



保單財務調配申請表 Request For Financial Services Form

請在適當的格內填上「√」。Please tick the appropriate boxes where applicable.

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| 保單持有人姓名 Name of Policyholder | 受保人姓名 Name of Insured | 保單號碼 Policy No. |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

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| 保險中介人資料 INSURANCE INTERMEDIARY'S INFORMATION | |
| 保險中介人姓名 Name of Insurance Intermediary | |
| 分行/中介人編號/註冊編號 Branch/ Intermediary Code/ Registration Code | 聯絡電話 Contact No. |
| <input type="text"/> | <input type="text"/> |

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| 重要須知 IMPORTANT NOTES |
| <p>1. 本表格不適用於投資相連保險計劃。This form is not applicable to Investment-linked Assurance Scheme.</p> <p>2. 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。The expression "the Company" used in this form refers to China Life Insurance (Overseas) Company Limited.</p> <p>3. 必須提交保單持有人的身份證明文件副本，以便本公司處理閣下的申請。本公司保留權利索取額外地址證明以作核實。Must submit copy of the Policyholder's identification document(s) to the Company in order to process your request. The Company reserves the right to request additional address proof for verification.</p> <p>4. 只接受正本表格及本表格應以正楷填寫及由保單持有人簽名，簽名式樣須與本公司的記錄相符。保單持有人亦必須於本表格內任何曾修改的地方簽署作實。Only original form is accepted and this form is to be completed in BLOCK LETTERS and signed by the Policyholder with the signature correspond with the Company's record. Any amendments in this form must be countersigned by the Policyholder in full signature.</p> <p>5. 申請須受保單合約內之條款約束。詳情請參閱保單條款。Please note that the application(s) is/are bound by the provision stated in the policy contract(s). For details, please refer to policy provision.</p> <p>6. 本公司有權隨時更新本表格，並接受或拒絕未符合本公司要求的申請表。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 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.</p> <p>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 the Company's requirement(s).</p> <p>8. 保險中介人或銀行職員收到本表格並不代表本公司亦已收妥。Receipt of this form by Insurance Intermediary or Bank Staff does not constitute receipt by the Company.</p> <p>9. 如有任何稅務地區變更，請提交《自我證明表格》。If there is any change of the tax residence, please submit "Self-Certification Form".</p> <p>10. 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.</p> |

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| 第一部份 保單價值提取 Part 1 Policy Value Withdrawal |
| <p>1. 提取保單價值將會影響保單的長遠價值。於保單終止時可支付的退保價值及身故賠償之金額將會減少。而已經提取的價值在任何情況下均不可以還原至保單內。Policy value(s) withdrawal will reduce the long-term value of your policy. The surrender value and the death benefit payable upon policy termination will be reduced. The values cannot be restored to the Policy at any circumstance after withdrawal.</p> <p>2. 必須同時填寫第四部份「付款指示」，包括要求提取價值用以抵繳保費及保費徵費。Must complete Part 4 "Payment Instructions", including the request of withdraw values to offset premium and levy.</p> <p>3. 必須同時填寫第六部份「轉保聲明」(提取暫存賬戶的餘款除外)。Must complete Part 6 "Policy Replacement Declaration" (except apply for withdrawal of the balance in Pending Account).</p> |

| (1) 提取以下項目 Withdrawal of Below Item(s) | (2) 提取選項 Withdrawal Option(s) (只可勾選“全部”或“部份提取”其中一項，個別項目沒有提取選項。Please select either "All" or "Partial Withdrawal". Withdrawal option is not available to particular item.) | |
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| | 全部 All | 部份提取 Partial Withdrawal (必須填寫指定提取金額 Must specify the withdrawal amount) |
| <input type="checkbox"/> 累積可支取現金/保證年金金額 Accumulated Cash Coupons / Guaranteed Annuity Payments | <input type="radio"/> | <input type="radio"/> 保單貨幣 Policy Currency \$ _____ |
| <input type="checkbox"/> 累積紅利及利息 Accumulated Dividends and Interest | <input type="radio"/> | <input type="radio"/> 保單貨幣 Policy Currency \$ _____ |
| <input type="checkbox"/> 尚未使用的預繳保費 Unused Prepaid Premium <必須一次性全數提取尚未使用的預繳保費，提取手續費會在提取金額中扣除。ALL unused prepaid premium must be withdrawn at one time and withdrawal fee will be deducted from the withdrawal amount.> | <input checked="" type="checkbox"/> | |



