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中國人壽
CHINA LIFE

海外

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

保單持有人姓名 Name of Policyholder

受保人姓名 Name of Insured*

保單號碼 Policy No.

*若受保人並非保單持有人，請填寫此部份。 If the Insured is different from the Policyholder, please complete this part.

保險中介人資料 Insurance Intermediary Information

保險中介人姓名 Name of Insurance Intermediary

保險中介人代碼 Insurance Intermediary Code

聯絡電話 Contact No.

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.
- 本公司保留權利索取額外地址證明以作核實。The Company reserves the right to request additional address proof for verification.
- 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地方簽署作實。Please complete this form in BLOCK LETTERS. All amendments should be endorsed by the Policyholder in full signature.
- 保單持有人之簽署必須與本公司之紀錄相同。The signature of the Policyholder/Insured must match with the Company's record.
- 請提交保單持有人的身份證明文件副本，以便本公司處理閣下的申請。Please submit copy of the Policyholder's identification document(s) to the Company in order to process your request.
- 保險中介人或銀行職員收到此表格並不代表本公司亦已收到。Receipt of this form by Insurance Intermediary or Bank Staff does not constitute receipt by the Company.
- 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.
- 如中英文版本有任何抵觸或不符之處，概以中文本為準。In case of discrepancies between the English and Chinese versions, the Chinese version shall apply and prevail.
- 如有任何稅務地區變更，請提交自我證明申報(《共同匯報標準》)表格。If there is any change of the tax residence, please submit "Self-Certification Form".

保單價值提取 / 終止保單 / 保單貸款

Policy Value Withdrawal / Policy Termination / Policy Loan

A1. 保單價值提取 Policy Value Withdrawal (Applicable to general life insurance)

申請提取預繳保費時必須一次性全數提取，相關手續費會在提取時扣除。ALL prepaid premium must be withdrawn at the same time. Handling charges will be deducted from it during withdrawal.

☐ 累積可支取現金/保證年金金額 Accumulated Cash Coupons / Guaranteed Annuity Payments

☐ 全部提取 All

☐ 部份提取 Partial Withdrawal

提取金額 Withdrawal Amount:

☐ 抵繳保費及保費徵費 Offset Premium & Levy

抵繳保單號碼 Offset Policy No.

☐ 累積紅利 Accumulated Dividends

☐ 全部提取 All

☐ 部份提取 Partial Withdrawal

提取金額 Withdrawal Amount:

☐ 抵繳保費及保費徵費 Offset Premium & Levy

抵繳保單號碼 Offset Policy No.

☐ 其他 Others

☐ 全部提取 All

☐ 部份提取 Partial Withdrawal

提取金額 Withdrawal Amount:

中國人壽保險(海外)股份有限公司(於中華人民共和國註冊成立之股份有限公司)

China Life Insurance (Overseas) Company Limited (incorporated in the People's Republic of China with limited liability)



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A2. 萬用壽險領款 Policy Value Withdrawal (Applicable to Universal Life)

申請提取萬用壽險賬戶時，相關費用及收費會在提取時扣除(如有)。Fee and Charges will be deducted from the withdrawal amount of Universal Life account (if applicable).

☐ 部份提取 Partial Withdrawal 提取金額 Withdrawal Amount:

☐ 抵繳保費及保費徵費 Premium Offset with Levy 抵繳保單號碼 Offset Policy No.

*萬用壽險賬戶領取需求會因個別產品而有所差異，詳情請參閱所屬保單條款。The requirements of Universal Life account withdrawal will vary depending on the individual Universal Life product. Please refer to the related policy provisions for details.

B. 終止保單 Policy Termination

請退回保單合約或填寫《保單遺失聲明》。Please return the Policy Contract or complete the "Declaration of Lost Policy".

☐ 冷靜期內取消保單 Policy Cancellation within Cooling-off period

☐ 保單退保(任何於我們收到及接受退保申請前已繳交之保費將不獲退還) Policy Surrender (Any premium paid prior to our receipt and approval of the surrender request will not be refunded.)

《保單遺失聲明》"Declaration of Lost Policy"

☐ 本人/我們，上述保單之保單持有人，謹此聲明本人/我們已不再持有上述保單及確認上述保單經已遺失，並在本人/我們盡力尋找下未有尋獲。如該報失保單今後被尋獲，本人/我們同意將盡快交回 貴公司。

I/We, the Policyholder(s) of the above policy(ies), hereby declare that the said policy(ies) is/are not in my/our possession. I/We further declare that it was lost and cannot be found to the best of my/our effort. Should I/we subsequently recover the policy(ies) now reported as lost, it will be returned to the Company immediately.

