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## 保單抵用/取消保單抵用協議書 Collateral Assignment/ Release of Collateral Assignment Form

保單持有人姓名 Name of Policyholder	受保人姓名(選填) Name of Insured (Optional)	保單號碼 Policy No.
<input type="text"/>	<input type="text"/>	<input type="text"/>

### 保險中介人資料 INSURANCE INTERMEDIARY INFORMATION

保險中介人姓名 Name of Insurance Intermediary	
分行/中介人編號/註冊編號 Branch/ Intermediary Code/ Registration Code	聯絡電話 Contact No.
<input type="text"/>	<input type="text"/>

### 重要須知 IMPORTANT NOTE

- 本表格中所用之「本公司」或「貴公司」之表述指中國人壽保險(海外)股份有限公司。The expression "the Company" used in this form refers to China Life Insurance (Overseas) Company Limited.
- 請以正楷填寫本表格。任何資料如有更改，保單持有人必須在更改的位置簽署作實。Please complete this form in BLOCK LETTERS. All amendments should be endorsed by the Policyholder in full signature.

### 第一部份 基本資料 Part 1 Basic Information

受保人姓名 Name of Insured (選擇性填寫 Optional)	
姓 Last Name	名 First Name
<input type="text"/>	<input type="text"/>
保單持有人姓名 Name of Policyholder	
姓 Last Name	名 First Name
<input type="text"/>	<input type="text"/>
保額/基本金額 (請刪去不適用者) Sum Assured/ Insured Amount (Please delete where not applicable)	年繳保費 Annual Premium Amount
<input type="text"/>	<input type="text"/>

### 第二部份 受讓人資料 Part 2 Information of Assignee

受讓人姓名 Name of Assignee	
姓 Last Name	名 First Name
<input type="text"/>	<input type="text"/>
國籍 Nationality (如適用 if applicable)	身份證明文件類別及號碼 (請提供副本) Identity Document Type and No. (Please attach copy)
<input type="text"/>	<input type="checkbox"/> 香港永久居民 Hong Kong Permanent Resident 香港身份證號碼 Hong Kong Identity Card No.: <input type="text"/>
出生國家 Country of Birth (如適用 if applicable)	<input type="checkbox"/> 非香港永久居民 Non-Hong Kong Permanent Resident 身份證/護照號碼 Identity Card/ Passport No.: <input type="text"/>
出生日期 Date of Birth (如適用 if applicable)	簽發國家/地區 Issue Country/ District: <input type="text"/>
<input type="text"/>	<input type="checkbox"/> 組織機構 (公司客戶) Entity (Corporate Client) 商業登記/公司註冊號碼 Business Registration/Company Registration No.: <input type="text"/>
辦公室地址 Office Address	
<input type="text"/>	
城市 City 國家/地區 Country/District	
住宅地址 (郵政信箱恕不接受。請提供由遞交本協議書當日前三個月內發出的地址證明。) Residential Address (P. O. Box is not accepted. Please provide address proof issued within 3 months before the date of application submission.)	
<input type="text"/>	
城市 City 國家/地區 Country/District	
通訊地址 (如非上述地址) Correspondence Address (If different from the above address)	
<input type="text"/>	
城市 City 國家/地區 Country/District	
聯絡號碼 Contact No.	
住宅 Residential	辦公室 Office
<input type="text"/>	<input type="text"/>
手提電話 Mobile Phone	
<input type="text"/>	
國家號 Country Code 電話號碼 Tel No.	國家號 Country Code 電話號碼 Tel No.
<input type="text"/>	<input type="text"/>



**第二部份 受讓人資料 (續) Part 2 Information of Assignee (Continued)**

閣下是否美國公民或美國稅務居民(見後頁備註)? 若「是」, 請填妥並遞交 W-9 表格或同等文件。  
 Are you a U.S. Citizen or a U.S. tax resident (See **Notes** overleaf)? If "yes", please complete and submit Form W-9 or an equivalent form.

