



保單號碼 Policy No.

## 保單給付方式及賬戶資料更改申請表

## Request for Change of Payment Options and Information 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. 此表格不適用於投資相連保險計劃。This form is not applicable to Investment-linked Assurance Scheme.
2. 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.
3. 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.
4. 請參閱第 4 頁所需文件指引以便處理閣下的申請。Please refer to the Documents Checklist on P.4 for documents required to process your request.
5. 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。請登入本公司網站 [www.chinalife.com.hk](http://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](http://www.chinalife.com.hk) to view and download the latest version of the form.
6. 如未能及時提交需要的資料/表格，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. 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。Receipt of this form by Insurance Intermediary or Bank Staff does not constitute receipt by the Company.
8. 請將已填妥及簽署的表格正本連同所需證明文件寄往香港灣仔軒尼詩道 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.

### 第一部份 更改給付方式 Part 1 Change of Payment Options

保單價值類別 Type of Policy Value	給付方式 Payment option
可支取現金 Cash Coupons	<input type="checkbox"/> 提取現金 Cash payment
	<input type="checkbox"/> 積存生息 Accumulation with Interest
	<input type="checkbox"/> 抵付保費 Premium Payment
保證年金金額 Guaranteed Annuity Payment	<input type="checkbox"/> 提取現金 Cash payment
	<input type="checkbox"/> 積存生息 Accumulation with Interest
	<input type="checkbox"/> 抵付保費 Premium Payment
紅利 Dividend	<input type="checkbox"/> 提取現金 Cash payment
	<input type="checkbox"/> 積存生息 Accumulation with Interest
	<input type="checkbox"/> 抵付保費 Premium Payment

#### 注意 Note:

1. 當「提取現金」申請生效後，該/該等保單賬戶內的所有累積款項會即時被全數領取。ALL accumulated amount in the related policy account/accounts will be withdrawal immediately when the change of Cash Payment effective.
2. 抵付保費時已包括保費徵費。如須更改其他給付方式，請必須在保單的下一個繳費日前的十四 (14)個工作天遞交更改申請。The Levy has been included into the Premium Payment. If you would like to change to another payment option, please submit the application form 14 working days prior to the next paid to date.



**第二部份 付款指示 Part 2 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**第三部份 更改賬戶資料 Part 3 Change of Payment Information**

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.

**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 the account holder's name and account number. You can mask other unnecessary information on the submitted document if needed.
- 如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給付, 處理時間亦會較銀行轉賬為長。If there is insufficient information to confirm the Policyholder is the holder of the relevant bank account or the payment cannot be successfully credited for any reason, the payment will be made to the Policyholder in a crossed cheque and the processing time may be longer than a bank transfer.
- 有關更改申請將於下一個保單週年日起開始正式生效。The change will be effective from the next policy anniversary date.

**第四部份 聲明及授權 Part 4 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:

- 所有需要之文件已提交予貴公司並完整無缺。
- 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。
- 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)。
- 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。
- 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:

- All required complete supporting documents have been submitted to the Company.
- The request is accepted and approved by the Company during the lifetime and continued insurability of the Insured.
- 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.
- 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.
- 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.

**第五部份 個人資料收集聲明 Part 5 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](http://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](http://www.chinalife.com.hk) or is made available upon request.

**第六部份 收取個人壽險保費徵費聲明 Part 6 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](http://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](http://www.chinalife.com.hk/levy).

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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.

<p>保單持有人簽署及印鑑(如適用) Signature and Stamp (if applicable) of Policyholder</p>	<p>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</p>	<p>見證人簽署(如適用) Signature of Witness (if applicable)</p>
		<p>與保單持有人之關係 Relationship to Policyholder</p>
<p>姓名/名稱 Name</p>	<p>姓名/名稱 Name</p>	<p><input type="checkbox"/> 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 _____</p>
		<p><input type="checkbox"/> 其他人士(請註明) Others (Please Specify) _____ 身份證明文件號碼 Identity Document No. _____</p>
<p>日期 (年/月/日) Date (YYYY/MM/DD)</p>	<p>日期 (年/月/日) Date (YYYY/MM/DD)</p>	<p>姓名 Name</p> <p>日期 (年/月/日) Date (YYYY/MM/DD)</p>

**所需文件指引 Documents Checklist**

客戶類別 Customer Type	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 Policyholder	受讓人(如適用) Assignee (if applicable)
	個人客戶 Individual Customer	<input type="checkbox"/> 身份證明文件副本 Copy of Identification Proof  <input type="checkbox"/> 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)  <input type="checkbox"/> 《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)
公司客戶 Corporate Customer	<input type="checkbox"/> 公司查冊文件及其他公司文件·詳情請參閱本公司網站 <a href="http://www.chinalife.com.hk">www.chinalife.com.hk</a> (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 <a href="http://www.chinalife.com.hk">www.chinalife.com.hk</a> (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)"  <input type="checkbox"/> 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)  <input type="checkbox"/> 《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)	<input type="checkbox"/> 公司查冊文件及其他公司文件·詳情請參閱本公司網站 <a href="http://www.chinalife.com.hk">www.chinalife.com.hk</a> (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 <a href="http://www.chinalife.com.hk">www.chinalife.com.hk</a> (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)"  <input type="checkbox"/> 《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)