C. 保單貸款 Policy Loan

☐ 最高貸款額 Maximum Loan Amount

☐ 指定貸款額(以保單貨幣計算) Specified Loan Amount (in Policy Currency)

本人向 貴公司證實從未因破產或清盤而被起訴或訴訟仍未了結。本人聲明已閱讀並明白下列有關之條款，並同意遵守該等條款。

本人願遵從下列的貸款條文以及保單所載的上述保單貸款條款：

1. 最高貸款額可達當時保單現金價值的 90% (視乎個別保險計劃而有所不同及萬用壽險除外)，指定的萬用壽險產品最高貸款額則為當時退保價值的 90%，及扣除保單的任何負債(若有)。如所要求的貸款金額多於可提取的貸款金額，則以最高貸款額為準。
2. 貸款利息將自貸款批核日起每日累計。該等利息將成為該保單對 貴公司之欠債。貸款利息應於貸款提取後每次保單週年日、受保人身故、退保、保單失效或本公司指定的日期繳付。所有到期未付之利息，將併入貸款金額內，以同等年利率及條款計算，直至該貸款全部清還為止。
3. 若上述保單失效或以任何形式終止，上述保單之欠款將從退保現金價值中扣除。
4. 若上述保單期滿，保單上之欠款將從 貴公司應付之金額中扣除。
5. 當保單下之總保單負債金額相等或超過退保現金價值時(包括應付利息)，本保單即告終止，並無任何金額領回。
6. 除個別產品外，本公司現行保單貸款利息之年利率為 7%。

I confirm to the Company that no proceedings in bankruptcy or insolvency have been instituted or are pending against me. I declare that I have read and understood the relevant conditions stated below and agree to be bound by the same.

I agree to observe the terms and conditions stated below and the Policy Loan Provisions stipulated in the above policy:

1. The maximum loan amount is up to 90% of the policy cash value (depending on the type of insurance plan, and Universal Life products are excluded). The maximum loan amount is up to 90% of the surrender value of the designated Universal Life products less any existing indebtedness (if any). The maximum loan amount will be processed if the requested amount is larger than the loan amount available.
2. The interest on loan shall be calculated from the date when the above policy loan is approved by the Company. The interest shall accrue daily and shall constitute an indebtedness to the Company against this policy as it accrues. Interest shall be repaid on each Policy Anniversary subsequent to the date of loan drawdown or on the date of death of the insured, surrender, lapse or on any other date specified by the Company. Any interest unpaid when due shall be added to the principal of the loan and bear interest at the same rate and on the same conditions until the loan is repaid in full.
3. If the policy shall lapse or become forfeited in any manner, the amount of the existing loan indebtedness shall be deducted from any cash surrender value of the policy.
4. If the policy shall mature, the amount of the existing loan indebtedness shall be deducted from the amount otherwise payable by the Company.
5. The policy will be terminated once the total indebtedness, including interest due or accrued, is equal to or greater than the cash value, and no monies will be payable by the Company upon such termination.
6. The current interest rate on policy loan is 7% per annum except for specific products.

付款指示及領款方式(適用於領款 / 終止保單 / 保單貸款申請)

Payment Instruction and Payment Method (Applicable to Withdrawal / Policy Termination / Policy Loan Application)

A. 付款指示 Payment Instruction

☐ 保單貨幣(如沒有註明指示，款項將以保單貨幣發出) Policy Currency (If no specific indication, payment will be issued in the policy currency)

