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客戶專頁，即時
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投資相連壽險計劃服務申請表

Request for Investment-Linked Assurance Scheme Policy Services

請在適當的格內填上「√」。Please tick the appropriate boxes where applicable.

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"/>

保險中介人資料 Insurance Intermediary's Information	
保險中介人姓名 Name of Insurance Intermediary	
<input type="text"/>	
保險中介人代碼 Insurance Intermediary's Code	聯絡電話 Contact No.
<input type="text"/>	<input type="text"/>

<p>重要須知 IMPORTANT NOTES</p> <ul style="list-style-type: none"> - 本表格只適用於康富盈豐投資保險計劃。This form is only applicable for Wealth Builder Investment-Linked Plan. - 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. - 只接受正本表格及本表格應以正楷填寫及由保單持有人簽名，簽名式樣須與本公司的記錄相符。保單持有人亦必須於本表格內任何曾修改的地方簽署作實。Only original form is accepted and this form is to be completed in BLOCK LETTERS and signed by the Policyholder with the signature correspond with the Company's record. Any amendments in this form must be countersigned by the Policyholder in full signature. - 保險中介人或銀行職員收到本表格並不代表本公司亦已收受。Receipt of this form by Insurance Intermediary or Bank Staff does not constitute receipt by the Company. - 本公司有權隨時更新本申請格，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. - 如有任何稅務地區變更，請提交《自我證明表格》。If there is any change of the tax residence, please submit "Self-Certification Form". - 如申請未能符合本公司的有關規定，本公司有權拒絕有關申請。The Company shall have right to reject the application if the application fails to fulfill Company's requirement(s). - 閣下在申請投資選項轉換、更改新供款分配或增加額外投資保費前，應閱讀《投資選項小冊子》和其他相關文件中列出的投資資料，須了解所涉及的投連壽險產品相關的風險，如交易對手風險、信用風險、流動性風險、外匯風險和市場風險等，及投資選項風險級別是否符合您可承受的風險程度。Please consider the risks associated with ILAS products such as counterparty risk, credit risk, liquidity risk, foreign exchange risk, market risk, etc and risk ratings of the underlying funds and your risk tolerance level before applying for switching of investment options, change of new contribution allocation or addition of top-up premium. - 閣下在申請投資選項轉換、更改新供款分配或增加額外投資保費時投資選擇的風險水平可能與閣下在最新的《風險承擔能力問卷》中所述的風險承受程度不一致，這投資選項轉換或投資選項分配更改可能並不符合閣下的最佳利益。因此，閣下須注意有關不一致所引致的潛在風險。如果閣下想轉換或更改投資選項分配與閣下的風險承受程度不一致的投資選擇，建議閣下再次進行《風險承擔能力問卷》，或在適當的情況下閣下應尋求專業建議。Please be aware that the risk level of the Investment Option(s) that you intend to select for switching or change of new contribution allocation or addition of top-up premium may be inconsistent with your risk tolerance level stated in the latest Risk Profile Questionnaire ("RPQ") and such switching or change of investment option allocation may not be in your best interest. Therefore, you should aware of the possible risks associated with such mismatch and is recommended to conduct a RPQ again if you would like to switch into or change of new contribution allocation to the Investment Option(s) or apply for top-up premium that would result in a mismatch or you should seek professional advice where appropriate. - 如申請更改新供款投資選項分配、調動現有投資選項，除此表格外，須一併填寫《風險承擔能力問卷》及《重要資料聲明書》。Please complete this form, "Risk Profile Questionnaire" and "Important Facts Statement" when applying for switching or change of new contribution investment option allocation. - 如申請增加定期額外投資保費/附加一筆過額外投資保費，除此表格外，須一併填寫《財務需要分析》、《風險承擔能力問卷》及《重要資料聲明書及申請人聲明書》。Please complete this form, "Financial Needs Analysis", "Risk Profile Questionnaire", "Important Facts Statement and Applicant's Declaration" when applying for increase of Regular Top-up Premium/addition of Lump Sum Top-up Premium.



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第一部份 更改新供款分配或增加供款額 Part 1 Change of New Contribution Allocation or Top-up Premium
重要須知 Important Note:

若閣下進行投資選項轉換、更改新供款分配或增加額外投資保費，而所涉及的投資選項風險級別高於閣下可承受的風險程度，請閣下再慎重考慮，並以書面形式確認接受有關的風險差異及閣下就此項申請 / 更改的最終決定。 If you apply for switching of investment options, change of allocation or addition of top-up premium, and any investment options with risk rating higher than your risk tolerance level, please reconsider and confirm in writing for your acceptance of such risk mismatch and your final decision to proceed with your application.

