

# Request For Financial Transaction Form

## (For Golden Touch Series Plans)

### 財務調配申請書

#### (蒼聚成金系列計劃)

Please tick  appropriate box(es) for request 請於適當之空格內加上  號

New Request 新申請

Reply 回覆

Policy Number: 保單號碼

Full Name of Insured: 受保人姓名

Full Name of Policyowner: 保單持有人姓名

In compliance with the legal and regulatory requirements with respect to the prevention of money laundering and terrorist financing, the Company requires to collect your identity information. If the identity document(s) of policyowner has (have) not been provided before or has (have) been updated, please submit the copy(ies) of the latest and valid identity document(s) for our record.

根據相關法律及監管機構就防止洗錢及恐怖分子資金籌集活動的規定，本公司必須收集您的身份資料。如保單持有人之身份證明文件之前未曾提供或已更新，請向我們遞交最新及有效之身份證明文件副本以作紀錄。

#### 1. Cash Withdrawal 提取現金

Amount (US\$)  
金額 (美金)

#### Payment Instruction 付款方式

The payment will be direct credited to the autopay bank account of the policyowner, if any, unless otherwise specified. For the payment amount exceeding HKD1,000,000, HKD cheque will be issued and sent to the correspondence address directly.

除特別註明外，款項將直接存入保單持有人的自動轉賬戶口（如有）。如款項多於港幣一百萬，將發出港幣支票並直接郵寄至通訊地址。

#### Direct Credit to Bank Account 直接存入銀行戶口

**ONLY** applicable to the policy **WITHOUT** autopay bank account. Otherwise, the payment will be credited to autopay bank account which is held by the policyowner directly.

只適用於不是以自動轉賬形式收取保費的保單，否則，款項將直接存入自動轉賬的銀行戶口（銀行戶口持有人必須為保單持有人）。

Bank Account **MUST BE** in HKD Currency.  
銀行戶口必須為港幣戶口。

For the payment amount exceeding HKD1,000,000, HKD cheque will be issued and sent to the correspondence address directly.  
如款項多於港幣一百萬，將發出港幣支票並直接郵寄至通訊地址。

Name of Bank Account Holder (**MUST BE** the policyowner)  
銀行戶口持有人姓名（必須為保單持有人）

Bank Name 銀行名稱

Bank No. Branch No. Bank Account No.  
銀行編號 分行編號 銀行賬戶號碼

Please provide copy of passbook / bank statement / ATM card with name of account holder for verification.  
請提供存摺 / 銀行戶口結單 / 提款卡副本（附有銀行戶口持有人的姓名）以作核實。

#### TT Payment 匯款

Remittance charges will be borne by the policyowner  
匯款的相關費用將由保單持有人支付

HKD 港幣  USD 美金  
(only applicable to the policy with USD currency  
只適用於美金貨幣保單)

Name of Bank Account Holder 銀行戶口持有人姓名

Bank Account No. 銀行戶口號碼

SWIFT Code SWIFT 代號

Bank Name 銀行名稱

Bank Address 銀行地址

IBAN No. 國際銀行賬戶號碼

Intermediary Bank Name 中介銀行名稱

Intermediary Bank Account No. 中介銀行戶口號碼

Repay Outstanding Loan of my own policy 償還本人的保單的貸款金額  
(Policy No. 保單編號 \_\_\_\_\_)

Settle Premium and Levy Due of my own policy 繳付本人的保單的到期保費及保費徵費  
(Policy No. 保單編號 \_\_\_\_\_) Premium Due Date 保費到期日 (Month月/Year年 \_\_\_\_\_)

