



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

保單號碼： Policy Number		被保險人： Name of Insured		要保人： Name of Applicant	
請選擇適當之空格 <input type="checkbox"/> Please tick <input 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"/> 保單退保 Surrender <input type="checkbox"/> 累積分期領款 Accumulated Coupons <input type="checkbox"/> 累積紅利 Accumulated Dividends <input type="checkbox"/> 其他			
		<input type="checkbox"/> 全部 All <input type="checkbox"/> 提取金額 Withdrawal Amount : _____			
本公司將開付以要保人抬頭之劃線支票 We will issue a cheque in the name of the applicant					
請按所選幣制簽發支票 Please issue cheque in		<input type="checkbox"/> 保單幣制 Policy Currency <input type="checkbox"/> 澳門元 MOP <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 Pick up personally or by authorized individual <input type="checkbox"/> 寄往本人通訊地址 Mailed to my 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			
聯絡電話 Telephone : _____		存入銀行名稱 Name of Bank : _____			
通訊地址 Correspondence Address : _____		戶口英文姓名* Name of Account Owner* : _____			
		存入銀行戶口編號 Account Number : _____			
		註：* 此欄資料需與要保人及存入銀行紀錄相符 This information must match the applicant's name and the record of the designated bank			
		<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(澳門元/港元/美元/人民幣) : _____ Loan Amount(MOP/HKD/USD/RMB)			
<input type="checkbox"/> 償還貸款 Loan Repayment					
洽辦事項： Service Options		<input type="checkbox"/> 全部還貸款額 Full Amount <input type="checkbox"/> 還貸款額(澳門元/港元/美元/人民幣) : _____ Loan Repayment Amount(MOP/HKD/USD/RMB)			
		請附上繳款證明 Please attach the proof of repayment			
<b>聲明 Declaration :</b>					
本人/吾等現要求 中國人壽保險(海外)股份有限公司澳門分公司 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. Macau Branch to effect the transaction(s) marked above, in accordance with the conditions of the policy. I / We <b>HEREBY DECLARE</b> 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.					
				身份證號碼 ID No. : _____ (請附身份證影印本/Please attach a copy of ID.)	
要保人/受讓人/信託人蓋章或簽署 Signature of Applicant/Assignee/Trustee				日期 Date : _____	
保險中介人簽署 Insurance Intermediary's Signature			分行/營業員編號 Branch/Agent Code		
<b>重要事項 Important Notice :</b>					
1. 所有之申請均提交保單之正本。2.若遺失保單，須呈交“保單遺失聲明書”和手續費保單幣制\$200 或美元\$25。保單要保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 policy currency \$200 or US\$25 service charge are required with this form. 3.The signature of Applicant 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 2878 7288)查詢。填妥的表格請寄往澳門宋玉生廣場 263 號中土大廈 A、B、K-P 座客戶服務部。 If you are any queries, please feel free to contact your insurance intermediary or our Customer Services Department at 2878 7288 for details. Completed form should be sent to Customer Services Department, China Life Insurance (Overseas)Co.Ltd. Macau Branch, alameda Dr. Carlos D'Assumpção NO.263, 22 Andar A,B,K-P, Edif. China Civil Plaza,Macau					

此欄由本保險公司財會部填寫：

此欄由本保險公司業務部填寫：

支票抬頭人：\_\_\_\_\_

主管：\_\_\_\_\_

付款銀行：\_\_\_\_\_

覆核：\_\_\_\_\_

支票編號：\_\_\_\_\_

印鑑校對：\_\_\_\_\_