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中國人壽 CHINA LIFE 海外

保單號碼 Policy No.										

定期保單價值提取申請表 Regular Policy Value Withdrawal Application Form

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

保險中介人資料 Particulars of Insurance Intermediary

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 Note

1. 此表格中所用之「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.
2. 保單持有人必須在此表格內任何更改或修改的地方以完整簽署作實。Any changes or amendments in this form must be countersigned by the Policyholder in full signature.
3. 此表格只適用於指定保險計劃。This form is only applicable to designated insurance plan. For eligible product list, please visit our website.
4. 本公司有權隨時更新此表格，並接受或拒絕未符合本公司要求的表格。請瀏覽本公司網站 www.chinalife.com.hk 以下載最新版本。The Company has the right to update this form from time to time and to accept or 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.
5. 請參閱本表格所需文件指引以便處理閣下的申請。Please refer to the Documents Checklist on this form for documents required to process your request.
6. 如未能及時提交需要的資料，本公司可能無法處理閣下的申請甚或拒絕閣下的申請，亦不會承擔任何可能因此引致的損失。If the necessary information/form(s) cannot be provided in a timely manner, the Company may not be able to process your application or may even reject your application and will not bear any loss that may arise.
7. 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).
8. 保險中介人或銀行職員收到此表格並不代表本公司亦已收到。The receipt of this form by an Insurance Intermediary or Bank Staff does not constitute receipt by the Company.
9. 請將已填妥及簽署的表格正本連同所需證明文件並於 30 天內交回香港灣仔軒尼詩道 313 號中國人壽大廈 24 樓中國人壽保險(海外)股份有限公司。Please send the original duly completed and signed form(s) and document(s) required to China Life Insurance (Overseas) Co. Ltd., 24/F, CLI Building, 313 Hennessy Road, Wan Chai, Hong Kong within 30 days after signing this form.

第一部份 定期保單價值提取指示/取消指示 Part 1 Regular Policy Value Withdrawal Instruction/Cancellation of Instruction

☐ 設立定期保單價值提取指示 Set-up Regular Policy Value Withdrawal

1. 提取次數 Frequency of Withdrawal	☐ 每月 (每月逢____日) Every month (on the ____th of each month) ☐ 每年 (每年逢____日) Every year (on the ____th of each year) 如果指定日期不在該月份中，將自動按該月的最後一日派發。 If the specified date does not occur in a given month, payment will automatically be made on the last day of that month
2. 提取金額 Specified Amount 每期定期提取金額不可少於港元 100 (或其等值) Each regular withdrawal must be at least HKD 100 (or equivalent)	$ (以保單貨幣填寫) (in Policy Currency)
3. 自選項目 – 每年金額遞增百分比 Optional Item – Annual Amount Increase Percentage	☐ 3% ☐ 4% ☐ 5% ☐ 6% ☐ 7% ☐ 8% ☐ 9% ☐ 10%
4. 終止日期 Termination Date	☐ 指定終止日期 Specified Termination Date _____年 Year_____月 Month ☐ 不指定提取終止日期（持續提取，直到保單現金價值耗盡或收到取消指示） Not specified Termination Date (Continuous withdrawal until the policy cash value has been exhausted or receive cancellation instruction)

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保單號碼 Policy No.										

第一部份 定期保單價值提取指示/取消指示(續) Part 1 Regular Policy Value Withdrawal Instruction/Cancellation of Instruction (Continued)

5. 取消定期保單價值提取指示 Cancellation of Regular Policy Value Withdrawal Instruction	☐ 即時生效 Immediate Effect

注意 Note：

1. 請同時填寫第二部份「收款人資料」及第三部份「付費指示」。Please also complete Part 2 "Information of Payee" and Part 3 "Payment Instruction".
2. 如作任何保單價值提取，保單內隨後之利益將會減少。已提取的保單價值不可以還原至保單內。By making policy value withdrawal, the future benefits under the Policy will be reduced. The policy value cannot be restored to the Policy after withdrawal.
3. 定期保單價值提取僅適用於有派發可支取現金/保證年金/紅利的保單。Periodic Withdrawal is only applicable to policies with Cash Coupons / Guaranteed Annuity Payment,Dividend.
4. 可支取現金/保證年金/紅利領款方式需為「積存生息」方可設立定期保單價值提取指示。The payment option of Cash Coupons / Guaranteed Annuity Payment, Dividend must be in Accumulation with Interest in order to Set Up Instruction for Regular policy value Withdrawal.
5. 如本保單內有任何欠款或結餘不足，定期保單價值提取指示（如有）將會被取消。
   The regular policy value withdrawal instruction (if any) will be cancelled if there is any indebtedness or Insufficient balance in this policy.
6. 定期保單價值提取的申請日將於 30 至 60 日內生效。
   The effective date of the regular policy value withdrawal application shall take effect within a period of 30 to 60 days
7. 定期提取僅適用於指定產品，有關指定產品清單可參考 https://www.chinalife.com.hk/zh-hk/customer-service/payment-withdrawal/policy-value-benefit-withdrawal/policy-value-withdrawal
   The regular withdrawal is only applicable to designated products, for the list of designated products, please refer to https://www.chinalife.com.hk/zh-hk/customer-service/payment-withdrawal/policy-value-benefit-withdrawal/policy-value-withdrawal

第二部份 指定收款人資料 Part 2 Information of Designated Payee

指定收款人 Designated Payee

☐ 保單持有人 Policyholder	☐ 孫子 / 女 Paternal Grandchildren	☐ 表 / 堂兄弟姐妹 Cousin
☐ 父母 Parents	☐ 外孫子 / 女 Maternal Grandchildren	☐ 侄子女 / 外甥子女 Nephew / Niece
☐ 配偶 Spouse	☐ 領養子女 Adopted Children	☐ 繼子女 Step Children
☐ 子女 Children	☐ 領養父母 Adoptive Parents	☐ 繼父母 Stepparents
☐ 兄弟姐妹 Siblings	☐ 岳父母 Parents-in-law	☐ 未婚夫 / 妻 Fiancé / Fiancée
☐ 祖父母 Paternal Grandparents	☐ 女婿/媳婦 Son-in-law / Daughter-in-law	☐ 同居伴侶 Cohabitant
☐ 外祖父母 Maternal Grandparents	☐ 姑叔舅姨 Uncle / Aunt	

指定收款人的個人資料 (如指定收款人為保單持有人，無須填寫以下部分。)
Personal Information of Designated Payee (If the designated payee is not the policyholder, please provide the below information.)