Remarks 註項：

Plan Name 計劃名稱	Plan Code 計劃編號	Minimum Withdrawal Amount 最低提取金額	Maximum Withdrawal Amount 最高提取金額
Golden Touch ULife Plan 蒼聚成金萬用壽險計劃	ULFA ULFAB	US\$250 per transaction 每次交易為美金二百五十元	90% of cash value in the policy 保單中現金價值的百分之九十
Golden Touch ULife Plan II 蒼聚成金“易”萬用壽險計劃	UAFA UAFAB		
Golden Touch Saver Plan - Single Pay 蒼聚成金儲蓄計劃 - 整付保費	UL01		
Golden Touch Saver Plan - Regular Pay 蒼聚成金儲蓄計劃 - 常付保費	UL05 UL10 UL20		
Golden Touch Saver Plan II - Regular Pay 蒼聚成金“易”儲蓄計劃 - 常付保費	UA05 UA10 UA20		
Golden Touch Mega Saver Plan 蒼聚成金鼎盛儲蓄計劃	UB10		

## 2. Unscheduled Contribution

### Amount (US\$)

不定期額外投資供款

金額 (美金)

Corresponding levy will be deducted from the payment amount prior to investment.  
所繳付之金額會先扣除相關的保費徵費，然後用作投資。

For top-up request, please complete section 6. “Financial Needs Analysis Declaration” in this form.  
所有額外投資申請，必須填寫此表格第六部分“財務需要分析聲明”。

# The aggregate amount of the following for the same insured in the preceding 1 calendar year from the date the client pays any premium<sup>^</sup> (including Basic Premium, Extra Contribution and Unscheduled Contribution) cannot exceed US\$500,000:

Any premium<sup>^</sup> means

- Sum of all non-paid-up annualized basic premium under all Golden Touch policies (including current inforce policies, lapsed policies in last 3 years and New Business application, excluding UB10)
- Aggregate amount of extra contribution, unscheduled contribution and initial premium (for UL01) paid in the preceding 1 calendar year under all Golden Touch series (excluding UB10) for the same insured
- Unscheduled contribution for the NB application (excluding UB10)

# 在客戶支付任何保費<sup>^</sup>日期前1曆年內，同受保人以下的總額 (包括基本保費，定期及不定期額外供款) 不能超過50萬美金：

任何保費<sup>^</sup>意指

- 所有非繳清蒼聚成金系列保單 (不包括 UB10) 年度化基本保費 (包括現行有效保單，過去3年內失效保單及新申請保單)
- 同受保人過去1曆年內於所有蒼聚成金系列保單 (不包括 UB10) 中支付的定期及不定期額外供款及UL01首期保費之總額
- 新申請保單 (不包括 UB10) 中的不定期額外供款

Plan Name 計劃名稱	Plan Code 計劃編號	Minimum Unscheduled Contribution 最低不定期額外供款	Maximum Unscheduled Contribution (accumulated amount per policy year) 最高不定期額外供款 (每保單週年累計)
Golden Touch ULife Plan 蒼聚成金萬用壽險計劃	ULFA ULFAB	<b>Applicable to ULFA policy and ULFAB policy with application signed before 1 Feb 2015</b> 適用於ULFA保單及於2015年2月1日前簽署申請書之ULFAB保單  US\$100 per transaction 每次交易為美金一百元	<b>Applicable to policy with application signed before 1 Feb 2015</b> 只適用於2015年2月1日前簽署申請書之保單  Sum of Extra Contribution and Unscheduled Contribution should not exceed 5 times of latest annual Basic Premium and subject to per year per life cap # 定期及不定期額外供款之總和不能超過最新每年基本保費的五倍及受限於每位受保人每年供款總額#  <b>Applicable to ULFA policy with application signed on or after 1 Feb 2015</b> 適用於2015年2月1日或之後簽署申請書之ULFA保單  1 time of annualized planned premium and subject to per year per life cap # 年度化設定保費的一倍及受限於每位受保人每年供款總額#
<b>NOT applicable to ULFAB policy with application signed on or after 1 Feb 2015</b> 不適用於2015年2月1日或之後簽署的申請書之ULFAB保單			

