



保單號碼 Policy No.																				
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保費假期及恢復繳付保費申請表 (非投資相連壽險計劃適用) Cessation of Premium Holiday and Resume Premium Payment Form (For Non Investment-Linked Assurance Scheme)

保單持有人和受保人資料 Particulars of Policyholder and Insured	
保單持有人姓名/名稱 Name of Policyholder	
受保人姓名 Name of Insured	

*此申請只適用於受保人與保單持有人並非同一人。This application is only applicable if the Insured and the Policyholder are not the same person.

保險中介人資料 Particulars of Insurance Intermediary (可選填 Optional)	
保險中介人姓名/名稱 Name of Insurance Intermediary	
保險中介人編號 Insurance Intermediary's Code	聯絡電話 Contact No.

重要須知 Important Notes

1. 本表格只適用於指定計劃申請保費假期及恢復繳付保費(請閱保障條款以了解保單是否可選擇行使保費假期)。This form is only applicable for request for cessation of premium holiday and resume premium payment for designated life policies (Please refer to the Policy Provision for whether the policy is applicable for cessation of premium holiday).
2. 本表格中「本公司」或「貴公司」之表述均指中國人壽保險(海外)股份有限公司。The expression of "the Company" in this form refers to China Life Insurance (Overseas) Company Limited.
3. 只接受申請表格正本及本表格應由保單持有人/受保人/不可撤換受益人/受讓人(如適用)以正楷填寫及簽署。簽署式樣須與本公司的記錄相符。保單持有人亦須於此表格內任何曾修改的地方簽署作實。Original form is accepted and should be completed by the Policyholder/ Insured/ Irrevocable Beneficiary/ Assignee (if applicable) in BLOCK LETTERS and signed with the signature(s) identical to that of the Company's record, any amendments in this form must be countersigned by the Policyholder in full signature.
4. 保險中介人或銀行職員收到本申請表並不代表本公司已收妥或已經生效本申請。Receipt of this form by Insurance Intermediary or Bank Staff does not mean that the company has received nor entered into effective of this application.
5. 本公司有權不時更新本申請表。並要求保單持有人重新提交已更新的申請表。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 request the Policyholder to resubmit the updated Form. Please visit our website www.chinalife.com.hk to view and download the latest version of the Form.
6. 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 the Company's requirement(s).
7. 保單持有人必須填妥及簽署此表格並於 30 天內交回本公司處理。請將已填妥及簽署的申請表格正本連同所需證明文件寄往香港灣仔軒尼詩道 313 號中國人壽大廈 24 樓「中國人壽保險(海外)股份有限公司」收。Policyholder must complete and return this form to the Company within 30 days after signing this form. Please mail the duly completed and signed original application form(s) and the supporting document(s) required to "China Life Insurance (Overseas) Co. Ltd.", 24/F, CLI Building, 313 Hennessy Road, Wan Chai, Hong Kong.

第一部份 保費假期/恢復繳付保費注意事項 Part 1 - Important Notes of Premium Holiday/ Resumption of Payment

1. 若申請「行使保費假期」, 請同時填寫第五部分「轉保聲明」。Please complete Part 5 "Policy Replacement Declaration" when applying for Commencement of Premium Holiday.
2. 申請會在下一個保單週年日起開始生效。The request will be effective from the next Policy Anniversary.
3. 保費假期生效時, 所有附加保障會隨即被終止。All rider will be terminated immediately when the Premium Holiday effective.
4. 在本保單有效期內, 保單持有人可由第二(2)個保單週年日前及其後每個保單週年日前的六十(60)天至九十(90)天內, 以本公司指定表格或認可的書面申請行使「保費假期」。在緊接的保單週年日期的指定年內暫停繳交保費。申請必須在前述期間內提交及完成審批(以本公司記錄為準)。While this Policy is in force, within sixty (60) days to ninety (90) days before the second (2nd) Policy Anniversary and before every Policy Anniversary thereafter, Policyholder can submit application by filling a written notice or the Company's prescribed form to exercise "Premium Holiday" and suspend paying premiums for a specified period from the immediately subsequent Policy Anniversary. Such application must be submitted and approved within the period stated above (subject to the Company's record).
5. 行使「保費假期」必須符合以下由本保險公司不時釐定的要求: For exercising "Premium Holiday" it is also required to fulfill the below requirements and is subject to change by the Company from time to time:

第一部份 保費假期/恢復繳付保費注意事項 (續) Part 1 - Important Notes of Premium Holiday/ Resumption of Payment (Continued)

- 5.1. 每次申請行使「保費假期」的年期必須是一(1)年的倍數; Premium Holiday period for each application must be in multiples of one (1) year;
- 5.2. 申請行使「保費假期」的累計年期不可超過兩(2)年(只適用於基本壽險的保費供款年期為五(5)年)或三(3)年(只適用於基本壽險的保費供款年期為八(8)年); the aggregate "Premium Holiday" period must not exceed two (2) years (only applicable to the Basic Plan with Premium payment term of five (5) years) or three (3) years (only applicable to the Basic Plan with Premium payment term of eight (8) years)
- 5.3. 「保費假期」不適用於以正以預繳方式繳付保費的保單; 及 "Premium Holiday" is not applicable to any Policy which is currently paying Premium by prepayment and
- 5.4. 申請「保費假期」及行使「保費假期」期間, 本保單必須沒有任何保單負債。 This Policy has no Indebtedness at the time of application and during the period when the "Premium Holiday" is in effect.
6. 為免存疑, 若基本壽險從未申請行使「保費假期」, 首次申請選擇行使「保費假期」的年期不可超過兩(2)年(只適用於基本壽險的保費供款年期為五(5)年)或三(3)年(只適用於基本壽險的保費供款年期為八(8)年)。如基本壽險已曾成功申請及行使「保費假期」, (i)該次申請選擇行使「保費假期」的年期與 (ii)累計已行使「保費假期」的年期之總和不可超過兩(2)年(只適用於基本壽險的保費供款年期為五(5)年)或三(3)年(只適用於基本壽險的保費供款年期為八(8)年)。 For the avoidance of doubt, if no "Premium Holiday" has been exercised in the Basic Plan before, the "Premium Holiday" period of first application shall not exceed two (2) years (only applicable to the Basic Plan with Premium payment term of five (5) years) or three (3) years (only applicable to the Basic Plan with Premium payment term of eight (8) years). If "Premium Holiday" has been exercised before, the sum of (i) the "Premium Holiday" period of this application and (2) the aggregate "Premium Holiday" period (made in previous Policy Year(s) shall not exceed two (2) years (only applicable to the Basic Plan with Premium payment term of five (5) years) or three (3) years (only applicable to the Basic Plan with Premium payment term of eight (8) years).
7. 在「保費假期」生效期間, 以下所列將適用: While "Premium Holiday" is in effect, the following will be applied:
- 7.1. 保單持有人可於所指定的年內暫停繳交基本壽險的保費, 而本保單將繼續生效; the Premium of the Basic Plan will be suspended in the period(s) designated by the Policyholder and this Policy will remain in force;
- 7.2. 本保險公司將根據保單持有人所指定的「保費假期」年期以順延基本壽險之保費到期日及繳費滿期日; the Company will defer the Premium Due Date and Premium Expiry Date of the Basic Plan according to the "Premium Holiday" period as designated by the Policyholder;
- 7.3. 在「保費假期」生效期間及沒有進行任何部份保單退保, 基本壽險之基本金額、保證現金價值及累積到期已收保費將維持不變, 並相等於緊接在「保費假期」生效前的金額。若在「保費假期」生效期間進行部份保單退保, 基本壽險之基本金額、保證現金價值及累積到期已收保費將以相等於將緊接在「保費假期」生效前的金額按部份保單退保比例調低; during the period which the "Premium Holiday" is in effect with no partial Policy Surrender made, the Basic Amount, guaranteed Cash Value and Accumulated Premium Due and Received of the Basic Plan will remain unchanged and equal the amount immediately before "Premium Holiday" takes effect. If partial Policy Surrender has been made during "Premium Holiday" period the Basic Amount, guaranteed Cash Value and Accumulated Premium Due and Received of the Basic Plan which equal the amount immediately before "Premium Holiday" takes effect shall be reduced proportionally;