中文全名 Chinese Full Name	
英文全名 English Full Name	
性別 Gender	☐ 男 Male ☐ 女 Female
出生日期 Date of Birth	_____年 Year / _____月 Month / _____日 Day
國籍 Nationality	☐ 香港 Hong Kong ☐ 中國 Chinese ☐ 台灣 Taiwan ☐ 其他(請註明) Others (Please specify)：_____
身份證明文件類別 Type of Identification Document	☐ 香港身份證號碼 HK Identity Card No.:_____ ☐ 其他身份證/護照號碼 Other Identity Card / Passport No:_____ 簽發國家/地 Country / Place of Issue:_____
手提電話號碼 Mobile Number	
電郵地址 Email Address	
通訊地址 Correspondence Address 如地址在中國，請提供中文地址 If address is in China, please provide the address in Chinese.	_____ 城市/地區/國家 City/District/Country_____ 郵政編號 Post Code _____

保單號碼 Policy No.										

第二部份 指定收款人資料(續) Part 2 Information of Designated Payee (Continued)

支付予指定收款人的原因 Reason for Payment to the Payee	☐ 零用 Allowance	☐ 還款 Loan Repayment
	☐ 日常生活費 Living Expenses	☐ 租金 Rent
	☐ 學費 Tuition	☐ 養老費用 Retirement Expenses
	☐ 財富傳承 Wealth Inheritance	☐ 其他(請註明) Others(Please specify) _____

注意 Note：

1. 如收款人為保單持有人，及有關款項用於支付其本人過去及/或未來 12 個月內新申請的人壽保單，請同時填寫第四部份「轉保聲明」。If the payee is the policyholder, and the funds are used to pay for a newly applied life insurance policy for the same person within the past and/or future 12 months, please also complete Part 4 'Policy Replacement Declaration'.
2. 指定收款人必須年滿 18 歲。Designated Payee must be at least 18 years old.
3. 如果收款人已過世/ 無力接收付款，保單持有人應立即通知本公司終止付款指示。If the Payee has passed away / is incapable of receiving payment, the Policyholder shall notify our Company immediately to cancel the payment instruction.
4. 本公司保留根據《打擊洗錢及恐怖分子資金籌集條例》及相關監管或內部指引對申請進行審查及要求提供證明文件的權利；如收款人與保單持有人不再存有本公司認可的關係，本公司保留終止其提款指示及拒絕向非保單持有人支付的權利；本公司可以其全權及絕對酌情權批准或拒絕任何申請。Our Company reserves the right to review applications and request supporting documents in accordance with the Anti-Money Laundering and Counter-Terrorist Financing Ordinance and relevant regulatory or internal guidelines; if the payee and the policyholder no longer have a relationship recognized by our Company, our Company reserves the right to terminate the withdrawal instructions and refuse payment to non-policyholders; our Company may, at its sole and absolute discretion, approve or reject any application.

第三部份 付款指示 Part 3 Payment Instruction

付款貨幣選擇 (如無註明，款項將以保單貨幣發放) Payment Currency Option (If not specified, payment will be issued in policy currency)

☐ 保單貨幣 Policy Currency ☐ 港元 HKD

^如申請資金調配，請根據需要抵繳的保單選擇貨幣 For fund transfer, please select the currency based on the policy to be offset

A. 付款方式 Payment Method

1. 轉賬至本地銀行戶口 Transfer to Local Bank Account

☐ A. 轉賬至預設收款銀行賬戶 (只適用於保單持有人已設定預設收款賬戶
Transfer to Default Payment Account (Only applicable to the Policyholder who has set up Default Payment Account)

☐ B. 轉賬至非預設收款銀行賬戶(請同時填寫以下銀行賬戶資料)
Transfer to Non-Default Payment Account (Please fill in the below bank information.)

銀行名稱 Name of Bank	銀行編號 Bank code	分行編號 Branch code	銀行賬戶號碼 Account No.

2. 「轉數快」適用於港元及人民幣付款 Faster Payment System ("FPS") Applicable to HKD and CNY payment

☐ 手提電話號碼 Mobile Number _____

☐ 電郵地址 Email Address _____@_____

☐ 轉數快識別碼 FPS ID _____

* 請只填寫轉數快識別碼、已登記「轉數快」的手提電話號碼或電郵地址之其中一項，若選擇多過一個選項將被視為申請無效。Please only fill in either the FPS ID, mobile number registered for FPS or email address registered for FPS; more than one selection will be treated as invalid application.

* 款項會轉至「轉數快」的預設收款賬戶。 Payment will be credited to FPS default receiving account.

* 倘若款項超過轉數快的上限或因任何原因交易失敗，有關款項將按已選擇的付款貨幣以支票形式及郵寄發出而不作另行通知。If the payment exceed the FPS limit or the transaction fails for any reason, the payment will be made by crossed cheque in the payout currency selected and delivered by mail without further notice.

3. 電匯至海外銀行戶口 Telegraphic Transfer to Overseas Bank Account

銀行及分行名稱 Name of Bank and Branch

銀行賬戶號碼 Account No.