Plan Name 計劃名稱	Plan Code 計劃編號	Minimum Unscheduled Contribution 最低不定期額外供款	Maximum Unscheduled Contribution (accumulated amount per policy year) 最高不定期額外供款 (每保單週年累計)
Golden Touch ULife Plan II 薈聚成金“易”萬用壽險計劃  <b>Only applicable to UAFA policy</b> 只適用於UAFA保單  <b>Only applicable to the first 10 policy years</b> 只適用於首10個保單年度	UAFA UAFAB	US\$100 per transaction 每次交易為美金一百元	1 time of latest annual Basic Premium and subject to per year per life cap # 最新每年基本保費的一倍及受限於每位受保人每年供款總額#
Golden Touch Saver Plan - Single Pay 薈聚成金儲蓄計劃 - 整付保費  <b>Only applicable to policy with application signed before 1 Feb 2015</b> 只適用於2015年2月1日前簽署申請書之保單	UL01	US\$100 per transaction 每次交易為美金一百元	First 5 policy years : 1 time of Single Premium and subject to per year per life cap # 首五個保單週年：整付保費的一倍及受限於每位受保人每年供款總額#
Golden Touch Saver Plan - Regular Pay 薈聚成金儲蓄計劃 - 常付保費  <b>Only applicable to policy with application signed before 1 Feb 2015</b> 只適用於2015年2月1日前簽署申請書之保單	UL05 UL10 UL20	US\$100 per transaction 每次交易為美金一百元	Second to fifth policy years : 5 times of latest annual Basic Premium and subject to per year per life cap # 第二至五保單週年：每年基本保費的5倍及受限於每位受保人每年供款總額#
Golden Touch Saver Plan II - Regular Pay 薈聚成金“易”儲蓄計劃 - 常付保費	UA05 UA10 UA20	N/A 不適用	N/A 不適用
Golden Touch Mega Saver Plan 薈聚成金鼎盛儲蓄計劃  <b>Only applicable to the first policy year</b> 只適用於首個保單年度	UB10	US\$250 per transaction 每次交易為美金二百五十元	20 times of Initial Annual Basic Premium, can be up to 40 times of Initial Annual Basic Premium subject to the Company's special approval, AML guidelines and the requirement of the Per Year Per Life Per Product Cap** 投保時每年基本保費20倍，最高可達投保時每年基本保費40倍，但有關申請須獲得本公司批核及須符合防止洗錢及恐怖分子籌資活動指引及以下每名受保人每年每產品上限**  ** Per Year Per Life Per Product Cap 每名受保人每年每產品上限 The aggregate amount of total “Contribution” for the same Insured for this product (UB10) in the preceding 1 calendar year from (i) the date the client pays any Unscheduled Contribution or (ii) the date of submitting new application cannot exceed US\$2,000,000 就 (i) 每次不定期額外供款或 (ii) 新生意申請時，同一受保人於有關申請倒數一歷年的時間內之「供款總額」不可超二百萬美元

### 3. Change of Extra Contribution

#### 更改定期額外投資供款

Corresponding levy will be deducted from the payment amount prior to investment.

閣下所繳付之金額會先扣除相關的保費徵費，然後用作投資。

**For top-up request, please complete section 6. "Financial Needs Analysis Declaration" in this form.**

所有額外投資申請，必須填寫此表格第六部分“財務需要分析聲明”。

Addition 新加	Deletion 刪除	Increase 增加	Reduce 減少	New Amount (US\$) 新供款額 (美金)	Effective Month 生效月份
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____/_____ mm月 / yyyy年