1.1 更改新供款投資選項分配 Change of New Contribution Investment Option Allocation

注意事項 Notes :

1.1.1 如申請更改新供款投資選項分配，須同時填寫《風險承擔能力問卷》及《重要資料聲明書》。請聯絡閣下的保險中介人協助填寫所需表格。“Risk Profile Questionnaire” and “Important Facts Statement” should be completed when applying for change of new contribution allocation. Please contact your insurance intermediary to assist you to complete the required documents.

1.1.2 每項投資選項的分配百分比最少為 20% 及必須為整數。The minimum percentage of allocation to each Investment Option is 20% and the percentage must be an integer.

1.1.3 每個保費戶口的所有投資選項的投資分配總額必須為 100%。Total allocation of all Investment Options in each premium account must be 100%.

投資選項 Investment Options	投資選項代號 Code of Investment Option	新供款投資分配 New Contribution Allocation	
		基本保費 Regular Premium	定期額外投資保費 Regular Top-up Premium
<input type="checkbox"/> 中國人壽富達基金 - 國際基金 China Life Fidelity Funds – International Fund	FDIN	.00%	.00%
<input type="checkbox"/> 中國人壽富達基金 - 美元債券基金 China Life Fidelity Funds – US Dollar Bond Fund	FDUB	.00%	.00%
<input type="checkbox"/> 中國人壽富達基金 - 美國基金 China Life Fidelity Funds – America Fund	FDAM	.00%	.00%
<input type="checkbox"/> 中國人壽富達基金 - 大中華基金 China Life Fidelity Funds – Greater China Fund	FDGC	.00%	.00%
新供款投資分配總額 Total of New Contribution Investment Option Allocation		100.00%	100.00%

1.2 更改保費 Change of Premium

注意事項 Notes :

如申請增加定期額外投資保費/附加一筆過額外投資保費，須同時填寫《財務需要分析》、《風險承擔能力問卷》及《重要資料聲明書及申請人聲明書》。請聯絡閣下的保險中介人協助填寫所需表格。“Financial Needs Analysis”, “Risk Profile Questionnaire”, “Important Facts Statement and Applicant’s Declaration” should be completed when applying for increase of Regular Top-up Premium / addition of Lump Sum Top-up Premium. Please contact your insurance intermediary to assist you to complete the required documents.

如保單持有人為內地居民申請增加定期額外投資保費/附加一筆過額外投資保費，須同時填寫「重要資料聲明書 - 內地人士在港投購人身/壽險保單」。Policyholders who hold Resident Identity Card (PRC), “Important Facts Statement for Mainland Policyholder” should also be completed when applying for increase of Regular Top-up Premium / addition of Lump Sum Top-up Premium.

1.2.1 更改定期額外投資保費 (最低的定期額外投資保費為每月 25 美元*/每年 300 美元*)。Change of Regular Top-up Premium (The minimum amount of Regular Top-up Premium is USD25 per month*/USD300 per year*).
(*定期額外投資保費的繳費方式須與基本保費的繳費方式相同 The payment mode of Regular Top-up Premium must same as the payment mode of the basic premium.)

減少定期額外投資保費至 Reduce Regular Top-up Premium to

美元/USD

增加定期額外投資保費至 Increase Regular Top-up Premium to

美元/USD

1.2.2 附加一筆過額外投資保費 Addition of Lump Sum Top-up Premium
(最低的一筆過額外投資保費為每次 500 美元。Minimum amount of Top-up Premium is USD500.)

i) 請在下表填上一筆過額外投資保費的投資選項分配，否則附加的一筆過額外投資保費將按照現時基本保費之投資分配作投資。Please indicate your investment allocation for Lump Sum Top-up Premium in below table, otherwise the Lump Sum Top-up Premium will be invested according to the existing investment allocation of Regular Premium.

ii) 每項投資選項的分配百分比最少為 20% 及必須為整數。The minimum percentage of allocation to each Investment Option is 20% and the percentage must be an integer.

iii) 每個保費戶口的所有投資選項的投資分配總額必須為 100%。Total allocation of all Investment Options in each premium account must be 100%.