是 Yes      納稅人識別號碼 TIN No.: \_\_\_\_\_       否 No

為遵循FATCA及相關的本地法規, 閣下是否同意本公司提供閣下的個人資料予美國或相關的本地司法、稅務或其他監管機構, 以確保本公司遵行FATCA或適用規定?  
 Pursuant to FATCA or applicable local laws, do you agree the Company to report your personal data to the U.S. or applicable local regulators or tax authorities where necessary in order to comply with FATCA or applicable local laws?

是 Yes       否 No       不適用 Not Applicable

**備註:** 如上述第二部份的資料顯示, 受讓人係美國公民或美國稅務居民<sup>1</sup> 及/或可能與美國有關聯<sup>2</sup>, 受讓人需將已填妥的美國稅務自我聲明書 (如: W-9、W-8BEN 或同等文件) 及相關證明文件 (如適用), 連同本協議書一併呈交予本公司。如受讓人為組織機構, 除前述文件之外, 受讓人另需填妥並遞交「補充陳述書 - 適用於要保人/保單持有人/受讓人為組織機構」及「補充陳述書 - 適用於個人股東」(如適用)。

- 1 美國稅務居民指的是美國綠卡持有人 (即美國合法永久居民) 或滿足實質居住測試 (即他/她於本納稅年內已在美國逗留至少31天和三年內在美國逗留至少183天在(含本納稅年度及過往兩年))。
  - 三年內在美國逗留日數計算方法 = 本年實際居住在美國日數 + 1/3 去年居住在美國的日數 + 1/6 前年居住在美國的日數
- 2 與美國有關聯的資料包括但不限於: 出生國家為美國<sup>3</sup>、電話號碼為美國號碼、郵寄或永久地址為美國地址、客戶提供美國郵政信箱或轉交地址或代存地址、客戶授予擁有美國地址的人代理權或簽名權、常設指示將資金轉入位於美國的賬戶、任何與美國相關的資訊等。
- 3 若受讓人的出生國家為美國, 但聲明為非美國公民或美國稅務居民, 除 W-8BEN 之外, 請同時提供美國以外國家或地區簽發的護照副本, 或政府簽發可證明非美國公民或美國稅務居民身份的任何身份證明文件的副本, 及喪失/放棄美國籍之證明文件副本。
- 4 請同時遞交「自我證明」表格。

**Notes:** If the information provided under Part 2 of this form indicates that the Assignee is a U.S. Citizen or a U.S. tax resident<sup>1</sup> and/or the Assignee may have links to the U.S.<sup>2</sup>, the Assignee is required to complete and return a U.S. tax self-certification form (e.g. W-9, W-8BEN or an equivalent form) and relevant supporting documents (if applicable), along with this form to the Company. If the Assignee is an Entity, the Assignee is required to complete and submit "Supplementary Information Form – Applicable to Entity Applicant/Policyholder/Assignee" and "Supplementary Information Form – Applicable to Individual Shareholder" (if applicable) in addition to the aforementioned documents.

- 1 U.S. tax resident refers to U.S. Green Card holder (i.e. U.S. lawful permanent resident) or individual who meets the substantial presence test (i.e. he/she has been present in the U.S. for at least 31 actual days in the current tax year and 183 equivalent days during a three year period (including current year and the two prior years)).
  - Equivalent days = Actual days in the U.S. in the current year + 1/3 of his/her days in the U.S. in the immediately preceding year + 1/6 of his/her days in the U.S. in the second preceding year.
- 2 Information that has a U.S. link, included but not limited to: a U.S. place of birth<sup>3</sup>, a U.S. telephone no., a U.S. correspondence or permanent address, a U.S. P.O. box address, a U.S. "in-care-of" or "hold mail" address, a power of attorney or signatory authority granted to a person with a U.S. address, standing instructions to make payments to accounts maintained in the U.S., any U.S. related information, etc.
- 3 If the Assignee's place of birth is U.S., but declared that he/she is not a U.S. Citizen or a U.S. tax resident, apart from filing in W-8BEN, please provide a copy of non-U.S. passport or government issued identification document evidencing non-U.S. citizenship or Tax resident, AND a Certificate of Loss of Nationality of U.S.
- 4 **Please also submit "Self-Certification" Form.**

第三部份 抵押轉讓及風險披露聲明 Part 3 Collateral Assignment and Risk Disclosure

## A. 重要說明

根據第三部份之條款，請在第三部份的空格內加上“✓”。In accordance with the terms of Part 3, please put a“✓” in the box in Part 3.