Plan Name 計劃名稱	Plan Code 計劃編號	Minimum Extra Contribution 最低定期額外供款	Maximum Extra Contribution (accumulated amount per policy year) 最高定期額外供款 (每保單週年累計)
Golden Touch ULife Plan 蒼聚成金萬用壽險計劃	ULFA ULFAB	N/A 不適用	<b>Only applicable to policy with application signed before 1 Feb 2015</b> 只適用於2015年2月1日前簽署申請書之保單  5 times of latest modal basic premium and Sum of Extra Contribution and Unscheduled Contribution should not exceed 5 times of latest annual Basic Premium and subject to per year per life cap # 每期基本保費的五倍及定期及不定期額外供款之總和不能超過每年基本保費的五倍及受限於每位受保人每年供款總額#
Golden Touch ULife Plan II 蒼聚成金“易”萬用壽險計劃	UAFA UAFAB	N/A 不適用	N/A 不適用
Golden Touch Saver Plan - Single Pay 蒼聚成金儲蓄計劃 - 整付保費	UL01		
Golden Touch Saver Plan - Regular Pay 蒼聚成金儲蓄計劃 - 常付保費	UL05 UL10 UL20		
Golden Touch Saver Plan II - Regular Pay 蒼聚成金“易”儲蓄計劃 - 常付保費	UA05 UA10 UA20		
Golden Touch Mega Saver Plan 蒼聚成金鼎盛儲蓄計劃	UB10		

### 4. Change of Death Benefit Option

#### 更改身故賠償選擇

Increasing  
遞增

Level  
固定

Plan Name 計劃名稱	Plan Code 計劃編號	
Golden Touch ULife Plan 蒼聚成金萬用壽險計劃	ULFA ULFAB	If change from level to increasing, please submit the duly signed 'Statement of Insurability' form. 如由固定更改至遞增，請遞交簽妥的「投保資料申報書」。
Golden Touch ULife Plan II 蒼聚成金“易”萬用壽險計劃	UAFA UAFAB	
Golden Touch Saver Plan - Single Pay 蒼聚成金儲蓄計劃 - 整付保費	UL01	N/A 不適用
Golden Touch Saver Plan - Regular Pay 蒼聚成金儲蓄計劃 - 常付保費	UL05 UL10 UL20	
Golden Touch Saver Plan II - Regular Pay 蒼聚成金“易”儲蓄計劃 - 常付保費	UA05 UA10 UA20	
Golden Touch Mega Saver Plan 蒼聚成金鼎盛儲蓄計劃	UB10	

**5. Change of Sum Assured/Notional Amount/Basic Premium/Rider**  
更改保障額/名義金額/基本保費/附加保障

Effective Month \_\_\_\_\_ / \_\_\_\_\_  
生效月份 mm月 / yyyy年

Basic Plan/Rider 基本計劃/附加保障	New Addition <sup>^</sup> 新加 <sup>^</sup>	Deletion <sup>#</sup> 刪除 <sup>#</sup>	Increase <sup>^</sup> 增加 <sup>^</sup>	Reduce <sup>#</sup> 減少 <sup>#</sup>	New Sum Assured/ Notional Amount (US\$)/ Class 新保障額/名義金額(美金)/類別	New Premium Amount (US\$) 新保費 (美金)
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

<sup>^</sup> New addition or increase of sum assured/notional amount (not applicable to Golden Touch Mega Saver Plan)/rider requires to complete "Statement of Insurability".  
新加或增加保障額/名義金額(不適用於薈聚成金鼎盛儲蓄計劃)/附加保障，請填寫「投保資料申報書」。

<sup>^</sup> New addition or increase sum assured/notional amount requires proposal. 新加或增加保障額/名義金額需一併提交建議書。

<sup>#</sup> Rider deletion or sum assured/notional amount reduction are not allowed for back-dating. If the effective month is not specified, the company will take the effective date from the next premium due date.  
刪除附加保障或減少保障額/名義金額均不接受追溯日期。如沒有註明生效月份，有關之申請將安排在下一個保費到期日生效。

**6. Financial Needs Analysis Declaration**

財務需要分析聲明

For increase of face amount of basic plan and/or rider, new addition of rider, upgrade of benefit with Financial Needs Analysis (FNA) (latest version) done within one year, please complete this section with a tick against each declaration.