一筆過額外投資保費金額 Amount of Lump Sum Top-up Premium	美元 .00	
一筆過額外投資保費的投資選項 Investment Options for Lump Sum Top-up Premium	投資選項代號 Code of Investment Option	投資分配額 Investment Allocation
<input type="checkbox"/> 中國人壽富達基金 - 國際基金 China Life Fidelity Funds – International Fund	FDIN	.00%
<input type="checkbox"/> 中國人壽富達基金 - 美元債券基金 China Life Fidelity Funds – US Dollar Bond Fund	FDUB	.00%
<input type="checkbox"/> 中國人壽富達基金 - 美國基金 China Life Fidelity Funds – America Fund	FDAM	.00%
<input type="checkbox"/> 中國人壽富達基金 - 大中華基金 China Life Fidelity Funds – Greater China Fund	FDGC	.00%
投資分配總額 Total of Investment Allocation		100.00%

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第二部份 調動現有投資選項 Part 2 Switching of Investment Options

重要須知 Important Note:

若閣下進行投資選項轉換、更改新供款分配或增加額外投資保費，而所涉及的投資選項風險級別高於閣下可承受的風險程度，請閣下再慎重考慮，及以書面形式確認接受有關的風險差異及閣下就此項申請/更改的最終決定。If you apply for switching of investment options, change of allocation or addition of top-up premium, and any investment options with risk rating higher than your risk tolerance level, please reconsider and confirm in writing for your acceptance of such risk mismatch and your final decision to proceed with your application.

注意事項 Notes:

- 如申請調動現有投資選項，須同時填寫《風險承擔能力問卷》及《重要資料聲明書》。請聯絡閣下的保險中介人協助填寫所需表格。“Risk Profile Questionnaire” and “Important Facts Statement” should be completed when applying for switching. Please contact your insurance intermediary to assist you to complete the required documents.
- 最低轉換金額為100美元。Minimum switch amount is USD100.
- 每保單年度的首四次投資選項轉換可以免手續費用，其後每次轉換均需收費5美元。Four free switching in each policy year, exceeding which, each subsequent switching for the policy year shall impose a charge of USD5.
- 調動現有投資選項並不影響現有保費分配，如需更改現有保費的投資分配，請填寫第一部份1.1。Switching of existing Investment Options would not affect the investment allocation of existing premium. Please complete 1.1 of Part 1 for change of investment allocation of existing premium if needed.

2.1 基本保費投資戶口 Basic Premium Investment Account

投資選項 Investment Options	投資選項代號 Code of Investment Option	轉換出 Switch Out	轉換入 Switch In
<input type="checkbox"/> 中國人壽富達基金 - 國際基金 China Life Fidelity Funds – International Fund	FDIN	.00%	.00%
<input type="checkbox"/> 中國人壽富達基金 - 美元債券基金 China Life Fidelity Funds – US Dollar Bond Fund	FDUB	.00%	.00%
<input type="checkbox"/> 中國人壽富達基金 - 美國基金 China Life Fidelity Funds – America Fund	FDAM	.00%	.00%
<input type="checkbox"/> 中國人壽富達基金 - 大中華基金 China Life Fidelity Funds – Greater China Fund	FDGC	.00%	.00%

2.2 額外投資保費戶口 Top-up Premium Investment Account

投資選項 Investment Options	投資選項代號 Code of Investment Option	轉換出 Switch Out	轉換入 Switch In
<input type="checkbox"/> 中國人壽富達基金 - 國際基金 China Life Fidelity Funds – International Fund	FDIN	.00%	.00%
<input type="checkbox"/> 中國人壽富達基金 - 美元債券基金 China Life Fidelity Funds – US Dollar Bond Fund	FDUB	.00%	.00%
<input type="checkbox"/> 中國人壽富達基金 - 美國基金 China Life Fidelity Funds – America Fund	FDAM	.00%	.00%
<input type="checkbox"/> 中國人壽富達基金 - 大中華基金 China Life Fidelity Funds – Greater China Fund	FDGC	.00%	.00%

第三部份 贖回 Part 3 Redemption (請同時填第六部份及第九部份 Please complete Part 6 & Part 9)

注意事項 Notes:

- 每次最低贖回金額為100美元，而贖回後之最低戶口結餘不可以少於500美元。Minimum amount for each redemption is USD100 and remaining account value after redemption could not be less than USD500.
- 請填寫第六部份「付款指示及領款方式」及第九部份「轉保聲明」。Please complete Part 6 “Payment Instruction and Payment Method” & Part 9 “Policy Replacement Declaration”.
- 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 a copy of the Policyholder’s identification document(s) to the Company in order to process your request.