- 7.4. 基本壽險之保單日期、保單滿期日、保障滿期日在行使「保費假期」後將維持不變; the Policy Date Policy Maturity Date and Coverage Cessation Date of the Basic Plan will remain unchanged after exercising "Premium Holiday";
- 7.5. 基本壽險之終期紅利(如有)並非保證, 在「保費假期」期間或會有所增減; terminal dividend (if any) of Basic Plan is non-guaranteed and will be subject to adjustment during Premium Holiday" period;
- 7.6. 本保單所有附加計劃(如有)在首次「保費假期」生效日當日將被終止且於「保費假期」生效期間, 不得有任何附加計劃附加於本保單; all riders (if any) under this Policy will be terminated on the effective date of the first "Premium Holiday" and there should be no riders can be further added to this Policy during the period which the Premium Holiday is in effect;
- 7.7. 部份保單退保、轉換受保人及後補受保人將繼續適用;及 partial Policy Surrender, change of Insured and Contingent Insured are still applicable; and
- 7.8. 「保費假期」生效期間本保單不接受任何保單貸款。 Any Policy Loan will not be accepted in this Policy when "Premium Holiday" is in effect.
8. 若於「保費假期」生效期間, 基本壽險須作出任何賠付, 本保險公司將按上述所適用之相關保單價值的影響而作出相應調整。 If any benefits of the Basic Plan is payable during the period which the "Premium Holiday" is effective, the Company will adjust the related policy values according to the corresponding changes mentioned above.
9. 「保費假期」的申請必須經本公司的同意, 經本公司授權的代表簽發批單, 方可生效, 同時本公司會於該批單內提供行使「保費假期」後的基本壽險之保費到期日及繳費滿期日。 The "Premium Holiday" will be effective provided that the application is approved by the Company with endorsements duly signed by the Company's authorized signatory(ies). The Company will also provide the Premium Due Date and Premium Expiry Date of the Basic Plan after exercising "Premium Holiday" along with such endorsements.
10. 保單持有人可於每個保單週年日前的六十(60)天至九十(90)天內, 透過本保險公司指定表格或認可的書面確認形式申請以取消「保費假期」並於緊接下一個保單週年日起恢復繳付基本壽險的保費, 取消申請必須在前述期間內提交及完成審批(以本公司記錄為準), 本保險公司會簽發批單重新訂明取消行使「保費假期」後的保費到期日及繳費滿期日。 Policyholder can submit request to cancel "Premium Holiday" and resume paying the Premiums of the Basic Plan from the immediately subsequent Policy Anniversary by filling a written notice or the prescribed form within sixty (60) days to ninety (90) days before every Policy Anniversary. The application for cancellation must be submitted and approved within the period stated above (subject to the Company's record). The Company will issue the endorsements with the revised Premium Due Date and Premium Expiry Date of the Basic Plan after cancellation of exercising "Premium Holiday".
11. 於下列任何一種情況發生時(以較前者為準), 將不可於基本壽險內申請「保費假期」: No application for "Premium Holiday" of the Basic Plan is allowed upon the occurrence of any of the following events (whichever is the earliest):
- 11.1. 已全數支付基本壽險的應繳保費; all Premiums of Basic Plan have been fully paid;
- 11.2. 基本壽險的「保費假期」之累計已行使年期已達兩(2)年(若本保單下之基本壽險的保費供款年期為五(5)年)或三(3)年(若本保單下之基本壽險的保費供款年期為八(8)年); 或 the aggregate "Premium Holiday" period exercised under the Basic Plan reaches two (2) years (only applicable to the Basic Plan with Premium payment term of five (5) years) or three (3) years (only applicable to the Basic Plan with Premium payment term of eight (8) years); or
- 11.3. 本保單已失效或終止。 This Policy has lapsed or is terminated.

