

# Request For Financial Services Form

## 保單財務調配申請書

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: 保單編號	Full Name of Insured(s): 受保人姓名	Full Name of Policyowner: 保單持有人姓名
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**Important Notice 重要提示：**

- 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.
- If no withdrawal currency is specified, the amount will be withdrawn in policy currency.
- 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。
- 如沒有註明提取貨幣，提取金額會以保單貨幣為準。

<p><b>1. <input type="checkbox"/> DIVIDEND WITHDRAWAL</b> 提取紅利</p>	<p><input type="checkbox"/> All Dividend 提取全部紅利  <input type="checkbox"/> Withdrawal Amount (USD/HKD) 提取金額 (美元/港元) _____  <input type="checkbox"/> Please transfer the above amount to Policy Number _____ under the same policyowner 請利用以上提取金額轉賬予相同保單持有人之保單</p>
<p><b>2. <input type="checkbox"/> PAID-UP ADDITIONS (PUA) CASH VALUE WITHDRAWAL</b> 提取繳清保險現金價值</p>	<p><input type="checkbox"/> All Paid-Up Additions (PUA) cash value 提取全部繳清保險現金價值  <input type="checkbox"/> Withdrawal Amount (USD/HKD) 提取金額 (美元/港元) _____  <input type="checkbox"/> Please transfer the above amount to Policy Number _____ under the same policyowner 請利用以上提取金額轉賬予相同保單持有人之保單</p>
<p><b>3. <input type="checkbox"/> BONUS / COUPON / OTHERS CASH BENEFITS</b> 提取獎賞/可支取現金/其他現金利益</p>	<p><input type="checkbox"/> All Bonus / Coupon / Others Cash Benefits 提取全部獎賞/可支取現金/其他現金利益  <input type="checkbox"/> Withdrawal Amount (USD/HKD) 提取金額 (美元/港元) _____  <input type="checkbox"/> Please transfer the above amount to Policy Number _____ under the same policyowner 請利用以上提取金額轉賬予相同保單持有人之保單</p>
<p><b>4. <input type="checkbox"/> OPP RIDER CASH VALUE WITHDRAWAL #</b> 提取附加繳清保險現金價值</p>	<p><input type="checkbox"/> All OPP Rider cash value 提取全部附加繳清保險現金價值  <input type="checkbox"/> Withdrawal Amount (USD/HKD) 提取金額 (美元/港元) _____  <input type="checkbox"/> Please transfer the above amount to Policy Number _____ under the same policyowner 請利用以上提取金額轉賬予相同保單持有人之保單  <small>* Withdrawal is subject to the withdrawal fee schedule as stated in policy provision. 提取附加繳清保險現金價值時，需按照保單條款內之提取手續費表支付手續費。</small></p>
<p><b>5. <input type="checkbox"/> OPP DEPOSIT WITHDRAWAL*</b> 提取附加繳清保險存款</p>	<p><input type="checkbox"/> All OPP Deposit 提取全部附加繳清保險存款  <input type="checkbox"/> Withdrawal Amount (USD/HKD) 提取金額 (美元/港元) _____  <input type="checkbox"/> Please transfer the above amount to Policy Number _____ under the same policyowner 請利用以上提取金額轉賬予相同保單持有人之保單  <input type="checkbox"/> STOP OPP Deposit with effect from next premium due date 在下一個保費到期日開始暫停繳付附加繳清保險存款  <small>* An administration fee of USD15/HKD117 or 5% of the withdrawal amount of OPP deposit, whichever is higher, will be charged. 提取附加繳清保險存款之金額將會收取15美元/117港元或提取附加繳清保險存款之5%作為行政費用，並以較高者為準。</small></p>
<p><b>6. <input type="checkbox"/> CASH VALUE WITHDRAWAL</b> 提取現金價值</p> <ul style="list-style-type: none"> <li>• <b>Applicable for Easy Premium Saver Only</b> 只適用於簡易儲蓄保</li> <li>• <b>Applicable starting from 1st policy anniversary only</b> 只適用於由第一個保單週年開始</li> </ul>	<p><input type="checkbox"/> Cash Withdrawal Amount (USD) 提取現金金額 (美元) _____  <input type="checkbox"/> Withdrawal amount to pay annual premium of Policy Number _____ under the same policyowner for _____ years. Effective Date (mm/yyyy) _____ . 提取金額以支付相同保單持有人之保單編號 _____ 的年繳保費為期 _____ 年，生效日期 (月/年) _____ 。</p> <p><small>Notes 備註：</small></p> <ul style="list-style-type: none"> <li>- Minimum Withdrawal Amount - USD200 per transaction. 最低提取金額 - 每次200美元。</li> <li>- Maximum Withdrawal Amount - 90% of cash value in the Policy. 最高提取金額 - 現金價值的90%。</li> <li>- The minimum and maximum requirements are determined by us and subject to change at our sole discretion. 最低及最高金額由本公司釐定，並由本公司全權決定其更改。</li> <li>- Withdrawal is subject to the Surrender Charge as stated in Policy Provision. If it is used to settle premium of other policies under same policyowner issued by the Company, the Surrender Charge will be waived. 提取現金時，需按照保單條款內之退保費用表支付手續費。若現金提取是用作繳付本公司所發出的相同保單持有人保單之保費，退保費用將被豁免。</li> <li>- The Policy will be terminated once the account value lower than the minimum account value. 當戶口價值低於最低戶口價值，保單將會終止。</li> <li>- Only allow for Annual Mode for designated Policy. 只接受年供的保單。</li> <li>- Only applicable for paying premium. 只適用於支付保費。</li> <li>- Please get the Assignee's consent on the arrangement of premium settlement for other policy(ies) (if any) when proceed Assignment. 當處理轉讓事宜時，請就繳付其他保單之保費的安排(如有)先取得承讓人同意。</li> </ul>

**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. 銀行編號	Branch No. 分行編號	Bank Account No. 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 滙款**

Remittance charges will be borne by the policyowner  
滙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

Remarks 註項：

**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; (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 to 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, 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；(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，以作為此申請書之先決條件。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

(dd/mm/yyyy)  
(日/月/年)

Signature of Assignee  
承讓入簽署

(dd/mm/yyyy)  
(日/月/年)

(Only applicable if the policy has been assigned)  
(適用於此保單已被轉讓)

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