	戶口類別 Account Type	贖回百分比 Redemption Percentage
<input type="checkbox"/> 中國人壽富達基金 - 國際基金 China Life Fidelity Funds – International Fund (FDIN)	<input type="checkbox"/> 基本賬戶 Basic Account	.00%
	<input type="checkbox"/> 額外賬戶 Regular Top-up Account	.00%
<input type="checkbox"/> 中國人壽富達基金 - 美元債券基金 China Life Fidelity Funds – US Dollar Bond Fund (FDUB)	<input type="checkbox"/> 基本賬戶 Basic Account	.00%
	<input type="checkbox"/> 額外賬戶 Regular Top-up Account	.00%
<input type="checkbox"/> 中國人壽富達基金 - 美國基金 China Life Fidelity Funds – America Fund (FDAM)	<input type="checkbox"/> 基本賬戶 Basic Account	.00%
	<input type="checkbox"/> 額外賬戶 Regular Top-up Account	.00%
<input type="checkbox"/> 中國人壽富達基金 - 大中華基金 China Life Fidelity Funds – Greater China Fund (FDGC)	<input type="checkbox"/> 基本賬戶 Basic Account	.00%
	<input type="checkbox"/> 額外賬戶 Regular Top-up Account	.00%

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第四部份 供款假期/恢復繳付保費 Part 4 Premium Holiday/Resumption of Payment

注意事項 Notes :

1. 若申請「行使供款假期」，請同時填寫第九部分「轉保聲明」。Please complete Part 9 "Policy Replacement Declaration" when applying for Commencement of Premium Holiday.
2. 申請會在下一個繳至日起開始生效。The request will be effective from the next paid-to-date.

- 行使供款假期 Commencement of Premium Holiday
- 終止供款假期及恢復繳付保費 Cessation of Premium Holiday and resume premium payment

第五部份 全數退保 Part 5 Full Surrender (請同時填寫第六部份及第九部分 Please complete Part 6 & Part 9)

注意事項 Notes :

1. 請填寫第六部份「付款指示及領款方式」及第九部分「轉保聲明」。Please complete Part 6 "Payment Instruction and Payment Method" & Part 9 "Policy Replacement Declaration".
2. 請退回保險合約，如已遺失保險合約，請別選「保險合約遺失聲明」。Please return the Policy Contract, otherwise please select the "Declaration of Lost Policy".
3. 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.

- 保單退保 Policy Surrender
本人現將上述保單全數退保及要求根據以下第六部份「付款指示及領款方式」的指示退回退保價值(如有)。I hereby fully surrender the above policy and request for disbursement of surrender value (if any) according to the instruction in Part 6 "Payment Instruction and Payment Method".
(重要事項: 保單一經退保, 在任何情況下均不可以復效及/或還原。Important Note: The Policy cannot be reinstated or restored in any circumstance after surrendered.)
- 保險合約遺失聲明 Declaration of Lost Policy
本人謹此確認已遺失保險合約，並在本人盡力尋找下未有尋獲。如該保險合約今後被尋獲，本人同意將盡快交回 貴公司。I hereby declare that the Policy Contract was lost and could not be found to the best of my/our effort. I agree to return the Policy Contract to the Company if I subsequently recover the Policy Contract.

第六部份 付款指示及領款方式 Part 6 Payment Instruction and Payment Method

6.1 付款指示 Payment Instruction (如沒有註明，款項將以保單貨幣發出。If not indicate, payment will be paid in the policy currency.)

- 保單貨幣 Policy Currency
- 港元 HKD

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

6.2.1 入賬至保單持有人指定香港銀行賬戶 Credit to designated Hong Kong Bank Account of Policyholder

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. 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 paid in cheques and sent to the Policyholder by ordinary post.

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)

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第六部份 付款指示及領款方式 (續) Part 6 Payment Instruction and Payment Method (Continued)

6.2.2 支票支付 Cheque Payment

- 平郵寄往保單持有人在本公司記錄的通訊地址 By mail to the correspondence address of Policyholder in the Company record 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 灣仔 Wanchai 其他 Others _____
- 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

第七部份 個人資料收集聲明 Part 7 Personal Information Collection Statement

本人確認已閱讀及明白「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 下載或向本公司索取。I 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 available upon request.

第八部份 收取個人壽險保費徵費 Part 8 Collection of Premium Levy on Individual Life Insurance Policies

本人謹此確認：

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 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。

第九部份 轉保聲明 Part 9 Policy Replacement Declaration

注意事項 Notes：

若申請贖回基金單位、行使供款假期或保單退保，請填寫此部分內容。Please complete this part when applying for fund redemption, commencement of premium holiday or policy surrender.