收款銀行地址 Bank Address

國際匯款代碼 SWIFT Code

賬戶持有人的海外聯絡電話 Overseas Contact No. of Bank Account Holder

賬戶持有人的海外通訊地址 Overseas Correspondence Address of Bank Account Holder

保單號碼 Policy No.										

第三部份 付款指示(續) Part 3 Payment Instruction (Continued)

匯款原因：(如收款人通訊地址國家與收取匯款國家不一致時，需填寫以下部分)

Remittance Reason: (Please complete the following section if the payee's mailing address country is different from the country of the receiving funds)

☐ 海外居住 Living Abroad ☐ 海外工作 Working Abroad ☐ 海外讀書 Studying Abroad ☐ 海外置業供款 Overseas Mortgage

☐ 其他 Others _____

注意 Note：

1. 銀行賬戶持有人必須為保單持有人或指定收款人，不接受聯名戶口。The bank account holder must be the same as the policyholder or designated payee. Joint account is not accepted.
2. 轉賬或電匯至銀行賬戶須遞交銀行賬戶證明文件，而銀行賬戶證明文件必須顯示賬戶持有人姓名及賬戶號碼，並可以於文件上遮蓋其他非必要的資料。Transfer or Telegraphic Transfer to bank account requires the submission of bank account proof, which must clearly display the account holder's name, and account number; other non-essential information can be masked.
3. 如選擇保單貨幣以外的貨幣領取保單價值或利益，款項將於付款處理當時按本公司的匯率進行兌換。保單持有人須自行承擔因匯率變動衍生之風險及貨幣兌換時所產生的匯兌損益(如有)。If choosing a currency other than the policy currency to receive policy values or benefits, the fund will be processed and exchanged according to the company's exchange rate at the time of the transaction.The policyholder shall bear for any exchange rate risks and the foreign exchange gain or loss (if any) arising from the currency exchange.
4. 實際到賬時間會因應個別銀行而有差異，可向有關銀行查詢。The actual time for receiving the funds may vary depending on the bank, please contact the bank for details.
5. 如未有足夠資料顯示銀行賬戶持有人為保單持有人/指定收款人或因故未能成功入賬，保單持有人/指定收款人需重新提交付款指示。If there is insufficient information to confirm that the bank account holder is the policyholder/designated payee, or the payment cannot be credited for any reason, the policyholder/designated payee must resubmit the payment instruction.
6. 如保單持有人選擇的支付貨幣是港元或人民幣以外貨幣，即使付款失敗，相關的銀行手續費(如適用)及匯率損差(如適用) 須由客戶自行承擔，並將於給付款項中自動扣除。If the policyholder chooses a currency other than HKD or CNY as the payment currency, even if the payment fails, the related bank charge (if applicable) and any associated gain or loss (if applicable) have to be borne by the policyholder, and will be automatically deducted from the payment amount.

第四部份 轉保聲明 Part 4 Policy Replacement Declaration

重要提示 Important Notes：申請定期提取保單價值，必須填寫此部分內容。Must complete this part when applying for Regular Policy Value Withdrawal.

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，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人壽保險保單中提取的累積紅利、累積可支取現金、保證年金、尚未使用的預繳保費、萬用壽險賬戶價值、保單貸款或退保價值等。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, 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 taking out accumulated dividends, accumulated cash coupons, guaranteed annuity payments, unused prepaid premium, universal life account value, policy loan or surrender value from the above-mentioned policy. 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 Note：

「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「 轉保相關的重要事項」或瀏覽本公司官網「壽險轉保須知」(網址：https://www.chinalife.com.hk/policyreplacement) 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 read "Important Facts About Policy Replacement" or visit our website "Life Insurance Policy Replacement Notice" (Website: https://www.chinalife.com.hk/policyreplacement).

轉保相關的重要事項

財務影響

1. **知情的決定：**人壽保險保單通常具較長年期。若 閣下退保 / 從現有人壽保險保單中提取保單抵押貸款 / 提取保單價值 / 暫停或終止支付保費 / 減少應付保費，閣下通常會蒙受損失(尤其是在保單早年的時期)，包括因需要支付收費而蒙受損失。閣下應仔細比較現有人壽保險保單與擬購買的新的人壽保險保單，並在作出最終決定前評估取代現有人壽保險保單是否最為符合 閣下之最佳利益。
2. **閣下現有人壽保險保單的退保 / 失效所得的現金價值與已支付的總保費之差額**–就現有人壽保險保單退保或允許其失效所得的現金價值可能會少於 閣下已支付的總保費，即 閣下可能會蒙受損失。此外，閣下或需承擔因退保或允許保單失效而衍生的退保費用。
3. **保單貸款的利息**–發出 閣下現有人壽保險保單的保險公司可能會自 閣下提取保單貸款當日起收取利息。閣下應該仔細檢閱定期報表，以了解於有關時期的期初和期末貸款餘額，以及該期間收取的利息金額。如果累計貸款金額 (及利息) 超出現有人壽保險保單的賬戶價值 / 現金價值的指定水平，則 閣下的現有人壽保險保單可能會被終止。

