



保單滿期申請表 Request For Policy Maturity 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.
<input type="text"/>	<input type="text"/>	<input type="text"/>

*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	
<input type="text"/>	
保險中介人代碼 Insurance Intermediary Code	聯絡電話 Contact No.
<input type="text"/>	<input type="text"/>

重要須知 Important Note

- 保單需在滿期日或以後才可領取保單期滿利益。 The maturity amount will be paid only on or after the maturity date.
- 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".

申請資料 Information of Application

A. 付款指示 Payment Instruction	
<input type="checkbox"/>	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.)
<input type="checkbox"/>	港元 HKD
B. 再投保申請(如適用) Pay for New Policy Application (If applicable)	
<input type="checkbox"/>	再投保申請 Pay for New Policy Application
1	要保書編號/新保單號碼 Application no./ New policy no. <input type="text"/>
2	轉至新單之保單期滿利益 Amount of maturity value to be transferred to the new policy
<input type="checkbox"/>	全數 Full Amount
<input type="checkbox"/>	指定金額 Specified Amount <input type="text"/>
3	餘額款項 Remaining balance <input type="text"/>



C. 領款方式 Payment Methods

保單滿期/再投保申請餘額款項支付之領取方式 Payment Method of Policy Maturity / Remaining Balance after Paying for New Policy Application.

1 自動入賬申請 Direct Payment Application

- 銀行賬戶持有人必須為保單持有人。Bank account holder must be the Policyholder.
- 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.
- 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.
- 此自動入賬申請只限於本次入賬。The direct payment application is for this payment only.
- 「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.
- 「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.
- 「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.
- 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.

 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 Transaction

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(本公司將開付以保單持有人抬頭之劃線支票)

Cheque Payment (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 the 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) _____

D. 聲明及授權 Declaration and Authorisation

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.

E. 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.

F. 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 signing.
2. 若保單持有人以圖章蓋印簽署，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 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/我們僅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