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第六部份 客戶確認符合《海外帳戶稅收合規法案》和其他適用法律 (續)**Part 6 Customer acknowledgement regarding compliance with Foreign Account Tax Compliance Act and other Applicable Laws (Continued)**

如果閣下未能及時向本公司提供資料或文件，或閣下所提供所需的資料或文件並非最新、準確或完整，為確定本公司持續遵從適用規定，閣下同意本公司可以完全酌情決定隨時採取任何相關行動以確保本公司遵從適用法律及法規的要求。

If you do not provide the Company with the information or documents requested in a timely manner or if any information or documents provided are not up-to-date, accurate or complete you agree that the Company may take any relevant actions at any time as may be determined by the Company in its sole and absolute discretion to be required to ensure compliance with the applicable Laws and Regulations on the part of Company.

第七部份 收取個人壽險保費徵費 Part 7 Collection of Levy on Individual Life Insurance Policy

本人/我們謹已收悉：

貴公司就保險業監管局要求並授權向每位保單持有人所持有的有效保單徵收「保費徵費」，及將收取的保費徵費將會全數轉交予該局。

保險業監管局亦可以根據相關條例，將有關的欠付款作為民事債項及向相關的保單持有人追討欠款並有機會徵收罰款。有關收取保費費的詳情，請瀏覽本公司的網頁 www.chinalife.com.hk/levy。

I/We hereby notified that:

We, as an authorized insurer, is statutorily required to collect Levy from you on behalf of the Insurance Authority ("IA") and report to IA. IA may take legal proceedings against you in respect of any outstanding Levy as civil debt and may impose pecuniary penalty. For details of the collection of levy, please refer to our website at www.chinalife.com.hk/levy.

第八部份 個人資料收集聲明 Part 8 Personal Information Collection Statement

本人/我們確認已閱讀及明白中國人壽(海外)股份有限公司的收集個人資料聲明("本聲明")。有關最新版本的收集個人資料聲明，可於 www.chinalife.com.hk 下載或向中國人壽(海外)股份有限公司索取。

I/We confirm that I/We have read and understood the Personal Information Collection Statement ("PICS") of China Life Insurance (Overseas) Company Limited.

For the latest version of the PICS, it can be downloaded from www.chinalife.com.hk or is made available upon request.

第九部份 保單持有人及受讓人簽署 Part 9 Signature of the Policyholder and the Assignee

本人/我們已閱讀及完全明白本表格的內容，並接納本申請書內之聲明及指引所載各款條款及條件。

I/We have read and understood the content of this form, and agree to be bound by the terms and conditions as currently set forth in the agreement.

保單持有人簽署/蓋章 Authorized Signature and/or Company Chop of the Policyholder	日期 Date _____ / _____ / _____ 年 Year 月 Month 日 Day
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受讓人同意並願意遵照本保單抵用協議書上之條款及保險公司之任何決定辦理。The Assignee hereby agrees to follow the conditions set out in this Collateral Assignment Form and the decisions made by the Insurer. 受讓人簽署/蓋章 Authorized Signature and/or Company Chop of the Assignee	日期 Date _____ / _____ / _____ 年 Year 月 Month 日 Day
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第十部份 保險公司批註 Part 10 Endorsement of the Insurer

註：本協議書非經保險公司接受加簽批單，不生效力。Notice: This agreement shall become void if it is not endorsed by the Insurer in writing.

批文：本公司同意保單持有人上述之申請，從____年____月____日起生效，並作為保單規章的組成部份及保單利益給付的根據。此批。
 Acknowledgement: We accept the policyholder's application as described above. With effective from____ dd ____ mm ____ yyyy, this application shall form part of the Policy and we shall pay the policy benefits that become payable as instructed accordingly.

保險公司簽署/蓋章 Authorized Signature and/or Company Chop of the Insure	日期 Date _____ / _____ / _____ 年 Year 月 Month 日 Day
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