茲根據保單條款規定，保單持有人特申請自 年 月 日起，將本保單[不多於\_\_\_\_\_的] / [所有]權利、權益和利益（下稱「最高受抵金額」）轉讓給受讓人，在受讓人收回保單內不超過最高受抵金額的應得權益後，如有餘額，則歸保單持有人或指定受益人所有。在轉讓期內，保單持有人仍繼續繳交保費，並遵照下列規定辦理。

- 1 繳交續期保費及保單失效：期繳保單仍須按期繼續繳交到期保費，以維持保單效力。如過繳費寬限期，逾期未繳，本保單即告失效。
- 2 本保單權益轉讓給受讓人後，受讓人可在保單期滿時領取滿期金額或在受保人身故時領取賠款金額，但不超於最高受抵金額，以抵付保單持有人欠受讓人的負債。
- 3 因市場環境的改變，由保單獲得的回報可能不足夠抵銷支付予受讓人的利息。
- 4 根據保單條款，保單持有人同意本公司可根據受讓人的書面通知辦理：(1) 保單退保，領取退保價值、終止保單或 (2) 向本公司借款，而借款金額、借款利息，繳交保費等仍由保單持有人負責；(3) 如本保單設有分紅辦法，受讓人可更改分派紅利辦法。惟受讓人所得利益，以最高受抵金額為限。
- 5 在抵押轉讓未經取消之前，保單持有人未經受讓人同意，不得指派其他受益人，此保單亦不能再做全部或部分轉讓予第三者。
- 6 在抵押轉讓未經取消之前，保單資料可能會向受讓人披露。
- 7 保單持有人同意在此申請書為本公司接受後，不論保單持有人是否有簽署任何抵押文件給予受讓人，本公司有權視該保單已抵押予受讓人。
- 8 本公司對此項權益轉讓之處理不負任何法律責任。
- 9 本公司對此項權益轉讓並不參與其中及不牽涉任何利益。
- 10 閣下必須仔細閱讀並理解此重要說明、受讓人設定的權益轉讓條款和條件及使用閣下保單作為貸款或其他信貸服務的抵押品擔保所帶來的相關風險。
- 11 如閣下有任何疑問，我們強烈建議閣下於申請保單抵押前向獨立專業顧問諮詢有關所涉及的風險。

## B. 風險披露聲明

**貸款調整及收回風險：**受讓人可於任何時間通知保單持有人增加、減少或取消部份或全部貸款。但是，如果發生事故或一連串的事故以致受讓人認為保單持有人在財政狀況上出現重大及負面影響時，受讓人可在沒有預先通知的情況下修改、減少或取消該貸款。如保單持有人無法償還貸款，受讓人可能會行使其在保單抵押期間包括但不限於退保/部份退保、提取現金並直接向其支付所有此類款項，並遵守權益轉讓中的任何其他指示之權利。

**保單之權益轉讓：**在保費融資或其他由受讓人提供的信貸服務的情況下，保單持有人所持有之保單權益可能被轉讓予受讓人。這意味著保單內所有的應付款項須首先支付給受讓人，及保單的任何更改或修改均須經受讓人的批准。如保單持有人身故，受讓人可以退保並使用退保價值償還未償還的貸款。閣下須確保受益人完全理解此項償還原則。

