

# 直接付款授權書 DIRECT DEBIT AUTHORIZATION

【只適用於投資相連保險計劃 For Investment-Linked Plan Only】

收款之一方(受益人) Name of party to be credited (The Beneficiary) <b>中國人壽保險(海外)股份有限公司香港分公司</b> <b>CHINA LIFE INSURANCE ( OVERSEAS ) CO. LTD HONG KONG BRANCH</b>	銀行編號 Bank No. <b>0 0 6</b>	分行編號 Branch No. <b>3 9 1</b>	賬戶號碼 Account No. <b>1 7 8 0 5 9 0 2</b>
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本人/吾等現授權本人/吾等之下述銀行，(根據受益人或其銀行不時給予本人/吾等銀行之指示)自本人/吾等之銀行賬戶內轉賬予上述受益人。惟每次轉賬金額不得超過以下指定之限額。

本人/吾等同意本人/吾等之銀行無須證實該等轉賬通知是否已交予本人/吾等。

如因該等轉賬而令本人/吾等之賬戶出現透支(或令現時之透支增加)本人/吾等願共同及各別承擔全部責任。

本人/吾等同意如本人/吾等之賬戶並無足夠款項支付該等授權轉賬，本人/吾等之銀行有權不予轉賬，且銀行可收取慣常之收費，並可隨時以一星期書面通知取消本授權書。

本授權書將繼續生效直至另行通知為止或直至下列到期日為止(以兩者中最早之日期為準)。

本人/吾等同意取消或更改本授權書之任何通知，本人/吾等須於取消/更改生效日最少兩個工作天之前交予本人/吾等之銀行並受益人。

本人/吾等同意轉賬指示包含保單保費及保險業監管局的「保費徵費」由上述受益人代收。

I/We hereby authorize my/our below named Bank to effect transfers from my/our account to that of the above named beneficiary in accordance with such instructions as my/our Bank may receive from the beneficiary from time to time provided always that the amount of any one such transfer shall not exceed the limit indicated below.

I/We agree that my/our Bank shall not be obliged to ascertain whether or not notice of any such transfer has been given to me/us.

I/We jointly and severally accept full responsibility for any overdraft (or increase in existing overdraft) on my/our account which may arise as a result of any such transfer(s).

I/We agree that should there be insufficient funds in my/our account to meet any transfer hereby authorized, my/our Bank shall be entitled, in its discretion, not to effect such transfer in which event the Bank may make the usual charge and that it may cancel this authorization at any time on one week's written notice.

This authorization shall have effect until further notice or until the expiry date written below (whichever shall first occur).

I/We agree that any notice of cancellation or variation of this authorization which I/We may give to my/our Bank shall be given at least two working days prior to the date on which such cancellation /variation is to take effect and at the same time such notice shall be given to the beneficiary.

I/We agree that the transfer instruction includes policy premium and the levy, the latter is collected by the above named beneficiary on behalf of the Insurance Authority.

請填寫下列各項並將此授權書交給收款之一方。如有刪改，請於刪改處加上與銀行紀錄一致之簽署。

Please complete all boxes shown below and return this form to the party to be credited. All alteration should be signed and the signature must be consistent with bank record.

本人/吾等之銀行之名稱 My/Our Bank Name		銀行分行之名稱 Branch Name	
銀行編號 Bank No.		分行編號 Branch No.	
賬戶號碼 My/Our Account No.			
本人/吾等在結單/存摺上所紀錄之英文名稱 (請以英文正楷填寫) My/Our Name(s) As Recorded On Statement/Passbook (Please write in block letters)			
賬戶持有人證件號* ID of Account-Holder*		ID Type 證明類別 (請選擇 Please select: I = HKID, P = Passport, B = Business Registration, C = Certificate of Incorporation, X = Others):	
保單持有人姓名 (若非賬戶持有人) Name of Policyholder (If Other Than A/C Holder(s))		本人/吾等之銀行賬戶簽名(簽署樣式必須與銀行紀錄一致) My/Our Bank Account's Signature(s) (Signature must be consistent with bank record)	
保單號碼 Policy No. (授權號碼 Debtor's Reference)			
For Bank 銀行 Use Only 專用	備註 Remarks		核對所鑑 Signature Verified

\*Note 附註:

填上開戶時使用的身份證明號碼及其證明類別。付款人的銀行會作為核實用途。

Enter the identification used for bank account opening and enter ID type. Debtor's bank uses this information for verification purpose only.

## 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](http://www.chinalife.com.hk) 下載或向中國人壽 (海外) 股份有限公司索取。

Declaration and authorization: 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](http://www.chinalife.com.hk) or is made available upon request.

\*申請人簽署 \*Signature of the Applicant

年 Year 月 Month 日 Day

\*如賬戶持有人為保單持有人賬戶，個人資料收集聲明需由保單持有人簽署，簽署樣式與本公司紀錄一致。如賬戶持有人為可接受第三者賬戶，個人資料收集聲明需與銀行簽署樣式一致。

\* If the account holder is the policyholder, PICS shall be signed by policyholder and the signature must be consistent with our record. If the account holder is acceptable third party, the signature shall be aligned with the bank record.