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4. **提取保單款項 / 部分退保費用**–若 閣下於現有人壽保險保單的保單有效期前的訂明期限內，提取保單價值或部分退保，閣下或需支付相關費用。就 閣下打算購買的新的人壽保險保單而言，閣下或需於新的人壽保險保單的保單有效期前的訂明期限內，支付其他提前退保 / 提取保單價值的費用。
5. **開立保單費用及持牌保險中介人的酬勞**–若 閣下購買新的人壽保險保單，大部分最初所支付的保費可能會用於繳付保險公司的保單行政費及持牌保險中介人的酬勞。 因此，閣下可能需要為取代現有人壽保險保單而承擔額外開支。
6. **較高的保費**–因 閣下的年齡增長，及健康狀況、職業、生活方式 / 習慣及所參與的康樂活動有所改變 (與 閣下購買現有人壽保險保單時相比)，閣下或需為新的人壽保險保單支付較高的保費。
7. **現有人壽保險保單下財務利益的損失**–閣下或會損失現有人壽保險保單多年來累積的財務利益 (例如：長期客戶獎賞或紅利) 或損失有權從現有人壽保險保單獲得的財務利益 (例如：終期紅利或保單紅利)。
8. **新的人壽保險保單的財務利益並非保證**–新的人壽保險保單的說明所述利益可能並非屬保證利益，並會受發出新的人壽保險保單的保險公司的表現所影響。若新的人壽保險保單為投資相連壽險計劃保單，則其說明所述利益的計算只基於假設回報率。

受保資格的影響

9. **保障範圍的轉變**–若 閣下購買新的人壽保險保單，並以其取代現有人壽保險保單，則現有人壽保險保單的部分保障，可能會因 閣下年齡、健康狀況、職業、生活方式 / 習慣及參與的康樂活動有所轉變，而不包括在新的人壽保險保單的受保範圍內。此外，新的人壽保險保單可能並不會包括 閣下現有人壽保險保單的附加保障利益。

索償資格的影響

10. 若 閣下就現有人壽保險保單退保或允許其失效，則現有人壽保險保單將不再為 閣下提供保障。此外，視乎新的人壽保險保單的條款及細則，某些保障的等候期或需重新計算 (例如：醫療、危疾、自殺或不可爭議的情況)。

Important Facts About Policy Replacement

Financial Implications

1. **Informed Decision:** Life insurance policies usually lasts for a long period of time. If you surrender / take out policy loan from / withdraw policy values from / suspend or stop paying premium / reduce the premium payable on your existing life insurance policy, particularly during the early years of the policy period, you will usually suffer loss, including by way of having to pay charges. You should carefully compare your existing life insurance policy against the new life insurance policy you intend to purchase, and assess whether replacing your existing life insurance policy is in your best interests before you make a final decision.
2. **Difference between cash value from Surrender/ Lapse and total premium paid under your existing Life Policy -** The cash value that you may receive from surrendering your existing life insurance policy or allowing your existing life insurance policy to lapse, may be less than your total premium paid. This means that you may suffer a loss. Further, you may incur surrender charges if you surrender your existing life insurance policy or allow it to lapse.
3. **Policy Loan Interest -** The issuing insurer of your existing life insurance policy may charge you interest starting from the loan drawdown date. You should carefully review your regular statements to understand the opening and ending loan balance as well as the interest amount charged in the relevant period. Your existing life insurance policy may be terminated if the accumulated loan amount (and interest) exceeds a specified level of the account value / cash value of your existing life insurance policy.
4. **Withdrawal/ Partial Surrender Charges -** You may be subject to withdrawal charges or partial surrender charges within a prescribed period before the end of the policy term of your existing life insurance policy. For the new life insurance policy you intended to purchase, you may be subject to other early surrender / withdrawal charges within a prescribed period before the end of the term of the new life insurance policy.
5. **Policy Set-up Cost and Remuneration for licensed insurance intermediaries –** If you purchase a new life insurance policy, a substantial part of the initial premium may be used to pay for policy administration costs incurred by insurers and remuneration for the licensed insurance intermediaries. As a result, you may incur additional cost for replacing your existing life insurance policy.
6. **Higher Premium -** You may have to pay higher premium under the new life insurance policy in view of the difference in age, changes of health conditions, occupation, lifestyle / habit, and recreational activities (as compared with when you purchased your existing life insurance policy).
7. **Loss of Financial Benefit under the existing life insurance policy -** You may lose the financial benefit accumulated over the years (e.g. loyalty bonus or dividends) or to which you may be entitled (e.g. terminal bonus or dividends) under the existing life insurance policy.
8. **Financial Benefits under the New Life Insurance Policy Not Guaranteed -** The illustrated benefits of a new life insurance policy may NOT be guaranteed and whether they can be achieved depend on the performance of the issuing insurer of the new life insurance policy. If the new life insurance policy is an investment-linked assurance scheme policy, the illustrated benefits are based on assumed rates of return only.

Insurability Implications

9. **Changes in Coverage -** If you purchase a new life insurance policy and use it to replace an existing life insurance policy, some benefits, which are the policy features of the existing life insurance policy, may not be covered under the new life insurance policy due to changes in age, health conditions, occupation, lifestyle / habit or recreational activities. Also, riders / supplementary benefits under your existing life insurance policy may not be available under the new life insurance policy.

Claims Eligibility Implications

10. Benefits under the existing life insurance policy will no longer be payable to you if you surrender the policy or allow it to lapse. Besides, you may need to start a new waiting period in respect of certain benefits (e.g. medical, critical illness, suicide or incontestability) under the terms and conditions of the new life insurance policy.