| 第一部份 保單價值提取 (續) Part 1 Policy Value Withdrawal (Continued) | | | |
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| (1) 提取以下項目 Withdrawal of Below Item(s) | (2) 提取選項 Withdrawal Option(s) (只可勾選“全部”或“部份提取”其中一項。個別項目沒有提取選項。Please select either “All” or “Partial Withdrawal”. Withdrawal option is not available to particular item.) | | |
| | 全部 All | 或 Or | 部份提取 Partial Withdrawal |
| <input type="checkbox"/> 萬用壽險戶口價值 Account Value of Universal Life Insurance <萬用壽險的領取要求會因個別產品而有不同。詳情請參閱所屬保單條款。The withdrawal requirements of Universal Life Assurance will vary depending on the individual Universal Life product. Please refer to the related policy provisions for details.> | | | <input checked="" type="checkbox"/> 保單貨幣 Policy Currency \$ _____ <相關費用及收費會在提取金額扣除 (如有) 。Fee and Charges will be deducted from the withdrawal amount (if applicable).> |
| <input type="checkbox"/> 其他。請註明 Others, please specify : _____ | ○ | 或 Or | <input type="checkbox"/> 保單貨幣 Policy Currency \$ _____ |
| 第二部份 保單貸款 Part 2 Policy Loan | | | |
| 必須同時填寫第四部份「付款指示」及第六部份「轉保聲明」。 Must complete Part 4 “Payment Instructions” & Part 6 “Policy Replacement Declaration”. | | | |
| <input type="checkbox"/> 最高貸款額 Maximum Loan Amount | <input type="checkbox"/> 指定貸款金額，以保單貨幣計算 Specific loan Amount in Policy Currency \$ _____ | | |
| 本人/我們向 貴公司證實從未因破產或清盤而被起訴或訴訟仍未了結。本人/我們聲明已閱讀並明白下列有關之條款，並同意遵守下列的條文以及上述保單的保單所載的貸款條款：I/We certify to the Company that no proceedings in bankruptcy or insolvency against me/us have been instituted or are pending. I/We declare that I/we have read and understood the relevant terms and conditions stated below, and agree to be bound by the same and by the Policy Loan Provisions stipulated in the above policy: | | | |
| 1. 最高貸款額可達當時保單現金價值的 90%(視乎個別保險計劃而有所不同及萬用壽險除外)/指定的萬用壽險產品最高貸款額則為當時退保價值的 90%。及扣除保單的任何負債(若有)。如所要求的貸款金額多於可提取的貸款金額，則以最高貸款額為準。The maximum loan amount is up to 90% of the policy cash value (depending on the type of insurance plan, and Universal Life products are excluded)/up to 90% of the surrender value for designated Universal Life products, less any existing indebtedness (if any). The maximum loan amount will be processed if the requested amount is larger than the loan amount available. | | | |
| 2. 貸款利息將自貸款批核日起每日累計。該等累計利息將成為上述保單對 貴公司之欠債。貸款利息應於每年保單週年日、受保人身故、退保、保單失效或本公司指定的日期償還。所有到期未償還之利息，將納入貸款本金金額內，以同等年利率及條款計算，直至全數貸款清還為止。The interest on loan shall be accrued daily from the date when the policy loan is approved by the Company. The accrued interest shall constitute an indebtedness to the Company. Interest shall be repaid on the anniversary date of the Policy in each year or on the date of death of the insured, surrender, lapse or on any other date specified by the Company. Any interest unpaid when due shall be added to the principal of the loan and bear interest at the same rate and on the same conditions until the loan is fully repaid. | | | |
