



回体上数 查閱進度。						CHIN	IA LIFE	ΕΙ'-		
https://cs.chinalife.com.hk	J	保單號研	馬 Policy No.							
呆單期滿利益申請	表 Request	t For Po	olicy Matu	rity	Benefi	t Form				
保單持有人和受保人資料	•									
保單持有人姓名/名稱 Name of F										ī
受保人姓名 Name of Insured										_
保險中介人姓名/名稱 Name of I	nsurance Intermediary	,								
保險中介人編號 Insurance Interm	nediary's Code		聯絡電話 Contact	· No.						_
								T		٦
重要須知 Important Note				1 1		<u> </u>				_
1. 此表格中所用之「本公司」			<u></u> 量保陥(海外)股(<u> </u>	〉司。The e	vnression "t	he Company"	usad in this	form refe	are
to China Life Insurance (Oversea 2. 保單期滿利益只會在保單滿 3. 保單持有人必須在此表格內	as) Company Limited. 斯日或之後支付。	The Policy Ma	aturity Benefit will b	e paid on	ly on or afte	the maturit	y date.			
Policyholder in full signature. 4. 請參閱第 5 頁所需文件指引 5. 本公司有權隨時更新此表格 The Company has the right to up	i·並接受或拒絕未得	符合本公司	要求的表格。請	登入本公	公司網站 w	ww.chinalife	.com.hk 瀏覧	夏 及下載最	_{曼新版本}	
our website www.chinalife.com.h 6. 如未能及時提交需要的資料 the necessary information/form(s	/表格·本公司可能	無法處理閣	下的申請甚或掛							
application and will not bear any 7. 保險中介人或銀行職員收到	loss that may arise.	-		-	·	-		-		
receipt by the Company. 8. 請將已填妥及簽署的表格正司。Please send the original du CLI Building, 313 Hennessy Roa	ly completed and signe	ed form(s) and								
申請資料 Particulars of Ap	plication									
A. 付款貨幣選擇(如無註明·	款項將以保單貨幣	鹎發放) Pay	ment Currency (Option (If not specifi	ed, paymen	t will be issue	ed in policy	currenc	y)
☐ 保單貨幣 Policy Currency	□ 港元 HK	D								
B. 再投保申請(如適用) Pay f	or New Policy Appl	lication (If a	pplicable)							
■ 再投保申請 Pay for New Po	olicy Application				<u> </u>					
1. 新單之要保書編號/保單號	碼 Application No. / P	Policy No. of th	ne New Policy						Ш	
2. 轉至新單之保單期滿利益	金額 Amount of Police	y Maturity Ber	nefit to be transferre	ed to the	New Policy					
□ 全數金額^ Full Amount	↑ □ 指定金額	* Specified Ar	mount* \$							
C. 抵押保單專用 For Policy	that has been assiç	gned to the	Assignee only							
□ 以指定付款方式全數金額	支付予保單持有人*	Payable to th	e Policyholder in fu	ıll amoun	t by specifie	d payment n	nethod*			
□ 以劃線支票支付予受讓人# Payable to the Assignee by a crossed cheque#										
1. 受讓人姓名/名稱 Name of Assignee										
2. 支票送遞方式及聯絡/	· ·									_
Delivery Method and Phone	INO. OF CONTACT PERSON									
3. 付款分配 Payment Alloca	ation									
■ 全數金額 [^] Full Amo	ount^ 🔲 指定金額	* Specified An	mount* \$							

- ^ 如選擇「全數金額」·無須填寫「D. 付款指示」部份。If select "Full Amount", you are not required to fill in section "D. Payment Instruction".
- * 如有餘額/金額支付予保單持有人,請填寫「D. 付款指示」部份。If there is remaining balance / an amount to be paid to the Policyholder, please complete section "D. Payment Instruction".
- # 如欲以劃線支票以外的付費方式支付予受讓人,請於「D. 付款指示」部份的「4. 其他指示」提供有關詳情。If the payment needs to be paid by another payment method other than a crossed cheque, please provide relevant details in "4. Other Instruction" under section "D. Payment Instruction".



