

贖回基金單位 / 退保申請表 Request for Redemption of Fund Units / Surrender

保單號碼 Policy Number	香港身份證/護照號碼 H.K.I.D. Card / Passport Number
受保人姓名 Name of Insured	日間電話 Daytime Telephone No.

☐ 退保 Surrender

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".

《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 of the above policy(ies), hereby declare that the said policy(ies) is not in my/our possession and 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.

☐ 贖回基金單位^註 Redemption of Fund Units^{Note}

基金名稱 Fund Name	戶口類別 Account Type	贖回百分比 Redemption Percentage
	基本投資戶口(Basic Account) / 額外投資戶口(Top Up Account)	.00%
	基本投資戶口(Basic Account) / 額外投資戶口(Top Up Account)	.00%
	基本投資戶口(Basic Account) / 額外投資戶口(Top Up Account)	.00%
	基本投資戶口(Basic Account) / 額外投資戶口(Top Up Account)	.00%

本人要求 I hereby request

- ☐ 本人/授權人親身領取 Picked up personally or by authorized individual
☐ 寄往本人通訊地址 Mailed to my correspondence address
☐ 交往保險代理傳遞 Delivered through my Servicing Agent
☐ 存入指定戶口 Deposited to my bank account

*請填後頁《銀行直接轉帳申請表》 Please fill in the "Direct Credit Payment Application Form" in the back page

本人要求 貴公司以下列貨幣支付款項:

I hereby request the payment to be made in:

- ☐ 美元 USD ☐ 港元 HKD

註:

1. 最低提款金額為 100 美元。
2. 提款後之最低戶口價值為 500 美元。

Note:

1. Minimum amount to be withdrawn is USD100.
2. Minimum balance of Account Value after withdrawal is USD500.

保單持有人簽署
Signature of Policyholder

於 _____ 日/月/年
on dd/mm/yyyy

保險中介人簽署
Signature of Insurance Intermediary

於 _____ 日/月/年
on dd/mm/yyyy

保險中介人姓名
Name of Insurance Intermediary

保險中介人編號
Insurance Intermediary Code



Direct Credit Payment Application Form

銀行直接轉帳申請表

Please fill in the details below and return to us **with copy of bank book (front page)** via mail or fax no. 2892 0520.

請填妥以下表格, **連同銀行存摺首頁影印件**寄回或傳真(傳真號碼:2892 0520)至本公司。

Name of Policy Holder (Chinese) 保單持有人姓名: (中文) _____	(English in BLOCK Letters) (英文 請以正楷填寫) _____
Policy No. 保單號碼: _____	Contact No. 聯絡電話: _____
Name of Bank 銀行名稱: _____	
Account No: 帳戶號碼: _____	
Name of Account (Chinese) 帳戶持有人姓名: (中文) _____	(English in BLOCK Letters) (英文 請以正楷填寫) _____
Signature of the Policy/Bank Account Holder 保單/銀行帳戶持有人簽署 _____	
Date 日期 _____	
Remarks: 備註 1. Policy holder and Account holder must be same person. 保單持有人和銀行帳戶持有人必須是同一人。 2. The application is for this payment only. 此申請只限於本次付款。	

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（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.

X _____
保單持有人 / 申請人簽署
Signature of the Policy Owner / Applicant

X _____
簽署日期 (日/月/年)
Signature on (DD/MM/YY)