

保單滿期申請表 Request for Policy Maturity Form

CSM-FIN02



8012000101

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

- 保單需在**滿期日或以後**才可領取滿期金額。
The maturity amount will be paid only **on or after the maturity date**.
- 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 《保單遺失聲明》 Part 3 "Declaration of Lost Policy"

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".

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.

第四部份 付款指示 Part 4 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.

第五部份 領款方式 Part 5 Payment Methods

再投保申請 Reinsured Application

要保書編號/ 新保單號碼 Application no./ New policy no. : _____

轉至新單之滿期金額 Amount of Maturity Value to be transferred to the new policy : _____

餘額款項 Remaining balance : _____

餘額款項支付之領取方式 Payment method of remaining balance

- 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 分行名稱/ 編號 :
Pick up cheque at Branch in person Branch name/code: _____
- 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) : _____

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第五部份 領款方式 (續) Part 5 Payment Methods (Continue)

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

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

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): _____

第六部份 聲明及授權 Part 6 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：身分證明及地址證明)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 Prevention and Combating Money Laundering and Financing of Terrorism in Insurance" Ordinance.

第七部份 簽署 Part 7 Signature

保單持有人簽署 Signature of Policyholder	日期 _____ / _____ / _____ Date 日/DD 月/MM 年/YYYY
受託人簽署 (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（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
受託人簽署（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/或受託人(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) 2878-7288 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) 2878-7288 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
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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
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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
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【此頁無其他內容】
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