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第五部份 聲明及授權 Part 5 Declaration and Authorization

本人/我們現申請辦理上述之申請事項，謹此聲明並確認所有提供之資料及細節是準確無誤，真實及為事實之全部，並且是盡本人/我們所知及所信而作答的並沒有就上述之申請事項隱瞞任何重要資料。本人/我們並同意此等服務必須符合下列所有條件及經貴公司批准，方能生效：

1. 所有需要之文件已提交予貴公司並完整無缺。
2. 此項申請在受保人在生並仍然符合受保條件時，經貴公司接納及批准。
3. 在此表格及貴公司所須之其他文件上填報之一切資料及申報，將成為此保單之一部份(除非另有其他指示)。
4. 本人確認本表格內填寫的一切個人資料及申報原因均屬真實、正確且完整，並無任何隱瞞或誤導，所填原因確為實情，並願承擔法律責任。
5. 本人/我們明白所有保單利益之款項將根據保單或隨後所發出之批註(如適用)所載之最近期保單貨幣為準。因此，就非港元保單提供選擇以港元作為收取任何此等利益的貨幣只屬貴公司酌情所提供之服務，如本人/我們選擇以非保單貨幣支付，本人/我們同意承擔所需的兌換差額，而該差額是有關貨幣兌換時依據貴公司內部貨幣兌換率而釐定。
6. 本人/我們提供符合貴公司要求之有效證明文件(例如身份證明文件及地址證明)予貴公司，讓貴公司能按照於「打擊洗錢及恐怖分子資金籌集條例」第 615 章所載，對本人/我們、保單之最終實益擁有人(如有)及本人/我們之授權簽署人士(如適用)進行客戶盡職審查。

I/We hereby request that the above application be effected and declare that all statements, information and particulars given herein are accurate, true and complete and are given to the best of my/our knowledge and belief and no material information has been withheld in relation to this request. I/We agree that such service(s) will not take effect unless all of the following conditions are met and approved by the Company:

1. All required complete supporting documents have been submitted to the Company.
2. The request is accepted and approved by the Company during the lifetime and continued insurability of the Insured.
3. The information and statement made in this request and in other documents as required by the Company shall form the basis for this policy alteration request and form a part of the policy(ies) unless otherwise specified.
4. I/We certify that all personal particulars and information provided in this form are true, correct, and complete to the best of my knowledge, and that no material facts have been concealed or misstated. I accept full legal responsibility for the accuracy of this declaration.
5. I/We understand that any benefits payable under the Policy will be paid in the latest policy currency as shown on the Policy or, if applicable, the appropriate subsequent endorsement. Accordingly, the provision of the option to receive any such benefits in HKD for non-HKD policy is solely a service offered by the Company at its discretion. I/We understand and agree that should I/we opt for payment of any benefits payable under the Policy in non-policy currency, I will bear the necessary exchange difference, such difference being determined by the Company on the basis of the Company's internal exchange rates as at the time of the relevant currency.
6. I/We provide valid documentation proofs (such as identity document and address proof) to the satisfaction of the Company for the Company to conduct due diligence on myself/ourselves, the ultimate beneficial owner(s) of the policy (if any) and my/our authorized signatory(ies) (if applicable) pursuant to the Anti-money Laundering and Counter-Terrorist Financing Ordinance, Cap. 615.

第六部份 收集個人資料聲明 Part 6 Personal Information Collection Statement

中國人壽保險（海外）股份有限公司 （於中華人民共和國註冊成立之股份有限公司）（下稱"本公司"）明白其在《個人資料（私隱）條例》下就個人資料的收集、持有、處理或使用所負有的責任。本公司僅將為合法和相關的目的收集個人資料，並將採取一切切實可行的步驟，確保本公司所持個人資料的準確性。本公司將採取一切切實可行的步驟，確保個人資料的安全性，及避免發生未經授權或者因意外而擅自取得、刪除或另行使用個人資料的情況。

閣下的個人資料為自願提供。敬請注意，如果閣下不向本公司提供所需的個人資料，本公司可能無法提供閣下要求的資料、產品或服務。在本收集個人資料聲明（"本聲明"），下列詞語將具有以下的含義： "本公司關聯方"指本公司任何附屬公司、本公司任何聯營公司、以及本公司的母公司、母公司任何附屬公司、母公司任何聯營公司，為 避免疑義，中國人壽保險（集團）公司集團內之公司（"本公司關聯方"應作相應解釋）。

目的：本公司不時有必要使用閣下的個人資料作下列用途：

1. 向閣下推介、提供和營銷本公司、本公司關聯方或本公司聯合品牌合作夥伴的產品／服務（參閱下文"為直接促銷目的而使用個人資料"部份），以及提供、維持、管理和操作該等產品／服務；
2. 處理和評估閣下就本公司及本公司關聯方的產品／服務提出的任何申請或要求；
3. 向閣下提供後續服務(包括但不限於健康檢測和／或健康管理服務)及執行/管理已發出的保單，包括但不限於增加、更改、變更、撤銷、續期或恢復；
4. 就本公司和／或本公司關聯方提供的任何產品／服務而由與閣下或其他索賠方提出的、針對閣下或其他索賠方提出的、或者其他涉及閣下或其他索賠方的任何索賠相關的任何目的，包括對索賠進行調查；以及偵測和防止欺詐行為（無論是否與就此申請而發出的保單 有關）所需的目的；

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第六部份 收集個人資料聲明(續) Part 6 Personal Information Collection Statement (Continued)

5. 評估閣下的財務需求；
6. 為本公司和 / 或本公司關聯方設計新的產品 / 服務或改進現有的產品 / 服務；
7. 為本公司和 / 或本公司關聯方、金融服務行業或相關的監管機構的統計或類似目的進行市場或精算研究；
8. 基於本聲明所列的任何目的，將本公司不時持有並與閣下有關的任何資料進行調查；
9. 滿足任何適用已存在、現有或將來法律、規則、規例、實務守則或指引要求，或協助在香港或香港以外其他地方的警方或其他政府或 監管機構執法及進行調查；
10. 進行身份和 / 或信用核查和 / 或債務追收；
11. 開展與本公司業務經營有關的其他服務；
12. 就閣下在本公司持有的任何帳戶或本聲明未來的變更發出行政性通訊；
13. 根據第 112 章 《稅務條例》中自動交換財務帳戶資料的規定，進行所需的盡職審查程序；及
14. 與上述任何目的直接有關的其他目的。