**退保風險和身故保險金風險：**當此權益轉讓生效時，受讓人可能有權代表保單持有人行使保單的權利，包括但不限於收取保單任何應付的紅利，退保並收取任何退保價值，申請融資/保單貸款和行使任何自動不喪失價值條款。

**提供額外抵押品風險：**如未償還之貸款金額高於受讓人給予閣下的信貸額度，閣下有可能需提供額外抵押品。

**利率風險：**當貸款利率或保單的派息率(可能不是固定的)發生變化時，可能導致利息支付成本增加及保單價值可能會低於貸款餘額。適用於貸款的利率可根據(包括但不限於)以下而改變：(1) 受讓人的政策和酌情權(2) 現行市場對於貸款所用貨幣的需求和供應狀況，例如香港銀行同業拆借利率。換言之，閣下需承擔因任何未能預料的利率調整而導致損失的風險。

**回報率風險：**適用於貸款的利率變化(即增加)可能會增加償還貸款的成本，因此會減低保單的整體回報率。在最壞的情況下，融資利率可能高於人壽保單收到的回報，客戶可能會遭受重大財務損失。請注意如果保單產生的回報率不足以讓保單持有人使用保單價值以履行其對受讓人的義務，會對保單持有人造成不利的財務影響。使用任何信貸工具或融資工具以支付保費並無保證閣下能從中獲取任何利潤。

**信貸風險：**閣下須承擔本公司的信貸風險。若本公司之相關信用評級被下調或違約，受讓人可重新審核及調整信用額度並在需要時要求提供額外的抵押品。

**匯率風險：**當閣下選擇一個與保單貨幣不同的貸款貨幣時將產生匯率風險。例如，保單持有人須分別地以外匯交易的方式向受讓人轉換其保費貸款至其保單貨幣以作保費結算之用。同樣地，任何由保單得到的收入須在用作償還貸款前被轉換至貸款貨幣。匯率波動可能會對償還貸款金額產生影響。

## A. Important Note

With effective from \_\_\_\_\_ dd \_\_\_\_\_ mm \_\_\_\_\_ yyyy, in accordance with policy provisions, the Policyholder hereby applies to assign [his/her rights, title, interest and benefits to and in the Policy up to the maximum of \_\_\_\_\_] / [all his/her rights, title, interest and benefits to and in the Policy] (the "maximum assigned value") to the Assignee. The Policyholder or the nominated beneficiary (ies) shall possess the residual value under the Policy, if any, after the Assignee has collected the claim up to the maximum assigned value in full. The Policyholder shall continue to pay the premium regularly during the Assignment period (if needed) and shall be bound by the following conditions.

- 1 Payment of Renewal Premium and Policy Lapse: the Policyholder shall continue to pay the regular premium due and thereafter for keeping the Policy in full force. In case that the premium due is not paid after the grace period, the Policy shall lapse.
- 2 After the assignment of the Policy is not paid effective, the Policyholder agrees that the Assignee can receive the maturity amount or death claim proceeds payable upon the Policy's maturity or the Insured's death up to the maximum assigned value.
- 3 Due to the change of the market situation, the return received from the policy may not be sufficient to cover the loan interest paid to the Assignee.

**第三部份 抵押轉讓及風險披露聲明 (續) Part 3 Collateral Assignment and Risk Disclosure (Continued)**

- 4 The Policyholder agree that the Company may, subject to the terms of the Policy, follow the Assignee's written instruction to: (1) surrender the Policy, receive the cash surrender value, terminate the Policy or (2) advance a loan from the Company and the Policyholder shall continue to be liable for the loan amount, interest prescribed or payment of renewal premiums; (3) change the dividend option, if available in the Policy, provided that the benefits to be received by the Assignee shall not exceed the maximum assigned value.
- 5 Before the release of this collateral assignment, no further beneficiary(ies) designation shall be made, nor shall the Policy be wholly or partially assigned to any third party without the approval of the Assignee.
- 6 Before the release of this collateral assignment, the information of this policy may be disclosed to the Assignee.
- 7 Regardless of whether the Policyholder have entered into a collateral assignment agreement with the Assignee, the Policyholder agree that the Company shall treat this Policy as if it has been assigned to the Assignee when this application is endorsed in writing by the Company.
- 8 The Company assumes no responsibility for the validity or legality of the Assignment.
- 9 The Company does not participate nor has any interest in the assignment.
- 10 You should have read through and understand this important note, the terms and conditions of the assignment set by the Assignee and the relevant risks associated with assigning your policy as a collateral security for a loan arrangement or other credit facilities.
- 11 If you have any questions, we strongly suggest you to seek advice from an **independent professional advisor** about the risks involved before entering into the assignment.