		保單號碼	Policy No.										
D.	. 付款指示 Payment Instruction												
	保單期滿利益金額/再投保申請餘額/抵押保單期滿				-				-	-			-
	Balance after Paying for New Policy Application / Full Amount or Remaining Balance of Maturity Benefit for Policy that has been assigned to the Assignee												
	轉賬至本地銀行戶口或非零售銀行戶口 Transfer to Local Bank Account or Non-retail Bank Account 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.												
	銀行名稱 Name of Bank	載 行 編 號	Bank No. 分行	編號 b	srancn	NO. 並	以门版	尸號切	あ ACCO	unt No.	I I		
	■ 本人欲以「轉數快」方式領款。I would like to receive the payment by Faster Payment System ("FPS").												
	注意 Note:												
	 銀行賬戶持有人必須為保單持有人。Bank Account Holder must be the Policyholder. 銀行賬戶證明必須顯示賬戶持有人姓名及賬戶號碼,閣下可以於文件上遮蓋其他非必要的資料。The bank account proof must display 												
	 銀行賬戶證明必須顯不賬戶持有人姓名及賬戶 the account holder's name and account number. You c 										proof m	nust dis	play
	3. 如未有足夠資料顯示銀行賬戶持有人為保單持		•								持間亦	會較銀	艮行
	轉賬為長。If there is insufficient information to confir												
	credited for any reason, the payment will be made to the	•		-	-		-	-	-		a bank	transfe	er.
	4. 如選擇以「轉數快」方式領款,請留意以下事	•			-					_	المحاجا		
	4.1.「轉數快」只適用於實付貨幣為港元或人E in HKD or CNY. The maximum payment amount				行力/	1,000,	000 °	FPS I	S Offity a	арриса	DIE IO II	ie payi	nent
	4.2. 只適用於本地開立·並已成功辦理登記「				申請詳	情請向	可有關	銀行書	≦詢。(Only ap	plicable	to the	ocal
	bank account which registration is completed suc	•	•			•							
	4.3. 實際到賬時間會因應個別銀行而有差異,		向有關銀行查	詢。Th	ne actua	al time t	to recei	ve the	paymer	nt may	vary am	nong ba	nks.
	Please enquire relevant bank before application. 5. 如領取保單利益為港元、人民幣及美元以外幣		利兴雨雨阵女:	北泰佳	纽尔	≤ □.	组织	千编弗	命於約	△ <i>∤</i> ┼≐⁄⋼	百山七		ftho
	payment is not in Hong Kong Dollar, United states Doll												
	charge will be deducted from the payment amount.	ui 01 011111000 1	radii, or the payin		oug., to	nog.up.	ino tran	10101 10	u 11011	rotali B	CITIC TO	oourit, i	Zum
2.	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.												
	レート I I I I I I I I I I I I I I I I I I I												
	NAME OF THE PARTY												
	國際匯款代碼 SWIFT Code	賬戶持有人的	的海外聯絡電詞	舌 Ove	rseas (Contact	No. of	Bank A	Accoun	t Holde	r		
	賬戶持有人的海外通訊地址 Overseas Corresponder	nce Address of	Bank Account Ho	older									
	注意 Note :												
	1. 銀行賬戶持有人必須為保單持有人。Bank account holder must be the Policyholder.												
	2. 銀行賬戶證明必須顯示賬戶持有人姓名及賬戶	5號碼,閣下	可以於文件上流	庶蓋其	他非如	必要的	資料	• The b	oank ad	count	proof n	nust dis	play

- 銀行賬戶證明必須顯不賬戶持有人姓名及賬戶號碼,閣下可以於文件上遮蓋其他非必要的資料。The bank account proof must display
 the account holder's name and account number. You can mask other unnecessary information on the submitted document if needed.
- 3. 銀行手續費將於電匯中扣除。Bank charge of the telegraphic transfer will be deducted from the payment amount.