申請基本計劃及/或附加保障之增加保障額、新加附加保障及/或提升保障並於過去一年內曾填寫過財務需要分析(最新版本)，請於此部份的各項聲明填上「」號。

I declare that Financial Needs Analysis (latest version) has been completed within 1 year for the policy number \_\_\_\_\_ with the FNA Form signing on \_\_\_\_\_ **with a copy of the FNA Form attached.**

本人謹此確認於過去一年內就保單編號\_\_\_\_\_已完成財務需要分析(最新版本)及簽署日期為\_\_\_\_\_ **並附上該財務需要分析副本。**

I declare that there are no substantial changes in my circumstances, no mismatch in needs, risks tolerance level and affordability to the attached application since the date when the above mentioned Financial Needs Analysis was completed.

本人謹此確認在上述之財務需要分析簽署的日期後本人的狀況並無重要改變，而就上列申請，本人的財務需要、風險承擔能力及負擔能力亦無錯配。

Plan Name 計劃名稱	Plan Code 計劃編號	Minimum Sum Assured/ Notional Amount 最低保障額/名義金額	Minimum Basic Premium 最低基本保費
Golden Touch ULife Plan 薈聚成金萬用壽險計劃	ULFA UAFA	Age 45 or below: US\$30,000 Above age 45: US\$15,000 45歲或以下: 美金三萬元 45歲以上: 美金一萬五千元	Subject to minimum Sum Insured 視乎最低保障額
Golden Touch ULife Plan II 薈聚成金“易”萬用壽險計劃	ULFAB UAFAB	US\$15,000 美金一萬五千元	
Golden Touch Saver Plan - Single Pay 薈聚成金儲蓄計劃 - 整付保費	UL01	N/A 不適用	N/A 不適用
Golden Touch Saver Plan - Regular Pay 薈聚成金儲蓄計劃 - 常付保費	UL05 UL10 UL20	N/A 不適用	US\$750 per annum / US\$62.5 per month 每年美金七百五十元 / 每月美金六十二元五毫
Golden Touch Saver Plan II - Regular Pay 薈聚成金“易”儲蓄計劃 - 常付保費	UA05 UA10 UA20		
Golden Touch Mega Saver Plan 薈聚成金鼎盛儲蓄計劃	UB10	N/A 不適用	US\$1,500 per annum / US\$125 per month 每年美金一千五百元 / 每月美金一百二十五元

**7. Others 其他**

**Declaration: I/WE HEREBY DECLARE AND AGREE THAT:** 1. The above request for policy change or services will not take effect unless the following conditions are met: (i) Any required payment and documents are submitted in full. (ii) The request is approved by Chubb Life Insurance Company Ltd. (hereinafter called "the Company") during the lifetime and continued insurability of the Insured. 2. Evidence of insurability of the Insured for request(s) for change of cover/benefit(s), if required by the Company, shall be the basis for change in the Policy and will form part of the Policy unless otherwise specified. 3. All statements whether or not written by my/our own hands are to the best of my/our knowledge and belief complete and true. 4. Any personal data collected or held by the Company (whether contained in this application or otherwise), is provided and may be used, stored, disclosed, transferred (whether within or outside Hong Kong) by the Company to its affiliated companies, reinsurers and claims investigation company, industry association/ federation, any members of the federation by the federation or any individuals/organizations associated with the Company to (i) process this application and claims; (ii) provide all services related to this application, administer the Policy and promote other financial products and services, perform direct marketing, and data matching, and communicate with me/us for such purposes; and (iii) enable the federation to carry out its regulatory functions or such other functions that may be assigned to the federation from time to time and are reasonably required in the interest of the insurance industry or any member(s) of the federation. I/We understand that failure to supply required information may result in the Company being unable to process this application. Moreover, the Company is hereby authorized to obtain access to and/or to verify any of my/our data with the information collected by the federation from the insurance industry. I/We understand that I/we have the right to obtain access to and to request correction of any personal information held by the Company or be given reasons for any refusal of access. I/We also understand that a reasonable fee may be charged by the Company for process of any access and any questions regarding personal data or access to personal data should be forwarded to the Company at 33/F, Chubb Tower, Windsor House, 311 Gloucester Road, Causeway Bay, Hong Kong or at the then registered office of the Company.