**B. Risk Disclosure**

**Loan Adjust and Recall Risk:** The Assignee may increase, reduce or cancel the loan arrangement or any part of it at any time by notice to the Policyholder. However, if it occurs an event or a series of events which in the Assignee's opinion that might have a material and adverse effect on the financial condition of the Policyholder, the loan arrangement may be modified, reduced or cancelled by the Assignee without prior notice. If the Policyholder is unable to repay the loan arrangement, the Assignee may exercise its rights of the policy under the assignment including but not limited to fully/partially surrender the policy, make cash withdrawals and pay all such moneys directly to it and comply with any other instructions pursuant to the assignment.

**Assignment of Insurance Policy:** With Premium financing / other credit facilities advanced by the Assignee, the rights of the Policyholder under the insurance policy may be assigned to the Assignee. This means that all proceeds payable under the insurance policy are to be paid to the Assignee first, and any changes or amendment to the insurance policy are subject to the Assignee's approval. In the case of Policyholder passes away, the Assignee may surrender the policy and use the surrender value to repay the outstanding loan. You shall ensure the beneficiary(ies) is (are) fully aware of this.

**Surrender Risk and Death Benefit Risk:** When this assignment becomes effective, the Assignee may have the sole right to exercise the rights under the policy on behalf of the Policyholder, including but not limited to receive any dividends payable under the policy, surrender the policy and receive any surrender value, apply for Premium Financing / Policy Financing loan and exercise any non-forfeiture options.

**Collateral Top-up Risk:** Collateral top-up may be required if the outstanding loan amount is higher than the credit limit granted by the Assignee.

**Interest Rate Risk:** When the loan interest rate or crediting interest rate of the policy (which may not be fixed) changes, it may result in higher costs of interest payments and the value of the policy may be lower than the loan balance. Interest rates applicable to the loan are subject to changes according to (including but not limited to): (1)Assignee's policy and discretion (2)prevailing market conditions on the demand and supply on the currency the loan is denominated in such as the Hong Kong Interbank Offered Rate. In other words, there is always a risk that you may adversely suffer as a result of any unexpected interest rate changes.

**Rate of Return Risk:** Changes in interest rates applicable to the loan (i.e. increase) may increase costs of serving the loan, and therefore reduce the overall rate of return of the insurance policy under this arrangement. In the worst case, the financing interest rate may be higher than the returns received from the life insurance policy and you may be subject to significant financial loss. Please be aware of the adverse financial implications in the event the rate of return generated from the policy is insufficient to allow the value of the policy to meet Policyholder's obligations to the Assignee. There is no assurance or guarantee of any profit by your making use of any credit or financing facilities to finance the premium payment(s).

**Credit Risk:** You are subject to the credit risk of the Company. In the event of any adverse change in credit rating of or default of the Company, the Assignee may review and adjust the credit limit and to call for additional collateral if required.

**Exchange Rate Risk:** Exchange rate exposure arises when you choose a loan currency different to the policy currency. For instance, you may be required to convert the premium loan into the policy currency in the form of a separate foreign exchange transaction with the Assignee for premium settlement. Any proceeds received under the policy are required to be converted into the loan currency before being used for the loan repayment. The fluctuation in exchange rate may have an impact on the amount of loan repayment.