個人資料的移轉：個人資料將予以保密，但在遵守任何適用法律條文的前提下，可移轉予：

1. 任何本公司關聯方；
2. 就本公司和 / 或本公司關聯方提供的任何產品 / 服務而由閣下或針對閣下提出的、或其他涉及閣下的任何索賠相關的任何人士（包括私人調查方和索賠調查公司）；
3. 就本公司和 / 或本公司關聯方所提供產品 / 服務的任何代理、承包商或第三方，包括任何再保險公司、保險中介、基金管理公司、健 康管理機構或金融機構；
4. 就業務經營關係向本公司和 / 或本公司關聯方提供行政、技術、數據處理、電訊、電腦、支付、債務追收、電話中心服務、直接促銷 服務或其他服務的任何代理、承包商或第三方；
5. 協助收集閣下資料或與閣下聯絡的其他公司，例如研究公司、信貸資料機構或（在出現拖欠還款的情況下）追討欠款公司；
6. 本公司權利或業務的任何實際或建議的承讓人、受讓方、參與者或次參與者；
7. 任何適用已存在、現有或將來法律、規則、規例、實務守則或指引要求或規定本公司和 / 或本公司關聯方向其作出披露的任何政府部 門或其他適當的政府或監管機關（被移轉的資料或會進一步轉交予其他司法管轄區的政府部門或適當的政府或監管機關）；及
8. 任何金融服務供應商的行業協會或聯會；
9. 預防保險詐騙偵測的人士，而他們只能在有合理需要履行預防保險詐騙目的之情況下才可收集和使用個人資料：保險理算人、代理和 經紀；僱主；醫護專業人士；醫院；會計師；財務顧問；律師；防欺詐組織；其他保險公司（無論是直接地，或是通過防欺詐組織或 本段中指名的其他人士）；和保險業就現有資料而對所提供的資料作出分析和檢查的數據庫或登記冊（及其運營者）。

閣下的個人資料可能會提供給上述任何一方（該方可能位於香港境內或境外）。而就此而言，閣下同意將閣下的資料移轉至香港境外。 閣下的個人資料將僅為上文中規定的一個或多個有關目的而被移轉。如欲瞭解本公司為推廣或促銷目的而使用閣下的個人資料的政策， 請參閱下文"為直接促銷目的而使用個人資料"部份。

為直接促銷目的而使用個人資料：本公司打算：

1. 使用本公司不時持有的閣下的姓名、聯絡資料、產品和服務的組合資料、交易模式和行為、財政背景和統計數據以進行直接促銷；
2. 就本公司、本公司關聯方和本公司聯合品牌合作夥伴可能提供下列類別的產品和服務進行直接促銷(包括提供獎賞、客戶或會員優惠 計劃)：
   (a) 保險、年金、銀行、財富管理、退休計劃、投資、金融服務、信用卡、證券以及相關產品和服務；及
   (b) 有關健康、保健及醫療、餐飲、體育活動、會籍及相關產品和服務；
3. 上述產品和服務將可能由本公司和 / 或下列機構提供：
   (a) 任何本公司關聯方；
   (b) 第三方金融機構；
   (c) 提供本部份第 2 段所列的產品及服務的本公司、本公司關聯方和本公司聯合品牌合作夥伴；
   (d) 第三方獎賞、客戶或會員優惠計劃的提供者；及
   (e) 支援本公司或任何以上所列機構提供本部份第 2 段所列的產品及服務的外部服務提供者；
4. 除由本公司促銷上述產品和服務外，本公司亦有意將本部份第 1 段所述的資料提供予本部份第 3 段所述的全部或任何人士，以供該等人士作促銷該等產品及服務之用；
5. 本公司需取得閣下的書面同意（包括表示不反對）方可為任何推廣或促銷目的而使用並向上文所述的第三方提供資料。

閣下可隨時撤回給予本公司有關使用閣下的個人資料及提供予第三方作直接促銷用途的同意，而本公司將在不收取任何費用的情況下停止使用該等資料作直接促銷用途。閣下如欲撤回閣下給予本公司的同意，請聯絡本公司的個人資料保護主任（詳情參閱下文）。

本公司有權就因處理任何查閱個人資料的要求收取合理費用。個人資料的查閱和更正：根據《個人資料（私隱）條例》，閣下有權查明本公司是否持有閣下的個人資料，更正任何不準確的資料，以及查明本公司有關個人資料的政策及常規。閣下還可以要求本公司告知閣下 本公司所持個人資料的種類。

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第六部份 收集個人資料聲明(續) Part 6 Personal Information Collection Statement(Continued)

查閱和更正的要求，或有關獲取政策、常規及所持的資料種類的資料，均應以書面形式發送至：
個人資料保護主任
中國人壽保險（海外）股份有限公司
香港灣仔軒尼詩道 313 號中國人壽大廈 24 樓
電話：(+852) 3999 5519 傳真：(+852) 2892 0520

China Life Insurance (Overseas) Company Limited (incorporated in the People's Republic of China with limited liability) (the "Company") recognizes its responsibilities in relation to the collection, holding, processing or use of personal data under the Personal Data (Privacy) Ordinance. Personal data will be collected only for lawful and relevant purposes and all practicable steps will be taken to ensure that personal data held by the Company is accurate. The Company will take all practicable steps to ensure security of the personal data and to avoid unauthorized or accidental access, erasure or other use. The provision of your personal data is voluntary. Please note that if you do not provide us with the required personal information, the Company may not be able to provide your requested information, products or services.

In this Personal Information Collection Statement ("PICS"), the following terms shall have these following meanings:- "Our affiliates" means any subsidiary undertaking of the Company, any associated company of the Company, and parent undertaking of the Company, any subsidiary undertaking of parent undertaking, any associated companies undertaking of parent undertaking, for the avoidance doubt, undertaking within the group of China Life Insurance (Group) Company ("Our affiliates" shall be construed accordingly).