聲明: 本人/吾等謹此聲明及同意: 1. 上述之更改或服務必須符合下列所有條件方能生效: (i) 所有需要款項及文件皆全數並完整無缺遞交。(ii) 申請在受保人在生及仍然符合受保條件時, 經安達人壽保險有限公司(以下簡稱「貴公司」)批准。2. 此更改保障及保單選擇之申請書連同貴公司要求受保證明(如需要), 將成為保單更改之根據, 並作為保單一部份(若有其他安排除外)。3. 上述一切陳述, 不論是否本人/吾等親手所寫, 就本人/吾等所知所信, 均為事實之全部並確實無訛。4. 貴公司可以使用、儲存、透露、轉移(不論在本港或海外)任何貴公司所收集或持有之任何本人/吾等的個人資料(不論是否此更改保單事項通知書所載或從其他途徑所取得)給貴公司之任何關聯公司、再保公司及賠償調查公司、行業協會/聯會, 聯會之成員及與貴公司有關之人士或機構, 以(i)辦理此通知書及索償(ii)提供所有關於此通知書之服務, 保單管理及推廣其他財務產品及服務, 從事直接促銷及資料核對等用途, 及因此等用途與本人/吾等聯絡(iii)執行聯會的監察功能; 或執行本署保險業或任何聯會會員利益而付予聯會的其他功能。本人/吾等明白如所需資料未能提供, 貴公司將無法辦理此通知書。此外, 貴公司獲授權向聯會查閱及/或核實該會已搜集本人/吾等之資料。本人/吾等明白本人/吾等有權自貴公司查閱及申請更改所有貴公司持有之有關本人/吾等的任何資料, 或獲得任何被拒絕查閱的理由, 貴公司有權酌情收取任何查閱資料的要求之費用。欲查詢有關個人資料事宜, 請送香港銅鑼灣告士打道三一一號皇室大廈安達人壽大樓三十三樓「安達人壽保險有限公司」收。

**Collection of Levy by the Insurance Authority** Pursuant to the Insurance (Levy) Regulation, with effect from 1 January 2018, the policy owner under a contract of insurance issued by an authorized insurer must, each time a premium is paid, also pay to the insurer a prescribed levy for the premium. The Insurance Authority may impose on the policy owner a pecuniary penalty if such policy owner fails to pay the prescribed levy.

保險業監管局收取的保費徵費 按照《保險業(徵費)規例》, 由2018年1月1日起, 獲授權保險公司發出的保險合約下的保單持有人, 須在每次繳付保費時, 亦就該筆保費向該保險公司繳付訂明徵費。否則, 保險業監管局可向沒有按規定繳付訂明徵費的保單持有人施加罰款。