**第四部份 取消抵押轉讓 Part 4 Release of Collateral Assignment**

如欲根據第四部份之條款做出取消抵押，請在第四部份的空格內加上“✓”，及於第九部份填妥有關資料。

**For Release of Collateral Assignment in accordance with the terms of Part 4, please put a “✓” in the box in Part 4, and complete the details in Part 9.**

倘保單持有人依期清還受讓人債務，保單持有人在徵得受讓人書面確認下，可註銷本抵用協議書，將本保單權益轉移回保單持有人所有，惟須經本公司的書面認可。

Upon full settlement of the indebtedness owed to the Assignee by the Policyholder and with the written consents of the Assignee, this assignment agreement shall become void and the Policy shall be reassigned to the Policyholder. The reassignment shall be endorsed in writing by the Company.

**第五部份 保單持有人聲明 Part 5 Declaration of the Policyholder**

保單持有人特此聲明本人/我們在未獲得受讓人事先書面確認下，不會對保單進行任何修改，取消、終止或者撤銷。

The Policyholder hereby declare that I/we am/are not permitted to amend, cancel, terminate or otherwise rescind the Policy without first having obtained the written consent of the Assignee.

**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****Part 6 Customer acknowledgement regarding compliance with Foreign Account Tax Compliance Act and other Applicable Laws**

閣下認知本公司須遵從、遵守或履行法律、法規、命令、指引、守則和包括《海外帳戶稅收合規法案》適用規定的要求、或任何公眾、司法、稅務、政府和/或其他監管機構等協定的要求，包括但不限於美國稅局（以下簡稱「監管機構」）在不同的司法管轄區不時頒布及修訂的協定（以下簡稱「適用規定」）。在這方面，閣下同意本公司可以在任何時候完全酌情採取任何相關行動，包括但不限於向任何監管機構透露閣下的個人資料，以確保本公司遵行適用規定。

You acknowledge that the Company shall be obliged to comply with, observe or fulfill the requirements of the laws, regulations, orders, guidelines, codes, and requirements including the applicable requirements under the Foreign Account Tax Compliance Act or agreements with any public, judicial, taxation, governmental and/or other regulatory authorities, including without limitation, the U.S. Internal Revenue Service (the "Authorities" and each an "Authority") in various jurisdictions as promulgated and amended from time to time (the "Applicable Requirements"). In this connection, you agree that the Company may at any time take any relevant actions as may be determined by the Company in its sole and absolute discretion which including but not limited to disclose your particulars to any Authority for the purpose of ensuring the Company's compliance or adherence with the Applicable Requirements.

**客戶同意向第三方披露資料****Customer consent to disclose information to third parties**

閣下同意本公司可能將根據適用規定的要求，向任何監管機關披露閣下的個人資料或任何資料。此等披露可以由本公司直接或通過中國人壽保險(集團)公司或中國人壽保險(集團)公司的其他成員進行。基於前述的原因，以及儘管在本表格或我們之間的任何其他協議所載的任何內容，本公司可能需要閣下向本公司提供進一步資料，以便向任何監管機關透露，而閣下必須在合理要求的時間（由提出申請或知會變更資料的90日期天）內，向本公司提供相關的資料。

You agree that the Company may disclose your particulars or any information to any Authority in connection or adherence with the Applicable Requirements. Such disclosure may be effected directly or sent through any of the China Life Insurance (Group) Company or other affiliates of the China Life Insurance (Group) Company. For the purposes of the foregoing and notwithstanding anything contained in this form or any other agreements between us, the Company may need you to provide the Company with further information as may be required for disclosure to any Authority and you shall provide the same to the Company within such time as may be reasonably required (Within 90 calendar days from the date of the application or information change).