☐ 港元 HKD

B. 領款方式(請選擇其中一種方式) Payment Method (Please select one of the options)

(1) 自動入賬 Direct Debit

1. 銀行賬戶持有人必須為保單持有人。Bank account holder must be the Policyholder.
2. 請提交銀行存摺首頁影印本或相關資料，顯示銀行賬戶持有人姓名及賬戶號碼。Please submit copy of bank book front page or relevant document(s) that can show the name of bank account holder and account no..
3. 如屬海外銀行戶口，請提供收款銀行地址、國際匯款代碼、銀行賬戶持有人的海外聯絡電話及地址。銀行將於匯款中扣除相關手續費。For overseas bank account, please provide overseas bank address, SWIFT code, overseas contact no. and correspondence address of bank account holder. Bank charge of Telegraphic Transaction would be deducted from the payment amount.
4. 此自動入賬申請只限於本次入賬。The direct payment application is for this payment only.
5. 「轉數快」(FPS)只適用於實付幣種為港元或人民幣的申請，每筆交易上限為港元或人民幣一百萬元或以下。"Faster Payment System" (FPS) is only applicable to the payment in HKD or CNY. The maximum amount of each transaction is HKD/CNY1,000,000.00.
6. 「轉數快」(FPS)只適用於本地開立，並已完成及成功辦理登記「轉數快」(FPS)綁定服務的銀行賬戶，申請詳情請向所屬銀行查詢。FPS is only applicable to the local bank account which registration is completed successfully for FPS binding service. Please enquire to the bank for application details.
7. 「轉數快」(FPS)的實際到賬時間會因應個別銀行而有差異，申請前請先向有關銀行查詢。The actual time to receive the payment may vary among banks. Please enquire to the bank before application.
8. 倘未有足夠資料顯示銀行賬戶持有人為保單持有人或因故未能成功入賬，有關款項將以劃線支票形式郵寄予保單持有人。If there is insufficient information to confirm the Policyholder is the holder of the relevant bank account or direct credit payment is failed for any reason, the payment will be sent to the Policyholder in cheque by ordinary post.

B. 領款方式(請選擇其中一種方式)(續) Payment Method (Please select one of the options) (Continued)

- ☐ 至保單持有人於香港登記的「轉數快」港元或人民幣戶口 To a registered Faster Payment System (FPS) in HKD or CNY account set up in Hong Kong held by the Policyholder

銀行名稱 Name of Bank

銀行編號 Bank No.

分行編號 Branch No.

銀行賬戶號碼 Account No.

賬戶持有人姓名(中文) (必須為保單持有人)

Name of bank account holder (Chinese) (Policyholder Only)

賬戶持有人姓名(英文) (必須為保單持有人)

Name of bank account holder (English) (Policyholder Only)

- ☐ 至保單持有人於香港開立的銀行戶口 To a bank account set up in Hong Kong held by the Policyholder

銀行名稱 Name of Bank

銀行編號 Bank No.

分行編號 Branch No.

銀行賬戶號碼 Account No.

賬戶持有人姓名(中文) (必須為保單持有人)

Name of bank account holder (Chinese) (Policyholder Only)

賬戶持有人姓名(英文) (必須為保單持有人)

Name of bank account holder (English) (Policyholder Only)

- ☐ 電匯至保單持有人的海外銀行戶口 To an overseas bank account held by the Policyholder via Telegraphic Transfer

銀行名稱 Name of bank

銀行賬戶號碼 Account No.

賬戶持有人姓名(中文) (必須為保單持有人)

Name of bank account holder (Chinese) (Policyholder Only)

賬戶持有人姓名(英文) (必須為保單持有人)

Name of bank account holder (English) (Policyholder Only)

收款銀行地址

Bank address

國際匯款代碼 SWIFT code

賬戶持有人的海外聯絡電話 Overseas contact number of bank account holder

賬戶持有人的海外通訊地址 Overseas correspondence address of bank account holder

(2) 支票支付 Cheque Payment

本公司將開付以保單持有人抬頭之劃線支票 The Company will issue a crossed cheque payable to the Policyholder

- ☐ 支票寄往本人於 貴公司登記的通訊地址 Mail cheque to the correspondence address registered in the Company by ordinary post

- ☐ 經保險中介人轉遞 Deliver via Insurance Intermediary

- ☐ 親身到分行領取支票 Pick up cheque at Branch in person

分行名稱/編號

Branch Name/Code

- ☐ 親身到客戶服務中心領取支票 Pick up cheque at Customer Service Centre in person

- ☐ 保單持有人領取 Pick up cheque in person by policyholder

- ☐ 授權人領取 Pick up cheque in person by authorized person

授權人姓名

Name of authorized person

授權人聯絡電話

Contact no. of authorized person

授權人身份證明文件號碼

I.D. no. of authorized person

- ☐ 灣仔 Wan Chai ☐ *其他地點 *Other Location:

*請於 www.chinalife.com.hk 查閱香港境內其他地點的客戶中心(如有)。*Please visit our website www.chinalife.com.hk to obtain information of other Customer Service Centre location(s) in HK (if any).