閣下是否使用或打算使用此人壽保險保單的部分或全部資金，或使用或打算使用通過減少此人壽保險保單的應付保費而節省的金額，以資助閣下於過去 12 個月內新申請的人壽保險保單(如有)? 例如，該等資金或金額可能來自從閣下此投資相連人壽保險單中贖回的基金價值或申請提取保單退保價值，或來自從閣下通過使此投資相連人壽保險單行使供款假期而節省的保費。如是，該等情況將被視為「轉保」。Are you using or do you intend to use some or all of the funds arising from the above-mentioned policy, or any savings made by reducing the premium payable under the above-mentioned policy, in order to fund the new life insurance policy (if any) which is purchased within 12 months prior to the date of this application? For example, such funds or savings may arise from applying fund redemption or policy surrender, or from reducing the premium payable of the above-mentioned policy by commencement of premium. If yes, such conditions will be considered as Policy Replacement.

- 是 Yes
- 尚未決定 Not Yet Decided
- 否 No
- 不適用 (適用於過去 12 個月內並沒有購買新的人壽保險保單) Not applicable (Applicable to those who have not purchased a new life insurance policy in the past 12 months)

註 Notes：

「轉保」可能令閣下帶來實質及潛在損失。為保障閣下的權益，請仔細比較現有保單與新保單的條款，衡量轉保是否符合本身的最佳利益。閣下應尋求專業意見以了解相關風險及轉保的不利後果，並細閱本公司的網站 www.chinalife.com.hk 的壽險轉保須知以了解有關詳情。You may suffer loss in case of Policy Replacement. To protect your interest, you should carefully consider your existing and the new insurance policies and assess whether the Policy Replacement is in your best interests before making a decision. You should seek professional advice to understand the associated risks and potential disadvantages of Policy Replacement. For details, please visit our website at www.chinalife.com.hk to view the useful tips on Life Insurance Policy Replacement.

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第十部份 聲明及簽署 Part 10 Declaration & Signature

1. 本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 the Policyholder's signature.
2. 若保單持有人以圖章蓋印簽署，必須有一位見證人，見證人必須為年滿18歲或以上的第三者。見證人之個人資料只會用於處理本申請及確認本表格簽署人的身份之用。If the Policyholder uses a signature chop, a witness is required. The witness must be an individual third party aged 18 or above. 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.
3. 請勿在空白表格上簽署。Please DO NOT sign on BLANK form.

本人僅此確認及同意以下各點：I hereby confirm and agree the following points：

1. 為準確執行本人的指示，本人須準確地指示所選擇的項目及/或所選擇的投資選項名稱，如指示不完整，將導致指示被延遲處理，貴公司毋須對因延遲而招致的任何直接、間接、特別或相應損失或損害承擔責任。To execute my instruction accurately, I need to indicate my selection and/or instruction clearly. Any incomplete instruction will result a delay in processing my selection or instruction and the Company shall not be liable for any direct, indirect, special or consequential loss of damages arising from such delay.
2. 倘若貴公司於任何一日內收到本人就相同或不同交易發出超過一項指示，或於收到本表格時仍有未完成或進行中的交易，貴公司可全權酌情決定處理該等指示的先後次序或延遲處理本人的指示。貴公司亦毋須因此而招致任何直接、間接的損失或承擔任何形式的責任。If more than one instruction is received in respect of the same/different transactions for the same policy on any single day, or if any transactions are pending for instructions or processing or is in progress at the receipt date of this instruction, the Company has the sole discretion to determine priority in dealing with such instructions or to defer this instruction. In such circumstances, the Company shall not be liable for any loss/damages whatsoever or howsoever arising from such delay.
3. 在填寫本表格前，已仔細閱讀主要銷售刊物及產品資料概要。I have read the Principal Brochure and the Product Key Facts Statement carefully before completing this application form.
4. 在本表格上提出的指示是本人的個人決定，並沒有依賴保險中介人所提供的意見。本人完全明白投資在投資相連壽險計劃所涉及之風險，相關基金單位價格可升亦可跌。此計劃的可支付利益與就上述保單所投資的相關基金表現連繫。My instruction as indicated on this application is made based on my own judgment and I have not relied on any advice provided by insurance intermediary. I fully understand that investment in Investment Linked Assurance Scheme involves risks and value of units in underlying funds may rise or fall. The benefits payable under such plan are linked to the performance of the underlying funds invested in respect of the above policy.

本人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。本人僅此同意作出以上協議及聲明。I hereby confirm that I have read and understood all the terms and conditions of the above request, and agree to be bound by the same. I hereby agree to make the above agreements and declarations.

	保單持有人 Policyholder			見證人 (如適用) Witness (if applicable)		
簽署或公司印鑑 Signature and/or Company Chop						
姓名 Name						
身份證明文件號碼 Identity Document No.						
日期 Date	年 Year	月 Month	日 Day	年 Year	月 Month	日 Day