**更新客戶有關國籍、稅務狀況的資料及其他資料****Updating of customer information about nationality, tax status and others**

儘管載於本表格或我們之間其他任何協議所包含的任何內容，閣下同意向本公司提供協助，使本公司能夠就閣下或閣下向本公司購買的保險計劃，遵行適用規定下的義務。

就閣下任何在申請時或其他時間向本公司提供的任何資料，閣下同意及時（30日期天之內）向本公司提供更新資料。尤其重要的是閣下立即通知本公司下列的更新：若閣下是個人客戶，閣下的個人身份號碼、地址、電話、國籍、稅務狀況或稅籍所在地的變動；閣下擁有多於一個國家的稅籍；若閣下是法團法人或任何其他類型的實體，閣下的註冊地址、業務營運地址、主要股東、法定及實際受益人或管理人（擁有或控制 10%或以上股份或所有權或管理權的人士），稅務狀況，稅籍所在地的變動，或若閣下擁有多於一個國家的稅籍。若發生這些變動，或任何其他資料顯示發生了變動，本公司可能會要求閣下提供額外文件或資料。此等資料和文件包括但不限於正式完成及/或簽署（並且如有需要，由公證人作出公證）的稅務申報或表格。

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。

Notwithstanding anything contained in this form or any other agreements between us, you agree to provide the Company with such assistance as may be necessary to enable the Company to comply with the Company's obligations under all Applicable Requirements concerning you or your policies with the Company.

You agree to update the Company in a timely manner (within 30 calendar days) of any change of any of the details previously provided to the Company whether at time of application or at any other times. In particular, it is very important that you notify the Company immediately if, where you are an individual, your personal identification numbers, addresses, telephone numbers, nationality, tax status or tax residency changes or if you become tax resident in more than one country, or, where you are a corporation or any other type of entity, your registered address, address of your place of business, substantial shareholders, legal and beneficial owners or controllers (who own or control 10% or more of your shares or ownership interest or control), tax status, tax residency changes or if you become tax resident in more than one country. If any of these changes occurs or if any other information comes to light concerning such changes, the Company may need to request additional documents or information from you. Such information and documents include but are not limited to duly completed and/or executed (and, if necessary, notarized) tax declarations or forms. 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.

<b>第七部份 收取個人壽險保費徵費 Part 7 Collection of Premium Levy on Individual Life Insurance Policy</b>
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本人/我們謹此確認：  
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」(下稱「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。有關收取徵費的詳情，請瀏覽中國人壽(海外)股份有限公司的網頁www.chinalife.com.hk/levy。

I/We hereby acknowledge that:  
China Life Insurance (Overseas) Company Limited, as an authorized insurer, is statutorily required to collect Premium Levy ("Levy") from policyholder on behalf of the Insurance Authority ("IA") and report to IA. IA may take legal proceedings against policyholder in respect of any outstanding Levy as civil debt and may impose pecuniary penalty. For details of the collection of Levy, please refer to the website at www.chinalife.com.hk/levy.

<b>第八部份 個人資料收集聲明 Part 8 Personal Information Collection Statement</b>
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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.

<b>第九部份 保單持有人及受讓人簽署 Part 9 Signature of the Policyholder and the Assignee</b>
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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本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 Company.  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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<b>第十部份 保險公司批註 Part 10 Endorsement of the Company</b>
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註：若本協議書沒有經保險公司的書面認可，協議將不會生效。 **Notice:** This agreement shall become void if it is not endorsed by the Company 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，並作為保單的一部份，我們將按照相應指示支付到期應付的保單利益。

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 Insurer	日期 Date _____ / _____ / _____ 年 Year 月 Month 日 Day
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如有任何查詢，請與閣下的保險中介人聯絡或致電本公司客戶服務熱線(852) 3999 5519 查詢。填妥的表格及所需文件請寄往香港灣仔軒尼詩道 313 號中國人壽大廈 22 字樓。

If you have any queries, please feel free to contact your insurance intermediary or our Customer Service Hotline at (852) 3999 5519 for details. Completed form(s) and required document(s) should be sent to China Life Insurance (Overseas) Co. Ltd., 22/F, CLI Building, 313 Hennessy Road, Wan Chai, Hong Kong.

本公司有權隨時更新此申請表，並接受或拒絕未符合本公司要求的申請表。請登入本公司網站 www.chinalife.com.hk 瀏覽及下載最新版本。

The Company has the right to update this form from time to time and to accept or to reject the form if the Company's requirements are not fulfilled. Please visit our website www.chinalife.com.hk to view and download the latest version of the form.