Purpose: From time to time it is necessary for us to use your personal data for the following purposes:

1. offering, providing and marketing to you the products/services of the Company, our affiliates or our co-branding partners (see "Use of Personal Data for Direct Marketing Purposes" below), and administering, maintaining, managing and operating such products/services;
2. processing and evaluating any applications or requests made by you for products/services offered by the Company and our affiliates;
3. providing subsequent services (including but not limited to health inspection / management) to you and administering the policies issued including but not limited to additions, alterations, variations, cancellation, renewal or reinstatement;
4. any purposes in connection with any claims made by or against or otherwise involving you or other claimants in respect of any products/services provided by the Company and/or our affiliates, including investigation of claims; detect and prevent fraud (whether or not relating to the policy issued in respect of this application);
5. evaluating your financial needs;
6. designing new or enhancing existing products/services of the Company and/or our affiliates;
7. conducting market or actuarial research for statistical or similar purposes undertaken by the Company and/or our affiliates, the financial services industry or our respective regulators;
8. investigating any data held which relates to you from time to time for any of the purposes listed herein;
9. meeting requirements imposed by any applicable, present, existing or future law, rules, regulations, codes of practice or guidelines or assisting with law enforcement purposes, investigations by police or other government or regulatory authorities in Hong Kong or elsewhere;
10. conducting identity and/or credit checks and/or debt collection;
11. carrying out other services in connection with the operation of the Company's business;
12. sending out administrative communications about any account you may have with the Company or about future changes to this PICS;
13. performing relevant due diligence procedures in accordance with the Common Reporting Standard (or Automatic Exchange of Financial Account Information) as set out in the Inland Revenue Ordinance (Cap. 112); and
14. other purposes directly relating to any of the above.

Transfer of personal data: Personal data will be kept confidential but, subject to the provisions of any applicable law, may be transferred to:

1. any of our affiliates;
2. any person (including private investigators and claims investigation companies) in connection with any claims made by or against or otherwise involving you in respect of any products/services provided by the Company and/or our affiliates;
3. any agent, contractor or third party who provide services in connection with the product/services provided by the Company and/or our affiliates, including any reinsurance company, insurance intermediary, fund management company , health management institution or financial institution;
4. any agent, contractor or third party who provides administrative, technology, data processing, telecommunications, computer, payment, debt collection, call centre services, direct marketing services or other services to the Company and/or our affiliates in connection with the operation of its business;
5. other companies who help gather your information or communicate with you, such as research companies and credit reference agencies or, in the event of default, debt collection agencies;
6. any actual or proposed assignee, transferee, participant or sub-participant of our rights or business;
7. any government department or other appropriate governmental or regulatory authority (which may be further transferred to governmental or regulatory authority of certain other jurisdiction(s)) to whom the Company and/or our affiliates are requested or required by any applicable, present, existing or future law, rules, regulations, codes of practice or guidelines to make disclosures;
8. any financial services provider industry association or federation;

保單號碼 Policy No.										

第六部份 收集個人資料聲明(續) Part 6 Personal Information Collection Statement (Continued)

9. any person preventing and detecting insurance fraud, who may collect and use the personal data only as reasonably necessary to carry out the purposes of preventing and detecting insurance fraud: insurance adjusters, agents and brokers; employers; health care professionals; hospitals; accountants; financial advisors; solicitors; fraud prevention organisations; other insurance companies (whether directly or through fraud prevention organisation or other persons named in this paragraph), and databases or registers (and their operators) used by the insurance industry to analyse and check information provided against existing information.

Your personal data may be provided to any of the above parties who may be located in Hong Kong or outside of Hong Kong, and in this regard you consent to the transfer of your data outside of Hong Kong.

Transfer of your personal data will only be made for one or more of the purposes specified above. For our policy on using your personal data for promotional or marketing purposes, please see the section entitled "Use of Personal Data for Direct Marketing Purposes".

Use of Personal Data for Direct Marketing Purposes: The Company intends to:

1. Use your name, contact details, products and services portfolio information, transaction pattern and behaviour , financial background and demographic data held by the Company from time to time for direct marketing;
2. Conduct direct marketing (including providing reward, loyalty or privileges programmes) in relation to the following classes of products and services that the Company, our affiliates and our co-branding partners may offer: (a) insurance, annuities, banking, wealth management, retirement plans, investment, financial services, credit cards, securities and related products and services; and (b) health, wellness and medical, food and beverage, sporting activities, memberships and related products and services;
3. The above products and services may be provided by the Company and/or: (a) any of our affiliates; (b) third party financial institutions; (c) the Company, our affiliates and our co-branding partners providing the products and services set out in 2; (d) third party reward, loyalty or privileges programme providers; and (e) external service providers supporting the Company or any of the above listed entities in providing the products and services set out in 2.
4. In addition to marketing the above products and services, the Company also intends to provide the data described in 1 above to all or any of the persons described in 3 above for use by them in marketing those products and services;
5. The Company requires your written consent (which includes an indication of no objection) to use and provide the data to the third parties as set out above for any promotional or marketing purpose.

You may withdraw your consent to the use and provision to a third party of your personal data for direct marketing purposes at any time, and thereafter the Company shall, without charge to you, cease to use such data for direct marketing purposes. If you wish to withdraw your consent, please contact the Company's Personal Data Protection Officer (details below).

