

CSM-FIN01

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



8022000201

保單號碼 Policy No.

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請以**正楷**填寫本表。任何資料如有更改，保單持有人必須在更改的位置簽署作實。

Please complete this form in **BLOCK** letters. All amendments should be endorsed by the Policyholder in full signature.

本表中所用之「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

第一部份 保單資料 Part 1 Policy Information

受保人姓名 Name of Insured (若受保人並非保單持有人，請填寫此部份) (If the Insured is different from the Policyholder, please complete this part.)

姓 Last Name

名 First Name

保單持有人姓名 Name of Policyholder

姓 Last Name

名 First Name

請選擇適當之空格 Please tick the relevant box(es)

第二部份 注意事項 Part 2 Important Notes

- 保單持有人之簽署樣式必須與本公司之紀錄相同。
The specimen signature of Policyholder must match our Company's record.
- 請提交保單持有人的身份證明文件，以便處理申請。
Please submit **identity document(s) of Policyholder**, to process this application.

第三部份 領款 Part 3 Withdrawal

<input type="checkbox"/>	可支取現金 Cash Coupon	<input type="checkbox"/>	全部提取 All	
<input type="checkbox"/>	累積紅利 Accumulated Dividends	<input type="checkbox"/>	全部提取 All	
<input type="checkbox"/>	其他 Others: _____	<input type="checkbox"/>	全部提取 All	
		<input type="checkbox"/>	部份提取 Partial Withdrawal	提取金額 Withdrawal Amount: _____
		<input type="checkbox"/>	部份提取 Partial Withdrawal	提取金額 Withdrawal Amount: _____
		<input type="checkbox"/>	部份提取 Partial Withdrawal	提取金額 Withdrawal Amount: _____

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第四部份 終止保單 Part 4 Policy Termination

請退回保單合約或填寫《保單遺失聲明》。 Please return the Policy Contract or complete the “Declaration of Lost Policy” .

冷靜期內取消保單 Policy Cancellation within Cooling-off period

*保單退保 Policy Surrender

*任何於本公司收到及接受退保申請前已繳交之保費將不獲退還。

Any Premium paid prior to the Company's receipt and approval of the surrender request will not be refunded.

《保單遺失聲明》“Declaration of Lost Policy”

本人/我們，上述保單之保單持有人，謹此聲明本人/我們已不再持有上述保單及確認上述保單經已遺失，並在本人/我們盡力尋找下未有尋獲。如該報失保單今後被尋獲，本人/我們同意將盡快交回 貴公司。

I/We, the Policyholder of the above policy(ies), hereby declare that the said policy(ies) is not in my/our possession and further declare that it was lost and cannot be found to the best of my/our effort. Should I/we subsequently recover the policy(ies) now reported as lost, it will be returned to the Company immediately.

第五部份 保單貸款 Part 5 Policy Loan

最高貸款額 Maximum Loan

貸款額 (以保單貨幣計算) Loan Amount (in Policy Currency): _____

本人向 貴公司證實從未因破產或清盤而被起訴或訴訟仍未了結。本人聲明已閱讀並明白下列有關之條款，並同意遵守該等條款。

本人願遵從下列的貸款條文以及保單所載的上述保單貸款條款：

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。
2. 貸款利息將自貸款批核日起每日累計。該等利息將成為該保單對 貴公司之欠債。貸款利息應於每次保單週年日繳付，直至該貸款全部清還為止。所有到期未付之利息，將併入貸款金額內，以同等年利率及條件計算。
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退保現金價值中扣除。
4. 若上述保單期滿，保單上之欠款將從 貴公司應付之金額中扣除。
5. 當保單下之總保單負債金額相等或超過現金價值時，本保單即告終止，並無任何金額資額回。
6. 本公司之貸款年利率為 7%。

The undersigned executing this form certifies to the Company that no proceedings in bankruptcy or insolvency have been instituted or are pending against me. I declare that I have read and understood the relevant conditions stated below and agree to and accept the same.

I agree to observe the below terms and conditions and the Policy Loan Provisions stipulated in the above policy::

1. The maximum loan amount is up to 90% of the policy cash value (depending on the type of insurance plan you have) less Indebtedness (if any). Only the maximum loan amount will be processed if the requested amount is larger than the loan amount available.
2. The interest on loan shall be calculated from the date when the above policy loan is approved by the Company. The interest shall accrue daily and shall constitute an indebtedness to the Company against this policy as it accrues. Interest shall be repaid on each Policy Anniversary subsequent to the date of loan until the loan is repaid. 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.
3. If the policy shall lapse or become forfeited in any manner, the amount of the existing loan indebtedness shall be deducted from any cash surrender value of the policy.
4. If the policy shall mature, the amount of the existing loan indebtedness shall be deducted from the amount otherwise payable by the Company.
5. Policy shall terminate once the total Indebtedness is equal to or greater than the Cash Value and no monies will be payable by the Company upon such termination.
6. The loan interest rate is 7% p.a. of the Company.

第六部份 償還保單貸款 Part 6 Policy Loan Repayment

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

全數償還貸款額 Full Amount

償還貸款金額(以保單貨幣計算) # Loan Repayment Amount (in Policy Currency): _____

還款必須先清還全數借款利息。 Loan interest must be fully repaid first.

