



第三者付款指示表格 (只適用於續期保費及保費徵費)

Third Party Payment Instruction Form (For Renewal Premium and Premium Levy Only)

PS-TPP

保單號碼 Policy No.

| | | | | | | | | | |
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|--|--|--|--|--|--|--|--|--|--|

保險中介人資料 Insurance Intermediary's Information

| | | | | | |
|--|---|---|---|----------------------|---|
| 保險中介人姓名 Insurance Intermediary's Name | 1 | 分行/中介人編號/註冊編號 Branch/Intermediary's Code/ Registration Code | 1 | 流動電話號碼 Mobile No. | 1 |
| | 2 | | 2 | | 2 |

請在適當空格內填上「√」號。 Please tick "√" the appropriate box(es).

重要須知 Important Note

1. 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。「本人/我們」之表述指保單持有人及/或第三者付款人。The expression "the Company" used in this form refers to China Life Insurance (Overseas) Company Limited, and the expression "I / We" refer to the Policyholder and / or the Third Party Payor.
2. 第三者付款人為 i) 保單持有人及受保人以外, 及 ii) 同時需符合指定類別人士的要求(指定類別人士的要求請參閱表格第四部份)。Third Party Payor shall be i) the person other than the Policyholder and the Insured, and ii) correspond with the requirements of the person under specified categories (For the requirements of the person under specified categories, please refer to Part 5 of the Form).
3. 本表格應由保單持有人以正楷填寫及簽名, 簽名式樣須與本公司之記錄相符。第三者付款人亦需填寫及簽名。This form is to be filled by the Policyholder in BLOCK LETTERS and signed with the signature that matches with the Company's record. The Third Party Payor is also required to sign on this form.
4. 如第三者付款人繳付超過港幣500,000.00或等值之金額, 第三者付款人需遞交身份證明文件副本及與保單持有人的關係證明。If the third party payment is over HKD 500,000.00 or equivalent, a copy of the identity card of the Third Party Payor and relationship proof between Policyholder should be submitted.
5. 本公司保留索取付款及/或關係及/或身份證明副本之權利。在收到本表格及所需文件(如有)前, 本公司不會處理所收到的任何款項及相關指示(包括投資指示或償還貸款)。The Company reserves the right to obtain proof of payment and/or relationship proof and/or identity copy. The Company will not process any payment received and any related instruction (including investment instructions or loan repayment) until this form and the required documents (if any) have been received by the Company.

第一部份 保單資料 Part 1 Policy Information

| | |
|--|--|
| 受保人姓名 (若受保人並非保單持有人, 請填寫此部份) Name of Insured (Please complete this part if the Insured is different from the Policyholder) | |
| 保單持有人姓名 Name of Policyholder | |

第二部份 付款詳情 Part 2 Payment Details (只適用於第三者付款人付款部份 Applicable to payment from Third Party Payor)

| | | | |
|---|---|---|---|
| 繳付金額 Amount of Payment | <input type="checkbox"/> 港元HKD <input type="checkbox"/> 美元USD <input type="checkbox"/> 人民幣CNY <input type="checkbox"/> 其他 Others: _____ 金額Amount: _____ | 是否包括預繳保費及保費徵費 Included Prepaid Premium and Premium Levy or not | <input type="checkbox"/> 是Yes <input type="checkbox"/> 否No |
| 付款 / 轉賬日期 Date of Payment / Transfer | ____年 Year / ____月 Month / ____日 Day | | |
| <input type="checkbox"/> 到指定銀行繳費 Payment at Designated Bank | <input type="checkbox"/> 支票/本票 Cheque / Bank Draft | | |
| <input type="checkbox"/> 電匯/本地匯款 Telegraphic Transfer/Local Chats | <input type="checkbox"/> 繳費靈 PPS | | |
| <input type="checkbox"/> 銀行戶口直接付款授權 Direct Debit Authorization for bank account | <input type="checkbox"/> 「銀通」自動櫃員機 JETCO ATM | | |
| <input type="checkbox"/> 本港銀行網上繳費 Local Bank Online Payment; 或 or Visa / 萬事達信用卡 Visa / Master Credit Card; 或 or 銀聯借記卡 / 信用卡 UnionPay Debit Card / Credit Card | 卡號/賬戶號碼 Card No. / Account No. | | |
| <input type="checkbox"/> 其他 (請註明) Others (Please specify) | | | |



第三部份 第三者付款人的資金來源 Part 3 Sources of Funds from Third Party Payor

| | |
|-------------------------------------|---|
| <input type="checkbox"/> 薪金 Salary | <input type="checkbox"/> 投資 Investments |
| <input type="checkbox"/> 收入 Income | <input type="checkbox"/> 家用 Family contributions |
| <input type="checkbox"/> 儲蓄 Savings | <input type="checkbox"/> 其他 (請註明) Others (Please specify) : _____ |