| 3. 若上述保單失效或以任何形式終止，上述保單之欠款將從保單款項中扣除。If the Policy shall lapse or become forfeited in any manner, the amount of the existing indebtedness of the Policy shall be deducted from the policy values of the Policy. | | | |
| 4. 若上述保單期滿，保單之欠款將從 貴公司應付之金額中扣除。If the policy shall mature, the amount of the existing indebtedness shall be deducted from the amount payable by the Company. | | | |
| 5. 當保單之總負債金額等於或超過退保現金價值時 (包括應付利息)，本保單即告終止，並無任何金額領回。The policy will be terminated once the total indebtedness, including interest accrued and due, is equal to or greater than the cash value, and no monies will be payable by the Company upon such termination. | | | |
| 6. 除個別產品外，本公司現行保單貸款利息之年利率為 7%，而本公司有絕對酌情權定期檢討及調整此息率。The current interest rate on policy loan is 7% per annum except for specific products, which is subject to regular review and adjustment at the Company's sole absolute discretions. | | | |
| 7. 每次還款額必須最少清還全數貸款利息。At least the total loan interest must be paid off for each repayment. | | | |
| 第三部份 終止保單 Part 3 Policy Termination | | | |
| 1. 提早終止保單，閣下 i) 所得的退保價值 (如有) 可能會少於閣下已支付的總保費、ii) 或會損失保單的累計權益，即閣下可能會蒙受損失。此外，閣下或需要承擔因退保而衍生的退保費用。Early surrendering the Policy, you i) may receive the surrender value (if any) less than your total paid premium, ii) may lose the accrued benefits of the Policy. This means you may suffer a loss. Further, you may incur surrender charges for policy surrender. | | | |
| 2. 保單一經終止，閣下將失去保單提供的保障及在任何情況下均不可以復效及/或還原保單，及閣下於將來或未能以相同條款獲得相若的保障。而在保單終止後，本公司對保單的責任便告了結。You will lose the benefits under the Policy and you may not be able to reapply for the same benefit on the same terms/conditions in future, also the Policy cannot be reinstated or restored in any circumstance after policy termination. The liability of the Company upon termination of the Policy is hereby completely discharged. | | | |
| 3. 請退回保險合約，如已遺失保險合約，請別選「保險合約遺失聲明」。Please return the Policy Contract, otherwise please select the “Declaration of Lost Policy”. | | | |
| 4. 必須同時填寫第四部份「付款指示」及第六部份「轉保聲明」(冷靜期內取消保單除外)。Must complete Part 4 “Payment Instructions” & Part 6 “Policy Replacement Declaration” (except apply for Policy Cancellation within Cooling-off period). | | | |
| <input type="checkbox"/> 冷靜期內取消保單 Policy Cancellation within Cooling-off period | | | |
| <input type="checkbox"/> 保單退保 Policy Surrender (任何於我們收到及完成審批退保申請前已繳交之保費將不獲退還。Any premium paid prior to our receipt and approval of the surrender request will not be refunded.) | | | |
| <input type="checkbox"/> 保險合約遺失聲明 Declaration of Lost Policy 本人/我們謹此確認已遺失保險合約，並在本人/我們盡力尋找下未有尋獲。如該保險合約今後被尋獲，本人/我們同意將盡快交回 貴公司。I/We hereby declare that the Policy Contract was lost and could not be found to the best of my/our effort. I/We agree to return the Policy Contract to the Company if I/we subsequently recover the Policy Contract. | | | |

