this payment only. 此申請只限於本次付款.		