(3) 其他方式 Other Methods

- ☐ 其他(請列明)
Others(Please specify)

償還保單貸款(如適用) Policy Loan Repayment (If Applicable)

請附上繳款證明。Please attach the proof of repayment.

- ☐ 全數償還貸款額 Full Amount

- ☐ 償還貸款金額(以保單貨幣計算, 還款必須先清還全數借款利息) Loan Repayment Amount (in Policy Currency) (Loan interest must be fully repaid first)

聲明及授權 Declaration and Authorization

本人/我們現申請辦理上述之申請事項，謹此聲明並確認所有提供之資料及細節是準確無誤，真實及為事實之全部，並且是盡本人/我們所知及所信而作答的並沒有就上述之申請事項隱瞞任何重要資料。本人/我們並同意此等服務必須符合下列所有條件及經 貴公司批准，方能生效：

1. 所有需要之款項及文件已提交予 貴公司並完整無缺。
2. 此項申請在受保人在生並仍然符合受保條件時，經 貴公司接納及批准。
3. 在此申請表及 貴公司所須之其他文件上填報之一切資料及申報，將成為此保單之一部份(除非另有其他指示)。
4. 本人/我們提供符合 貴公司要求之有效證明文件(例如：身分證明及地址證明)予 貴公司，讓 貴公司能按照於「打擊洗錢及恐怖分子資金籌集條例」第 615 章所載，對本人/我們、保單之最終實益擁有人(如有)及本人/我們之授權簽署人士(如適用)進行客戶盡職審查。

I/We hereby request that the above application be effected and declare that all statements, information and particulars given herein are accurate, true and complete and are given to the best of my/our knowledge and belief and no material information has been withheld in relation to this request. I/We agree that such service(s) will not take effect unless all of the following conditions are met and approved by the Company:

1. All required complete supporting documents have been submitted to the Company.
2. The request is accepted and approved by the Company during the lifetime and continued insurability of the Insured.
3. The information and statement made in this request and in other documents as required by the Company shall form the basis for this policy alteration request and form a part of the policy(ies) unless otherwise specified.
4. I/We provide valid documentation proofs (such as identity document and address proof) to the satisfaction of the Company for the Company to conduct due diligence on myself/ourselves, the ultimate beneficial owner of the policy (if any) and my/our authorized signatory(ies) (if applicable) pursuant to the Anti-money Laundering and Counter-Terrorist Financing Ordinance, Cap. 615.

A. 個人資料收集聲明 Personal Information Collection Statement

本人/我們確認已閱讀及明白「中國人壽保險(海外)股份有限公司」的收集個人資料聲明。有關最新版本的收集個人資料聲明，可於 www.chinalife.com.hk 下載或向中國人壽保險(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. 收取個人壽險保費徵費 Collection of Premium Levy on Individual Life Insurance Policies

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.

C. 聲明及簽署(請勿在空白表格上簽署) Declarations & Signature (Please DO NOT sign on BLANK form)

1. 此表格必須於保單持有人簽署日起計30天內交至本公司辦理手續。This form must be received by the Company within 30 days from the date of its signature.
2. 若保單持有人或受保人以圖章蓋印簽署，必須有一位見證人。見證人之個人資料只會用於處理本申請及確認本申請表簽署人的身份之用。If the Policyholder or Insured uses a signature chop, a witness is required. The personal particulars of the witness will only be used for the purpose of verification and confirmation of the identity of the signatory of this form.

本人/我們謹此確認已閱讀及明白以上申請的所有條款及條件，並同意受該等條款及條件約束。本人/我們僅此同意作出以上協議及聲明。I/We hereby confirm that I/we have read and understood all the terms and conditions of the above request, and agree to be bound by the same. I/We hereby agree to make the above agreements and declarations.

	保單持有人 Policyholder			受讓人 (如適用) Assignee (if applicable)			不可撤換受益人(如適用) Irrevocable Beneficiary (if applicable)			見證人 Witness		
簽署或公司印鑑 Signature and/or Company Chop												
姓名 Name												
身份證/護照號碼 I.D. Card / Passport No.												
日期 Date	年 Year	月 Month	日 Day	年 Year	月 Month	日 Day	年 Year	月 Month	日 Day	年 Year	月 Month	日 Day