第四部份 付款指示 Part 4 Payment Instructions

4.1. 選擇貨幣 Currency Selection (如沒有註明, 款項將以保單貨幣發出。If not indicate, payment will be paid in the policy currency.)

- 保單貨幣 Policy Currency
- 港元 HKD

4.2. 領款方式 (只可以選擇一種方式) Payment Method (Please select ONE method ONLY)

注意事項 Important Notes :

如選擇「直接入賬」的領款方式, 必須符合以下要求 The following requirements must be fulfilled for selecting "Direct Debit" payment method :

- 銀行賬戶持有人必須為保單持有人。Bank account holder must be the Policyholder.
- 必須提交顯示銀行賬戶持有人姓名及賬戶號碼的銀行存摺首頁或有效銀行卡或其他有效證明文件副本。Must submit copy of bank book front page or valid bank card or other valid proof document(s) showing the bank account holder's name and account no..
- 如屬海外銀行戶口, 需要提供收款銀行地址、國際匯款代碼、銀行賬戶持有人的海外聯絡電話及地址。銀行將於匯款中扣除相關手續費。For overseas bank account, please provide overseas bank address, SWIFT code, overseas contact no. and correspondence address of bank account holder. Bank charge of Telegraphic Transaction would be deducted from the payment amount.
- 直接入賬申請只限於本次入賬。The direct payment application is for this payment only.
- 「轉數快」(FPS)只適用於實付幣種為港元或人民幣的申請, 每筆交易上限為港元或人民幣一百萬元或以下。"Faster Payment System" (FPS) is only applicable to the payment in HKD or CNY. The maximum amount of each transaction is HKD/CNY1,000,000.00.
- 「轉數快」(FPS)只適用於本地開立, 並已完成及成功辦理登記「轉數快」(FPS)綁定服務的銀行賬戶, 申請詳情請向所屬銀行查詢。FPS is only applicable to the local bank account which registration is completed successfully for FPS binding service. Please enquire to the bank for application details.
- 「轉數快」(FPS)的實際到賬時間會因應個別銀行而有差異, 申請前請先向有關銀行查詢。The actual time to receive the payment may vary among banks. Please enquire to the bank before application.
- 倘未有足夠資料顯示銀行賬戶持有人為保單持有人或因故未能成功入賬, 有關款項將以劃線支票形式郵寄予保單持有人。If there is insufficient information to confirm the Policyholder is the holder of the relevant bank account or direct credit payment is failed for any reason, the payment will be sent to the Policyholder in cheque by ordinary post.

 抵繳保費及保費徵費 Offset Premium & Levy

抵繳保單號碼 Offset Policy No.

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 直接入賬至於香港登記的「轉數快」港元或人民幣戶口 Direct Debit to a registered Faster Payment System (FPS) in HKD or CNY account set up in Hong Kong

銀行名稱 Name of Bank

銀行編號 Bank No.

分行編號 Branch No.

銀行賬戶號碼 Account No.

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賬戶持有人姓名 (中文) (必須為保單持有人) Name of bank account holder (Chinese) (Policyholder Only)

賬戶持有人姓名 (英文) (必須為保單持有人) Name of bank account holder (English) (Policyholder Only)

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 直接入賬至於香港開立的銀行戶口 Direct Debit to a bank account set up in Hong Kong

銀行名稱 Name of Bank

銀行編號 Bank No.

分行編號 Branch No.

銀行賬戶號碼 Account No.

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賬戶持有人姓名 (中文) (必須為保單持有人) Name of bank account holder (Chinese) (Policyholder Only)

賬戶持有人姓名 (英文) (必須為保單持有人) Name of bank account holder (English) (Policyholder Only)

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 電匯直接入賬至於海外銀行戶口 Direct Debit to an overseas bank account via Telegraphic Transfer

銀行名稱 Name of Bank

銀行賬戶號碼 Account No.

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賬戶持有人姓名 (中文) (必須為保單持有人) Name of bank account holder (Chinese) (Policyholder Only)

賬戶持有人姓名 (英文) (必須為保單持有人) Name of bank account holder (English) (Policyholder Only)

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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 number of bank account holder

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賬戶持有人的海外通訊地址 Overseas correspondence address of bank account holder

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4.2. 領款方式 (只可以選擇一種方式) (續) Payment Method (Please select ONE method ONLY) (Continued) 劃線支票支付 Crossed Cheque Payment

請選擇以下其中一種支票領取方式 Please select ONE cheque delivery method from bellows :

- 平郵寄往保單持有人在本公司記錄的通訊地址 By mail to the correspondence address of Policyholder in the Company record by ordinary post
- 經保險中介人轉遞 Deliver via Insurance Intermediary
- 親身到分行領取支票 Pick up cheque at Branch in person

