

免責聲明 DISCLAIMER

(準)受保人姓名 Name of (Proposed) Insured	(準)保單持有人姓名 Name of (Proposed) Policyholder	要保書/保單編號 Application/Policy No.
保險中介人姓名 Insurance Intermediary's Name	保險中介人註冊編號 Insurance Intermediary's Registration Code	分行/中介人編號 Branch/ Intermediary's Code

如果(準)保單持有人及/或(準)受保人是香港特別行政區以外的國家及/或地區的公民及/或居民，請仔細閱讀以下內容：

If you (the (Proposed) Policyholder) and/or the (Proposed) Insured of the Application is/are resident(s) and/or citizen(s) of country(s) and/or district(s) outside Hong Kong SAR, please read the following carefully:

1. 閣下確認及明白，在香港以外某些司法權區的法律和法規可能會在他們的居民或公民購買外國保險公司發出的保單時，施加一些限制及/或要求（「該等限制及/或要求」）。如果貴國的法律中有該等限制及/或要求或禁止購買外國保險公司發出的保單，閣下必須告訴本公司。

You acknowledge and understand that laws and regulations of some jurisdictions outside Hong Kong may impose certain restrictions and/or requirements when their residents or citizens purchase insurance policy issued by foreign insurance companies ("Restrictions and/or Requirements") and you have to tell the Company if the law of your country has any Restrictions and/or Requirements or prohibition.

2. 閣下有責任：

- (a) 考慮貴國有否對閣下作出該等限制及/或要求；
- (b) 遵守貴國的法律及法規，包括在需要的情況就閣下的投保申請取得有關政府或監管機關的同意；
- (c) 考慮閣下的投保申請，是否會因該等限制及/或要求，導致閣下有任何損失或責任，包括稅務責任。

It is your responsibility to:

- (a) consider whether you are subject to such Restrictions and/or Requirements of your country;
- (b) comply with the laws and regulations of your country, including obtaining relevant consent from governmental or regulatory authorities, in respect of your making the Application for the insurance policy, if needed; and
- (c) consider whether the making of the Application for the insurance policy will cause you any losses or liabilities due to the Restrictions and/or Requirements, including tax liabilities

3. 閣下確認及了解，如果閣下及/或(準)受保人受到該等限制及/或要求，本公司將不接受閣下的投保申請，而閣下亦沒有資格作出投保申請，本公司會倚賴閣下於下面提供的申報聲明，作為確實閣下是有資格作出投保申請的憑證。如果閣下在申報聲明中提供的資料不正確及/或不真實，引致投保申請的安排及保單不合法、無效或無作用，閣下確認及明白本公司有權終止投保申請並退回已繳付的保費，且本公司有權取消保單並退回保單當時的退保價值（即使保單已經發出），而本公司將不會因閣下可能蒙受由此引致或與之相關的損失及損害承擔任何責任。

You acknowledge and understand that the Company will not accept the Application and you are not eligible to make the Application if you and/or the (Proposed) Insured is/are under any Restrictions and/or Requirements and the Company relies on your Declaration provided below as evidence of your eligibility to make the Application. If the information you provided in the Declaration is incorrect and/or untrue which renders the arrangements contemplated under the Application and the insurance policy to become illegal, invalid or ineffective, you acknowledge and understand that the Company shall be entitled to terminate the Application with a refund of the premium paid, and the Company shall be entitled to cancel the insurance policy even after it has been issued with a payment of the surrender value to you, and the Company shall not be liable to any losses or damages you may suffer arising therefrom or in connection therewith.

4. 即使貴國目前沒有該等限制及/或要求，但閣下可能由於後來法律的改變及/或閣下身份的改變而受到該等限制及/或要求，閣下確認及明白如果發生這種情況，本公司有權終止投保申請並退回已繳付的保費，且本公司也有權取消保單並退回保單當時的退保價值（即使保單已經發出）。而本公司不會因閣下可能蒙受由此引致或與之相關的任何損失或損害承擔任何責任。

Even if there are currently no such Restrictions and/or Requirements in your country, due to subsequent change of law and/or the change of residents/citizens' status, you may become subject to such Restrictions and/or Requirements, you acknowledge and understand that if this happens, the Company shall have the right to terminate the Application with a refund of the premium paid, and the Company shall be entitled to cancel the insurance policy with a payment of the surrender value to you even after it has been issued, and Company shall not be liable to any losses or damages you may suffer arising therefrom or in connection therewith.

5. 本公司不保證就投保申請、保單及與此有關的安排會合乎香港以外的司法權區的法律和法規，亦不會就閣下因該等限制及/或要求可能蒙受或負上的任何損失承擔任何責任。

The Company provides no assurance that the Application, the insurance policy and the arrangements contemplated hereunder are in compliance with the laws and regulations of the jurisdictions outside Hong Kong and disclaims any liability in whatsoever losses you may suffer or incur arising out of the Restrictions and/or Requirements.

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 www.chinalife.com.hk or is made available upon request.

聲明 DECLARATIONS

本人/我們謹此聲明，本人/我們所作以上陳述為事實之全部，並同意該等陳述將作為本人/我們致中國人壽保險(海外)股份有限公司的上述要保書一部份。如有任何不正確或虛報資料，繕發之保單將根據貴公司的選擇而無效或可使無效。

I/We declare that the above statements are full, complete and true, and agree that they shall form part of my/our application above mentioned to China Life Insurance (Overseas) Company Limited and that any untrue or inaccurate statement shall render the policy issued may be void or voidable at the option of the Company.

聲明 DECLARATION

本人/等(下述簽署人)，作為(準) 保單持有人，聲明及確認：

I/We, the undersigned, being the (Proposed) Policyholder, declare and confirm that :

1. 本人/等和(準)受保人並無受到該等限制及/或要求，如果前述身分有變化，本人/等同意立即通知貴公司：
I/We and the (Proposed) Insured are not under any Restrictions and/or Requirements and I/we agree to notify the Company immediately if the aforesaid status changes;
2. 本人/等和(準)受保人並非有該等限制及/或要求的國家的居民及/或公民，如果前述身分有變化，本人/等同意立即通知貴公司：
I/We and the (Proposed) Insured are not residents and/or citizens of country(s) which put in place such Restrictions and/or Requirements and I/we agree to notify the Company immediately if the aforesaid status changes; and
3. 此申報聲明內的陳述和事項乃盡本人/等所知及所信，是真實及完整的。
The statements and particulars given herein are to the best of my/our knowledge and belief, true and complete.

本人/等確認及同意此免責聲明及申報聲明，將成為投保申請及保單的一部分，本人/等將受其條款和條件的約束。

I/We confirm and agree that this Disclaimer and Declaration shall constitute part of the Application and the insurance policy and we shall be bound by the terms and conditions here.

保險中介人簽署

Insurance Intermediary's Signature

(準)保單持有人簽署

Proposed Policyholder's Signature

(準)受保人簽署 (若年齡在 18 歲或以上)

Proposed Insured's Signature (If age 18 or above)

_____/_____/_____
年 Year 月 Month 日 Day