**USE OF PERSONAL INFORMATION COLLECTION STATEMENT AND CONSENT** I/WE UNDERSTAND AND CONSENT THAT, by signing the application, any personal data collected or held by Chubb Life Insurance Company Ltd. (the "Company") is provided and may be used, processed, stored, disclosed, transferred by the Company to the companies within the group of which the Company is a subsidiary (the "Group Companies"), its authorized agents, reinsurers, claims investigators, loss adjudicators, medical advisors, recovery agents, insurance industry associations, federations and their members, credit reference bureaus, government or judicial or regulatory bodies or any person to whom the Company is under legal and/or regulatory obligation to make disclosure, and the Company's appointed third party agents, contractors and advisors, in each case whether within or outside of Hong Kong to (i) process and evaluate this application and any future insurance application and claim I/we may make; (ii) provide all services related to this application, administer and process policy, medical and underwriting checks, payment instructions, premiums collection, data matching, and communicate with me/us for such purposes; (iii) enable the industry associations, the federations, the government or regulatory bodies to carry out the functions and requirements that may be assigned to them from time to time and are reasonably required in their interest and that of the insurance industry; and (iv) provide payment, data processing, administration, communications, computer, security and other services (including medical services, emergency assistance services, mailing and IT services) in connection with the operation of the Company and the provision of services to me/us. Moreover, the Company is hereby authorized to obtain access to and/or to verify any of my/our data with the information collected by the insurance industry associations, the federations, the government and regulatory bodies and medical personnel or organizations. I/We am/are obliged to supply the information required from me/us under this application which is a condition precedent for me/us to apply this application. Failure to supply the required information may result in the Company being unable to process this application. I/We understand that I/we have the right to obtain access to and to request correction of any personal data held by the Company or be given reasons for any refusal of access or correction. I/We also understand that a reasonable fee may be charged by the Company for processing of any access. Any questions regarding personal data, access to or correction of personal data should be made in writing and forwarded to The Data Protection Officer of Chubb Life Insurance Company Ltd. at 33/F, Chubb Tower, Windsor House, 311 Gloucester Road, Causeway Bay, Hong Kong.

個人資料收集聲明及授權 就簽署此申請書, 本人/吾等明白及同意安達人壽保險有限公司(「貴公司」)可以使用、處理、儲存、透露、轉移任何貴公司所收集或持有之任何本人/吾等的個人資料與貴公司隸屬同一集團附屬公司之其他公司(「集團公司」), 其獲授權的代理人、再保險公司、理賠調查員、處理索賠個案的理賠師、醫療顧問、索償代理、保險行業協會、聯會及其會員、信貸資料服務公司、政府或司法或監管機構或對貴公司具有法律及/或監管責任而須予以披露的任何人士, 及貴公司指定的第三方代理、承包商及顧問, 不論屬本地或海外, 以 (i) 處理及審批此申請及本人/吾等將來提交之保險申請及索償; (ii) 提供所有關於此申請之服務, 管理及處理保單、醫療和核保檢查、付款指示、保費收取、資料核對, 及因此等用途與本人/吾等聯絡; (iii) 令保險行業協會及聯會、政府或監管機構執行其經不時修定及為合理要求以維護其及保險行業利益的功能及規定; 及 (iv) 提供因貴公司營運及給予本人/吾等服務之相關付款、數據處理、行政、通訊、電腦、保安及其它服務(包括醫療服務、緊急救援服務、郵寄服務及資料科技服務)。此外, 貴公司獲授權向保險行業協會及聯會、政府及監管機構、及醫務人員或機構取閱及/或核實任何該等機構向本人/吾等收集之資料。本人/吾等有責任提供此申請書上之所需資料, 以作為此申請之先決條件。如未能提供所需的資料, 可能會導致貴公司無法處理此申請。本人/吾等明白本人/吾等有權取閱及要求更正任何貴公司持有之有關本人/吾等的任何個人資料, 或被給予拒絕查閱或更正的理由。本人/吾等亦明白貴公司可能會收取任何查閱資料的要求之合理費用。如欲查詢有關個人資料事宜, 查閱或更正個人資料必須以書面形式向貴公司的資料保護主任提出, 並送交至香港銅鑼灣告士打道三一一號皇室大廈安達人壽大樓三十三樓。

**NOTE 注意:**

**Please do not sign on BLANK Form 請勿在空白表格上簽署**

**Signature must be consistent with that in your policy record and please submit the form within 14 days**

**簽名模式需與保單上的記錄相符, 並請於 14 天內遞交**

Signature of Policyowner

保單持有人簽署

Sign Date (dd/mm/yyyy)

簽署日期(日/月/年)

Signature of Assignee

承讓人簽署

(Only applicable if the policy has been assigned)

(適用於此保單已被轉讓)

Sign Date (dd/mm/yyyy)

簽署日期(日/月/年)

Chubb. Insured.<sup>SM</sup>