The Company have the right to charge a reasonable fee for the processing of any data request. Access and correction of personal data: Under the Personal Data (Privacy) Ordinance, you have the right to ascertain whether the Company holds your personal data, to correct any data that is inaccurate, and to ascertain the Company's policies and practices in relation to personal data. You may also request the Company to inform you of the type of personal data held by it. Requests for access and correction or for information regarding policies and practices and types of data held should be addressed in writing to:

The Personal Data Protection Officer
China Life Insurance (Overseas) Company Limited
24/F, CLI Building, 313 Hennessy Road,
Wan Chai, Hong Kong
Telephone: (+852) 3999 5519 Fax: (+852) 2892 0520

聲明和授權：本人／我們確認本人/我們已閱讀並明白收集個人資料聲明(“本聲明”)。本人／我們特此確認並同意公司根據本聲明使用和 移轉本人/我們的個人資料，包括為直接促銷之目的使用和提供本人／我們的個人資料。本人/我們已取得在此申請提供第三方資料 （如有）所需的同意。本人／我們確認並同意為本聲明中所述之目的將本人／我們的個人資料移轉至香港境外給本聲明所述的承轉人的 類別。

重要提示：請於以下簽署部份簽名，以示閣下同意。若閣下不同意根據“為直接促銷目的而使用個人資料” 部份所述為直接促銷之目的而 使用和提供閣下的個人資料，請在以下方格劃上「☑」號。

Declaration and authorization: I/We acknowledge and confirm that I/we have read and understood the Personal Information Collection Statement ("PICS"). I/We hereby give my/our acknowledgement and agree to the use and transfer of my/our personal data by the Company in accordance with the PICS, including the use and provision of my/our personal data for the purpose of direct marketing. I/We have obtained the consent to provide the third party information (if any) in this application. I/We acknowledge and consent to the transfer of my/our personal data outside of Hong Kong for the purposes and to the types of transferee as set out in the PICS.

Important: Please indicate your agreement by signing on the space provided below. If you do not agree to the use and provision of your personal data for direct marketing as set out in the section "Use of personal data in direct marketing", please tick the box below.

☐ **本人／我們不同意根據以上收集個人資料聲明（參閱“為直接促銷目的而使用個人資料”部份）為直接促銷之目的而使用和提供本人／我們的個人資料，亦不希望接收任何推廣及直接促銷材料。 I / We do not agree with the use and provision of my / our personal data for direct marketing purposes as set out above in the Personal Information Collection Statement (see "Use of Personal Data for Direct Marketing Purposes") and do not wish to receive any promotional and direct marketing materials.**

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第七部份 聲明及簽署(請勿在空白或尚未填妥的表格上簽署) Part 7 Declarations & Signature (Please DO NOT sign on BLANK or INCOMPLETE form)

1. 此表格必須於保單持有人簽署日起計30天內交至本公司。This form must be received by the Company within 30 days from the date of its signing.
2. 保單持有人、受讓人(如適用)及不可撤換受益人(如適用)的簽名式樣必須與本公司的記錄相符。The signatures of the Policyholder, Assignee (if applicable) and Irrevocable Beneficiary (if applicable) must match with the Company's record.
3. 若保單持有人以圖章蓋印簽署，必須有一位見證人。見證人之個人資料只會用於處理此申請及確認此表格簽署人的身份之用。If the Policyholder uses a signature chop, a 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.

本人/我們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/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 terms and conditions of the above request, and agree to be bound by the same. I/We hereby agree to make the above agreements and declarations.

保單持有人簽署及印鑑（如適用） Signature and Stamp (if applicable) of Policyholder	日期 Date _____ / _____ / _____ 年 Year 月 Month 日 Day
指定收款人簽署（如非保單持有人） Signature of Designated Payee (If not the policyholder)	日期 Date _____ / _____ / _____ 年 Year 月 Month 日 Day
不可撤換受益人簽署及印鑑（如適用） Signature and Stamp (if applicable) of Irrevocable Beneficiary	日期 Date _____ / _____ / _____ 年 Year 月 Month 日 Day
見證人簽署（如適用） Signature of Witness (if applicable)	
與保單持有人之關係 Relationship to Policyholder ☐ 保險中介人/銀行職員/客戶服務中心職員編號 _____ Insurance Intermediary/Bank Staff/CS Centre Staff Code _____ ☐ 其他人士（請注明） Others (Please specify) _____ 身份證明文件號碼 Identity Document No. _____	日期 Date _____ / _____ / _____ 年 Year 月 Month 日 Day

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所需文件指引 Documents Checklist

客戶類別 Customer Type	服務申請類別 Type of service request	所需文件(請✓閣下已提交的文件) Documents Required (Please ✓ against the documents you submitted) 保單持有人/收款人(如適用) Policyholder / Payee (if applicable)
個人客戶 Individual Customer	定期保單價值提取 Regular Policy Value Withdrawal	☐ 身份證明文件的核實副本(如未曾遞交或身份證明文件已過期/已不適用) Certified True Copy of Identification Proof (If not submitted or if the Identification Proof has expired / is no longer applicable) ☐ 如選用本地銀行轉賬非港元/人民幣或電匯至海外銀行戶口為付款方式：載有銀行賬戶持有人姓名及賬戶號碼的銀行存摺 / 最近 3 個月內發出的月結單(包括電子結單) / 其他有效銀行賬戶證明副本 (如選用轉賬或電匯為付款方式) For choosing payment by non-Hong Kong Dollar / CNY via local bank transfer or Telegraphic Transfer to Overseas Bank Account: A copy of bank book / bank statement which is issued within the past 3 months (including e-statement) / other valid account proof showing the bank account holder's name and account no. (If select bank transfer or telegraphic transfer as payment method) ☐《自我證明表格 – 個人 (保單服務適用)》 (如有任何稅務地區變更) "Self-Certification Form – Individual (For Policy Service Use)" (If there is any change of the tax residence)
	指定收款人 Designated Payee	☐ 指定收款人身份證文件的核實副本 Certified True Copy of Identification Proof of Designated Payee ☐ 指定收款人與保單持有人的關係證明文件 Relationship proof of Designated Payee and Policyholder