分行名稱/編號 Branch Name/Code _____

- 保單持有人親身到客戶服務中心領取支票 Pick up cheque at Customer Service Centre* by Policyholder
- 授權他人到客戶服務中心領取支票 Pick up cheque at Customer Service Centre* by authorized person

授權人姓名 Name of authorized person _____

授權人聯絡電話 Contact no. of authorized person _____

授權人身份證明文件號碼 I.D. no. of authorized person _____

*請選擇客戶服務中心 Please select the Customer Service Centre : 灣仔 Wanchai 其他 Others : _____
 (客戶服務中心資料可在 www.chinalife.com.hk 查閱。 You may check Customer Service Centre's information at www.chinalife.com.hk)

 其他領款方式 (請列明) Others (please specify) _____**第五部份 償還保單貸款 Part 5 Policy Loan Repayment**

請附上繳款證明。 Please attach the repayment proof.

- 全數償還貸款金額及利息 Repay FULL loan and interest amount
- 償還全數借款利息及部份貸款金額 (以保單貨幣計算，償還金額必須不少於全數應付利息) Repay full loan interest and partial principal (in Policy Currency, the repayment amount must not less than FULL accrued Loan interest)

償還金額 Repayment amount : _____

第六部份 轉保聲明 Part 6 Policy Replacement Declaration

重要提示 Important Notes : 申請提取保單價值 (不包括提取暫收賬戶的餘款)、保單貸款或保單退保，必須填寫此部分內容。 **Must complete this part when applying for policy value withdrawal (except apply for withdrawal of the balance in Pending Account), policy loan or policy surrender.**

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，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，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, or any savings made by reducing the premium payable under 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)

註 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。 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 visit our website at www.chinalife.com.hk to view the useful tips on Life Insurance Policy Replacement.

第七部份 聲明及授權 Part 7 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：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. 所有需要之款項及文件已提交予 貴公司並由 貴公司收受。All required payment and documents have been submitted to the Company and duly received by the Company.
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。The request is accepted and approved by the Company during the lifetime and continued insurability of the Insured.
3. 在此申請表及 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）。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. 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。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.
5. 本人/我們提供符合 貴公司要求之有效證明文件（例如：身分證及地址證明）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 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 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.

第八部份 個人資料收集聲明 Part 8 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 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 available upon request.

第九部份 收取個人壽險保費徵費聲明 Part 9 Declaration for Collection of Premium Levy on Individual Life Insurance Policies

本人/我們謹此確認 I/We hereby acknowledge that：
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。The Company is statutorily required to collect Premium Levy ("Levy") from policyholder on behalf of the Insurance Authority ("IA") and the collected levy will be fully remitted 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.

第十部份 聲明及簽署（請勿在空白表格上簽署） Part 10 Declarations & Signature (Please DO NOT sign on BLANK form)

1. 本表格必須於保單持有人簽署日起計 30 天內交至本公司辦理手續。This form must be received by the Company within 30 days from the date of the Policyholder's signature.
 2. 若保單持有人以圖章蓋印簽署，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表格簽署人的身份之用。If the Policyholder 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.
- 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 Policyholder | | | 受讓人（如適用） Assignee (if applicable) | | | 不可撤換受益人（如適用） Irrevocable Beneficiary (if applicable) | | | 見證人（如適用） Witness (if applicable) | | |
|---------------------------------------------|--------------------|---------|-------|--------------------------------------|---------|-------|------------------------------------------------------------|---------|-------|-------------------------------------|---------|-------|
| 簽署或公司印鑑 Signature and/or Company Chop | | | | | | | | | | | | |
| 姓名 Name | | | | | | | | | | | | |
| 身份證明文件號碼 Identity Document No. | | | | | | | | | | | | |
| 日期 Date | 年 Year | 月 Month | 日 Day | 年 Year | 月 Month | 日 Day | 年 Year | 月 Month | 日 Day | 年 Year | 月 Month | 日 Day |
| | | | | | | | | | | | | |