D. 付款指:	示(續) Payment Instruction (Continued)								
3. 支票支付	. 支票支付 (以劃線支票支付予保單持有人) Cheque Payment (Payable to the Policyholder by a crossed cheque)								
□ 以平郵寄至通訊地址 By surface mail to correspondence address									
■ 經保險中介人轉交 Deliver via Insurance Intermediary									
親身到	□ 親身到分行領取 (只適用於經銀行投保的保單) To be collected at Branch in person (Applicable to policy applied via by bank only)								
分行名	名稱/編號 Branch Name/Code								
1 親身到	」 客戶服務中心領取 To be collected at Customer Service Centre in	person							
	保單持有人領取 To be collected by the Policyholder								
	授權人領取 To be collected by the Authorized Person								
	授權人姓名	授權人聯絡電話	授權人身份證明文件號碼						
	Name of Authorized Person	Contact No. of Authorized Person	I.D. No. of Authorized Person						
	■ 灣仔 Wan Chai ■ 其他地點# Other Location#								
	#請於本公司網站 www.chinalife.com.hk 查閱香港境內其他地		visit our website www.chinalife.com.hk						
	to obtain information of other Customer Service Centre location(s) in F	long Kong (if any).							
 4. 其他指示	Other Instruction								

保單號碼 Policy No.

聲明及授權 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/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 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 Antimoney Laundering and Counter-Terrorist Financing Ordinance, Cap. 615.

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,可於本公司網站 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 our website www.chinalife.com.hk or is made available upon request.

保單號碼 Policy No.						

聲明及簽署(請勿在空白或尚未填妥的表格上簽署) 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(ies) 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	受讓人/不可撤換受益人簽署及印鑑(如適用) Signature and Stamp (if applicable) of Assignee / Irrevocable Beneficiary	見證人簽署(如適用) Signature of Witness (if applicable)
	interestable Beneficiary	
		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 Insurance Intermediary/Bank Staff/CS Centre Staff 編號 Code
		□ 其他人士(請註明) Others (Please Specify)
		身份證明文件號碼 Identity Document No.
姓名/名稱 Name	姓名/名稱 Name	姓名 Name
日期 (年/月/日) Date (YYYY/MM/DD)	日期 (年/月/日) Date (YYYY/MM/DD)	日期 (年/月/日) Date (YYYY/MM/DD)

保單號	碼 Policy No.					

所需文件指引	Documents Checklist								
客戶類別		下已提交的文件)							
Customer Type		gainst the documents you submitted)							
	保單持有人 Policyholder	受讓人(如適用) Assignee (if applicable)							
個人客戶 Individual Customer	■ 身份證明文件副本 Copy of Identification Proof ■ 載有銀行賬戶持有人姓名及賬戶號碼的銀行存摺 / 銀行卡 / 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) Copy of bank book / bank card / 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)	《自我證明表格 – 實體 (保單服務適用)》·或《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 – Entity (For Policy Service Use)", or "Self-Certification Form – Individual (For Policy Service Use)" (If there is any change of the tax residence)							
公司客戶 Corporate Customer	□ 公司查冊文件及其他公司文件·詳情請參閱本公司網站www.chinalife.com.hk (服務 > 網上自助服務及表格下載 > 繳付及領取 > 提取保單款項) 之《保單領款須知(適用於保單持有人為實體/機構)》 Company search document and other company documents, please visit our website www.chinalife.com.hk (Service > E Self-Service and Form Library > Payment & Collection > Request For Policy Value Withdrawal) for information on "Policy Payment Application Guidance Notes (Applicable to Entity Policyholder)" ■ 載有銀行賬戶持有人姓名及賬戶號碼的銀行存摺 /銀行卡 / 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) Copy of bank book / bank card / 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 – 實體 (保單服務適用)》(如有任何稅務地區變更) "Self-Certification Form – Entity (For Policy Service Use)" (If there is any change of the tax residence)	□ 公司查冊文件及其他公司文件,詳情請參閱本公司網站 www.chinalife.com.hk (服務 > 網上自助服務及表格下載 > 繳付及領取 > 提取保單款項)之《保單領款須知(適用於保單持有人為實體/機構)》 Company search document and other company documents, please visit our website www.chinalife.com.hk (Service > E Self-Service and Form Library > Payment & Collection > Request For Policy Value Withdrawal) for information on "Policy Payment Application Guidance Notes (Applicable to Entity Policyholder)" 《自我證明表格 – 實體 (保單服務適用)》(如有任何稅務地區變更) "Self-Certification Form – Entity (For Policy Service Use)" (If there is any change of the tax residence)							