第七部份 付款指示 Part 7 Payment Instruction

^ 保單貨幣 ^ Policy Currency

港元 HKD

^ 如沒有註明指示，款項將以保單貨幣發出。 If no specific indication, payment will be issued in the policy currency.

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第八部份 領款方式 Part 8 Payment Methods

支票支付 (本公司將開付以保單持有人抬頭之劃線支票)
Cheque Payment (We will issue a crossed cheque in the name of policyholder)

支票交與保險中介人轉遞
 Deliver cheque to my Insurance Intermediary

本人親身到分行領取支票
 Pick up cheque at Branch in person

本人/ 授權人親身到客戶服務中心領取支票
 Pick up cheque at Customer Service Centre in person or by the authorized person

支票寄往本人於 貴公司登記的通訊地址
 Mail cheque to the correspondence address registered in the Company

其他 (請列名):
 Others (Please specify): _____

分行名稱/ 編號: _____
 Branch name/code: _____

第九部份 聲明及授權 Part 9 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，本人/我們並同意此等更改事項或服務必須符合下列所有條件及經 貴公司批准，方能生效：

1. 所有需要之款項及文件提交予 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，將成爲此保單之一部份(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：身分證及地址證明)予 貴公司，讓 貴公司能按照於「預防及打擊透過保險活動清洗黑錢及資助恐怖主義的操作指引」法規所載，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 the above application(s) be effected and declare that all statement, 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 change(s) or service(s) will not take effect unless all of the following conditions are met and approve by the Company.

1. All required payment and 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 of the policy (if any) and my/our authorized signatory(ies) (if applicable) pursuant to the "Guidelines on Prevent ion and Combating Money Laundering and Financing of Terrorism in Insurance" Ordinance.

第十部份 簽署 Part 10 Signature

保單持有人簽署 Signature of Policyholder	日期 _____ / _____ / _____ Date 日/DD 月/MM 年/YYYY
受抵人簽署 (如適用) Signature of Assignee (if applicable)	日期 _____ / _____ / _____ Date 日/DD 月/MM 年/YYYY
見證人姓名及簽署 Name & Signature of Witness	日期 _____ / _____ / _____ Date 日/DD 月/MM 年/YYYY

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第十一部份 個人資料收集聲明 Part 11 Personal Information Collection Statement

本人/我們確認已閱讀及明白中國人壽（海外）股份有限公司的收集個人資料聲明（“本聲明”）。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（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 is made available upon request.

重要提示：請於下文空白處簽名，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，請在下文空格處劃上「✓」號。

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 data in direct marketing”, please tick the box below

<input type="checkbox"/>	本人不同意根據以上 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的個人資料，亦不希望接收任何推廣及直接促銷材料。 I do not agree with the use and provision of my personal data for direct marketing purposes as set out above in the Personal Information Collection Statement (see “Use and provision of personal data in direct marketing”) and do not wish to receive any promotional and direct marketing materials.
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保單持有人簽署 Signature of Policyholder	日期 Date	____/____/____ 日/DD 月/MM 年/YYYY
受抵人簽署 (如適用) Signature of Assignee (if applicable)	日期 Date	____/____/____ 日/DD 月/MM 年/YYYY
見證人姓名及簽署 Name & Signature of Witness	日期 Date	____/____/____ 日/DD 月/MM 年/YYYY

註：Remarks:

- 此表格必須於保單持有人及/或受抵人(如適用)簽署日起計 30 天內交至本公司辦理手續，方為有效。This application must be received by our Company within 30 days from sign date of Policyholder and /or Assignee (if applicable).
- 請小心閱讀本申請表內所有項目，以確保在簽署時，已經填妥申請表上所有資料。切勿在空白表格上簽署。Please read all items carefully and check that you have completed all the information on this application form before you sign your name below. Please do not sign on blank form.

如有任何查詢，請與閣下的保險中介人聯絡或致電本公司客戶服務熱線(853) 28787288 查詢。填妥的表格請寄往澳門新口岸宋玉生廣場 263 號中土大廈 22 樓 A、B、K-P 座客戶服務部。If you have any queries, please feel free to contact your insurance intermediary or our Customer Service Hotline at (853) 28787288 for details. Completed form should be sent to Customer Service Department, Alameda Dr. Carlos D' Assumpção No.263, 22 Andar A,B,K-P Edif China Civil Plaza.

只適用於保險中介人 For Insurance Intermediary Use Only			
保險中介人姓名 Name of Insurance Intermediary	聯絡電話號碼 Contact Telephone Number	職場編號 Branch Code	保險中介人編號 Insurance Intermediary Code
只適用於銀行 For Bank Use Only			
銀行職員姓名 Name of Bank Staff	聯絡電話號碼 Contact Telephone Number	分行/營業員編號 Branch/ Agent Code	保險中介人編號 Insurance Intermediary Code
只供內部使用 For Internal Use Only			
覆核員 Checked by	記錄員 Recorded by	簽名校對員 Signature Verified by	備註 Remarks