第四部份 第三者付款人資料 Part 4 Third Party Payor's Details

| | | |
|---|---|----------------------|
| 第三者付款人名稱 (須與身份證明文件相同) Third Party Payor's Name (As shown on Identification Document) | 中文名稱 Chinese Name | 英文名稱 English Name |
| 性別Sex | <input type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female <input type="checkbox"/> 不適用 Not Applicable (供付款人為公司 For the Payor is a company) | |
| 出生日期/公司註冊日期 Date of Birth / Date of Establishment for company | ____ / ____ / ____ 年 Year 月 Month 日 Day | |
| 國籍 / 地區 (指公司註冊地點) Nationality / Place (Company Establishment Place) | <input type="checkbox"/> 香港 Hong Kong <input type="checkbox"/> 中國 Chinese / China <input type="checkbox"/> 美國 U.S. <input type="checkbox"/> 其他 (請註明) Others (Please specify) : _____ | |
| 身份證明文件類別 Type of Identification Document | <input type="checkbox"/> 香港身份證號碼 HK PHK Identity Card No.: _____ <input type="checkbox"/> 其他身份證 / 護照號碼 Other Identity Card / Passport No.: _____ 簽發國家/地 Country / Place of Issue: _____ <input type="checkbox"/> 商業登記/公司註冊證書 Business Registration / Certificate of Incorporation: _____ 簽發國家/地 Country / Place of Issue: _____ | |
| 通訊/營運地址 Correspondence / Business Address | | |
| 聯絡電話號碼 Contact Telephone Number | | |
| 第三者付款人與保單持有人之關係 Relationship of the Third Party Payor with the Policyholder 註： 1. 就第三者付款人而言，本公司只接受由右列的指定類別人士繳付之款項 Note: 1. Only Third Party Payor listed in the right column will be accepted. | <input type="checkbox"/> 配偶 Spouse <input type="checkbox"/> 父母 Parent <input type="checkbox"/> 子女 Child <input type="checkbox"/> 兄弟姊妹 (18 歲或以上) Sibling (aged 18 or above) <input type="checkbox"/> 祖父母 Grandparent <input type="checkbox"/> 孫子女 Grandchild <input type="checkbox"/> 配偶的父母 Parent-in-law <input type="checkbox"/> 保單持有人或其配偶 / 父母 / 子女全權持有或保單持有人與其配偶 / 父母 / 子女共同持有之公司，並為必須符合以下所有要求： Company wholly owned by the Policyholder / Policyholder's spouse / Policyholder's parent(s) / child(ren) or together with spouse / parent(s) / child(ren) subject to all the below requirements : i. 提供有效商業登記證副本或公司註冊證書副本及最近期週年申報表副本(或同等文件); Submit copy of Business Registration or Certificate of Incorporation and the latest annual return (or equivalent document); ii. 並須同時提供以下額外文件;The following additional documents are also required: - 所有股東之身份證明副本及其與保單持有人之關係證明副本 All shareholder's identity copy(ies) and their relationship proof with the Policyholder; - 董事會議記錄證明董事會同意繳費及公司組織章程大綱; Board Resolutions to show the payment consent from the directors and M&A. | |
| 由第三者付款之原因 Reason for payment from Third Party Payor | <input type="checkbox"/> 保單持有人為退休人士 Policyholder is a retiree <input type="checkbox"/> 保單持有人為學生 Policyholder is a student <input type="checkbox"/> 保單持有人為無業人士 Policyholder is an unemployed person <input type="checkbox"/> 作為禮物饋贈家人 As a gift for family member <input type="checkbox"/> 其他原因 (請註明) Other reason (Please specify) : _____ | |

第五部份 收取個人壽險保費徵費 Part 5 Collection of Premium Levy on Individual Life Insurance Policy

本人/我們謹已收悉：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/We hereby notified 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「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 <https://www.chinalife.com.hk/zh-hk/privacy-policy/personal-information-collection-statement-clio> 下載或向中國人壽保險（海外）股份有限公司索取。I/We confirm that I/we have read and understood Personal Information Collection Statement ("PICS") of China Life Insurance (Overseas) Company Limited. For the latest version of PICS, it can be downloaded from <https://www.chinalife.com.hk/privacy-policy/personal-information-collection-statement-clio> or available upon request.