第二部份 保費假期/恢復繳付保費注意事項 (萬用壽險計劃適用) Part 2 - Important Notes of Premium Holiday/ Resumption of Payment (For Universal Life Insurance)

請細閱 Please read

1. 整份保險合約包括但不限於承保表、保單條款及批註(如有)。The entire policy contract including but not limited to the Policy Information Page, provision and endorsement (if any).
2. 申請表內的所有內容、條款及條件。The content, terms and conditions of this Form.
3. 若申請「行使保費假期」，請同時填寫第五部分「轉保聲明」。Please complete Part 5 "Policy Replacement Declaration" when applying for Commencement of Premium Holiday.
4. 申請保費假期會在下一個繳至日起開始生效。The Premium Holiday request will be effective from the next paid-to-date.
5. 申請恢復繳付保費需遞交本表格連同保費到期日之應繳保費入數證明到本公司才可辦理。The payment proof must be submitted along with this form for the Resumption of Payment request.

第三部份 保費假期 Part 3 - Premium Holiday (請填寫第五部份 Please complete Part 5)

- 行使保費假期(非投資相連壽險計劃適用) Commencement of Premium Holiday (For Non Investment-Linked Assurance Scheme)
需行使保費假期的年期：_____年 No. of modal premium to be suspended: _____ Years
- 行使保費假期(萬用壽險計劃適用) Commencement of Premium Holiday (For Universal Life Insurance)

第四部份 恢復繳付保費 Part 4 - Resumption of Payment

- 終止保費假期及恢復繳付保費 Cessation of Premium Holiday and resume premium payment

第五部份 轉保聲明 Part 5 - Policy Replacement Declaration

若申請行使保費假期，請填寫此部分內容。Please complete this part when applying for commencement of premium holiday.

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(例如作出退保/部分退保、提取保單貸款、提取保單價值等)、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(例如暫停/終止支付保費或者行使「保費假期」的權利等)、以資助閣下於過去 12 個月內新申請的人壽保險保單(如有)? 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 (e.g. from surrendering/ partially surrendering to obtain its surrender values, taking out a policy loan and withdrawing policy values etc), or any savings made by reducing the premium payable under the abovementioned policy (e.g. suspension/ termination of premium payment non-payment or exercising the right to a premium holiday), in order to fund the new life insurance policy (if any) which is purchased within 12 months prior to the date of this application? 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)

注意 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。閣下應尋求閣下持牌保險中介人的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或與本公司聯絡。

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 your licensed insurance intermediary's professional advice to understand the associated risks and potential disadvantages of Policy Replacement. For details, please contact us or visit our website at www.chinalife.com.hk to view the useful tips on Life Insurance Policy Replacement.

第六部份 個人資料收集聲明 Part 6 - Personal Information Collection Statement

本人/我們確認已閱讀及明白貴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 下載或向貴公司索取。I/We confirm that I/we have read and understood the Personal Information Collection Statement ("PICS") of the Company. For the latest version of the PICS, it can be downloaded from www.chinalife.com.hk or is made available upon request.

第七部份 聲明及簽署 Part 7 - Declaration & Signature

本人/我們僅此確認已閱讀及明白以上申請內的所有內容、條款及條件並同意受該等內容、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 content, terms and conditions of the above request, and agree to be bound by those content, terms and conditions. I/We hereby agree to make the above agreements and declarations.

注意 Note :

1. 若保單持有人或受保人以圖章蓋印簽署，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申請表簽署人的身份之用。 If the Policyholder or Insured 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.
2. 請勿在空白表格上簽署。 Please DO NOT sign on BLANK form.

保單持有人簽署 及印鑑(如適用) Signature and Stamp (if applicable) of Policyholder	不可撤換受益人簽署 及印鑑(如適用) Signature and Stamp (if applicable) of Irrevocable Beneficiary	受讓人簽署 及印鑑(如適用) Signature and Stamp (if applicable) of Assignee	見證人簽署(如適用) Signature of Witness (if applicable)
			<p style="text-align: center;">與保單持有人之關係 Relationship to Policyholder</p> <p><input type="checkbox"/> 保險中介人/銀行職員/客戶服務中心 職員 Insurance Intermediary/ Bank Staff/ CS Centre Staff 編號 Code _____</p> <p><input type="checkbox"/> 其他人士(請註明) Others (Please Specify) _____ 身份證明文件號碼 Identity Document No. _____</p>
姓名/名稱 Name	姓名/名稱 Name	姓名/名稱 Name	姓名 Name
日期 (年/月/日) Date (YYYY/MM/DD)	日期 (年/月/日) Date (YYYY/MM/DD)	日期 (年/月/日) Date (YYYY/MM/DD)	日期 (年/月/日) Date (YYYY/MM/DD)