



請掃二維碼登入  
客戶專頁，即時  
辦理保單更改或  
查閱進度。

<https://cs.chinalife.com.hk>

## 特別領取方式申請表 SPECIAL PAYMENT ARRANGEMENT REQUEST FORM 中國銀行匯票 PRC BOC DEMAND DRAFT / 非劃線支票 UNCROSSED CHEQUE (只適用於客戶未持有任何香港銀行賬戶 For Customers Without Bank Account(s) in Hong Kong Only)

保單持有人姓名 Name of Policyholder	受款人姓名 Name of Payee*	保單號碼 Policy No.
<input type="text"/>	<input type="text"/>	<input type="text"/>

\*若受款人並非保單持有人，請填寫此部份。 If the Payee 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

- 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/受款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/Payee in full signature.
- 保單持有人/受款人之簽署必須與本公司之紀錄相同。The signature of the Policyholder/Payee must match 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](http://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](http://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.

### 特別領取方式申請 SPECIAL PAYMENT ARRANGEMENT REQUEST

#### A. 退回支票 THE RETURN CHEQUE

##### 1 退回至以下部門 Cheque Return To:

- 客戶服務部 Customer Service Department
  承保管理部 Underwriting Department
  理賠管理部 Claims Department

##### 2 退回支票內容 Return Cheque Details:

支票日期 Date of the Cheque  支票號碼 Cheque No.

年 Year  月 Month  日 Day

支票金額 Cheque Amount  受款人姓名 Name of Payee

#### B. 特別領取方式要求 SPECIAL PAYMENT ARRANGEMENT

- 1  非劃線支票 Uncrossed Cheque (支票金額上限為港幣二百萬元正，並只限於港幣支票。Cheque amount only limited to HKD2M, HK Currency only.)
- 匯票 Demand Draft (如沒有註明指示，款項將以保單貨幣發出。If no specific indication, payment will be issued in the policy currency.)
- 保單貨幣 Policy Currency  港元 HKD
- 選擇內地付款分行 (中國銀行內地付款分行 BOC PRC Payable Branch)
- 所屬省/市/自治區 Province  分行 Branch



**B. 特別領取方式要求(續)SPECIAL PAYMENT ARRANGEMENT(Continued)**

**2 領取方式 Collect Methods**

親身到灣仔客戶服務中心領取 Pick up in person at Wanchai customer service counter

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

授權第三者(代領人)領取\* Pick up cheque in person by authorized person\*

\*代領人必須攜同已簽署的「滙票領取授權書」方可領取滙票。有關授權書可於 [www.chinalife.com.hk](http://www.chinalife.com.hk) 下載。The authorized person must bring along the signed Authorization Form that is downloadable from [www.chinalife.com.hk](http://www.chinalife.com.hk) to pick up the demand draft.

代領人姓名

代領人聯絡電話

代領人身份證明文件號碼

Name of authorized person

Contact no. of authorized person

I.D. no. of authorized person

請註明未能親身領取的原因 Please specify the reason of unable to pick up in person :

郵寄至本人指定的內地通訊地址 Mail to my designated correspondence address in Mainland China:

請註明未能親身領取的原因 Please specify the reason of unable to pick up in person :

**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)**

本人/我們現申請辦理上述之申請事項，並確認：

1. 已退回早前由中國人壽保險(海外)股份有限公司所有發出的正本支票(只適用於已領取支票者)及聲明上述提供之資料與細節為確實無誤。
2. 因本人/我們在香港並未持有任何銀行賬戶，須以上述方式申請領取金額並同意存款銀行收取的任何費用由本人/我們承擔(如適用)。
3. 中國人壽保險(海外)股份有限公司不予重發已發出的非劃線支票(只適用於非劃線支票的申請)。
4. 本人/我們須承擔所有重發滙票的行政費用(只適用於滙票的申請)。

I / We hereby request the above application and confirmed that :

1. The information given herein are accurate and the original cheque that issued by China Life Insurance (Overseas) Company Limited is enclosed with this form (It is only applicable to the policyholder who received the cheque already).
2. I / We do not have any bank account in Hong Kong. As such, I / we agree to make this Special Payment Arrangement Request and bear any bank charge incurred associated with this transaction (if applicable).
3. The uncrossed cheque WILL NOT be reissued by China Life Insurance (Overseas) Company Limited in the event of loss (applicable to the application of uncrossed cheque only).
4. All the administration fees incurred for reissuance of the demand draft will be borne by me/us (applicable to the application of demand draft only).

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/受款人以圖章蓋印簽署，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 / Payee 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 those terms and conditions. I/We hereby agree to make the above agreements and declarations.

	保單持有人/受款人 Policyholder / Payee			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