第七部份 聲明及授權 Part 7 Declaration and Authorization

- 本人 / 我們謹此聲明所有在本表格內及隨本表格提交的相關文件內所提供之資料及所作出的陳述，就本人 / 我們所知及所信，乃準確無誤、真實及為事實之全部。該等資料及陳述將作為 貴公司批准本人 / 我們的以上申請之根據並構成本表格所述保單（「本保單」）之一部份。
- 本人 / 我們謹此聲明及同意本人/我們的以上申請須符合下列條件，方可生效：
 - 以上申請是於本保單的受保人在生並仍然符合受保條件之情況下經 貴公司批核；
 - 本保單之利益為保單持有人 / 申請人合法所擁有及未有被轉讓或以其他方式轉移予除 貴公司外之任何其他方；及
 - 本人 / 我們在香港或其他地方沒有被宣告破產、或作為任何破產或類似法律程序、或任何接管或類似命令之目標，而且在香港或其他地方沒有由本人 / 我們提起、或針對本人 / 我們提起之待決或已提起之任何破產或無力償債之法律程序。
- 本人 / 我們謹此聲明及同意：
 - 本人 / 我們同意由第三者付款人代保單持有人 / 申請人繳付第二部份所述之款項。第三者付款人純粹代表保單持有人 / 申請人繳款，第三者付款人並不會因該等繳款獲賦予或將獲賦予任何保單權益及 / 或合同權利；
 - 在任何情況下（包括但不止於冷靜期內取消保單或將保單退保的情況），如 貴公司仍持有尚未到期支付的第三者付款人的預繳保費、徵費及需要退回時，本人 / 我們指示及授權 貴公司將預繳保費及徵費退還予第三者付款人；
 - 本人 / 我們明白 貴公司在收到本表格及所需文件（如有）前，貴公司不會處理所收到的任何款項及任何相關指示（包括投資指示或償還貸款）。本人/我們亦明白 貴公司將在合理時間內處理所收到的款項，及 貴公司無須對任何延遲處理有關款項而引致的任何直接、間接、特別或相應的損失及損害承擔任何責任；及
 - 本人 / 我們同意及承諾就 貴公司因上述指示及授權而招致的任何索償、損失、責任、賠償及所有相關的費用及開支（包括法律費用）作全數彌償。
- 本人/我們明白及同意本表格的中、英文版本如有任何抵觸或不一致之處，概以中文版本為準。

- I/We hereby declare that all information given and representations made in this form and in the related documents submitted together with this form are, to the best of my/our knowledge and belief, accurate, true and complete. Such information and representations shall form the basis for the approval by the Company of my/our above request and shall form part of the policy specified in this form (the "Policy").
- I/We hereby declare and agree that my/our above request shall only take effect provided that all of the following conditions are met:
 - The above request is approved by the Company during the lifetime and continued insurability of the Insured of the Policy;
 - The Policyholder/Applicant is legally entitled to the benefits under the Policy which have not been assigned or otherwise transferred to any party other than the Company; and
 - I/We am/are not adjudged bankrupt, or made the subject of any bankruptcy or similar proceedings, or of any receiving or similar order, in Hong Kong or elsewhere, and there are no bankruptcy or insolvency proceedings that are pending or have been instituted by or against me/us in Hong Kong or elsewhere.
- I/We hereby declare and agree that:
 - I/We agree that the Third Party Payor shall make the payment(s) mentioned in Part 2 on behalf of the Policyholder/Applicant. The Third Party Payor makes the payment(s) solely for and on behalf of the Policyholder/Applicant, and no interest in the policy and/or contractual right whatsoever is vested or will be vested to the Third Party Payor as a result of such payment(s);
 - Under whatever circumstances (including without limitation where the policy is cancelled within the cooling-off period or where the policy is surrendered), if the Company still holds any prepaid premium(s) and Levy paid by the Third Party Payor which have not fallen due yet and such prepaid premium(s) and Levy need to be returned, I/we instruct and authorise the Company to return the prepaid premium(s) and Levy to the Third Party Payor;
 - I/We understand that the Company will not process any payment received and any related instruction (including investment instructions or loan repayment) until this form and the required documents (if any) have been received by the Company. I/We also understand that the Company will process any payment received within reasonable time, and the Company shall not be liable for any direct, indirect, special or consequential loss or damages arising from any delay in processing such payment; and
 - I/We agree and undertake to indemnify the Company in full and hold the Company harmless from any claims, losses, liabilities, damages and all related costs and expenses (including legal fees) arising from or in connection with the above instructions and authorisations.
- I/We understand and agree that if there is any discrepancy or inconsistency between the English version and the Chinese version of this form, the Chinese version shall prevail.

第八部份 簽署 Part 8 Signature

本人/我們謹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/我們謹此同意作出以上聲明及授權。若保單持有人或第三者付款人以圖章蓋印簽署，必須有一位見證人。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。

I/We hereby confirm that I/we have read and understood all the terms and conditions of the above request, and agree to be bound by those terms and conditions. I/We hereby agree to make the above declarations and authorizations. If the policyholder or the third party payor uses signature chop, the witness is required. 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.

保單持有人簽署

Signature of Policyholder

日期 Date _____ / _____ / _____
年 Year 月 Month 日 Day

第三者付款人簽署及 / 或公司印鑑

Signature and/or Company Chop of Third Party Payor

日期 Date _____ / _____ / _____
年 Year 月 Month 日 Day

見證人姓名及簽署

Name & Signature of Witness

日期 Date _____ / _____ / _____
年 Year 月 Month 日 Day