



直接付款授權書 DIRECT DEBIT AUTHORIZATION

(只適用於港元或美元保單 Only applicable to HKD or USD policy)

請填寫並將此授權書交給收款之一方(受益人：中國人壽保險(海外)股份有限公司)

Please complete and return this form to the party to be credited (The Beneficiary: China Life Insurance (Overseas) Co. Ltd.)

重要須知 Important Notes

- 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。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.
- 中國人壽保險(海外)股份有限公司(「本公司」)有權隨時更新本授權書，並接受或拒絕未符合本公司要求的表格。請登入本公司網站 www.chinalife.com.hk 瀏覽及下載最新版本。China Life Insurance (Overseas) Co. Ltd. (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.

聲明及授權 Declaration and Authorization

1. 本人/吾等明白本授權書只適用於從本人/吾等在香港任何一間銀行開立的港元儲蓄賬戶並以港元扣賬。I/We understand that this authorization is only applicable to my/our HKD savings account with any bank in Hong Kong and the transaction will be debited in HKD.
2. 本人/吾等現授權本人/吾等之下述銀行(「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受益人。I/We hereby authorize my/our below named Bank ("Bank") to effect transfers from my/our account to that of the Beneficiary in accordance with such instructions as my/our Bank may receive from the Beneficiary from time to time.
3. 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。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.
4. 本人/吾等確認本人/吾等在本授權書上之簽署式樣與本人/吾等用作付款轉賬之儲蓄賬戶的簽署一致。I/We confirm that my/our signature(s) of this authorization is/are the same as that/those for the operation of my/our savings account to be debited for the transfer.
5. 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。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).
6. 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。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.
7. 本授權書將繼續生效直至另行通知為止。This authorization shall have effect until further notice.
8. 本人/吾等同意如取消/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前交予本人/吾等之銀行。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.
9. 本人/吾等同意轉賬指示包含保單保費及由受益人代保險業監管局收取的保費徵費。I/We agree that the transfer instruction includes policy premium and the levy, the latter is collected by the Beneficiary on behalf of the Insurance Authority.

A. 授權資料 Information of Authorization

銀行賬戶持有人必須於本授權書內任何曾修改的地方簽署確實。簽署樣式必須與銀行記錄一致。

Any amendments in this authorization must be countersigned by the Bank Account Holder(s) in full signature. Signature must be consistent with Bank's record.

保單號碼 Policy No. (授權號碼 Debtor's Reference)

銀行名稱 Bank Name	賬戶貨幣 Account Currency	銀行編號 Bank No.	分行編號 Branch No.	銀行賬戶號碼 Bank Account No.
	HKD			

銀行賬戶持有人在結單/存摺上所記錄之英文名稱。如為聯名賬戶，請用「/」分隔聯名賬戶的名稱。(請以英文正楷填寫)

Name(s) of Bank Account Holder(s) As Recorded on Statement/Passbook. For joint account, separate holders' names with "/". (Please write in block letters).

銀行賬戶持有人之證件號碼 (證件號碼必須與銀行記錄相符) Bank Account Holder's Document No. (Document No. should correspond to Bank's Record)

銀行賬戶持有人之證件類別 Bank Account Holder's Document Type

☐ 香港身份證 HKID

☐ 護照 Passport

☐ 其他(請註明) Others (Please specify)

其他銀行賬戶持有人之證件號碼 (證件號碼必須與銀行記錄相符) Other Bank Account Holder's Document No. (Document No. should correspond to Bank's Record)

其他銀行賬戶持有人之證件類別 Other Bank Account Holder's Document Type

☐ 香港身份證 HKID

☐ 護照 Passport

☐ 其他(請註明) Others (Please specify)

B. 個人資料收集聲明 Personal Information Collection Statement

本人/吾等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.

C. 簽署 Signature

如銀行賬戶持有人並非保單持有人/準保單持有人/受保人/準受保人，而是可接受第三者，請同時提交《第三者付款指示表格》，表格可於公司網站 www.chinalife.com.hk 下載。《Third Party Payment Instruction Form》should be submitted with the DDA Form if the bank account holder is not the policyholder or proposed policyholder or insured or proposed insured but an acceptable third party. Please download the said form from our website www.chinalife.com.hk.

本人/吾等之銀行賬戶簽名*(簽署樣式必須與銀行記錄一致。若為聯名銀行賬戶而賬戶授權方式必須共同簽署方生效，所有銀行賬戶持有人必須同時簽署本授權書)。My/Our Bank Account's Signature(s)* (Signature(s) must be consistent with bank's record. For Joint Account, all Bank Account Holders must sign on this authorization if the mandate option of the Joint Account is all signatures are required.)

日期 Date	年 Year	月 Month	日 Day

