

By Cheque 支票形式付款

HKD Cheque 港元支票

USD Cheque (Local) 本地美元支票 (Only applicable to USD policy 只適用於美元保單)

Cheque will be issued and sent to the correspondence address directly, except specified.
除了特別註明，所發出的支票將直接郵寄至通訊地址。

Deliver via Agent/Intermediary 經保險代理/中介人傳送

To be collected by myself 親自到取

(We will contact you through the provided contact number. 我們會透過您提供的日間聯絡號碼聯絡您。)

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 (**MUST BE** the policyowner)

銀行戶口持有人姓名 (必須為保單持有人) _____

• 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 :

THE UNDERSIGNED HEREBY AGREE(S) AND ACKNOWLEDGE(S) AS FOLLOWS:
文件下方署名者於此同意並知悉以下各項:

I hereby request the Company, to make a loan is accordingly with the loan provision of my life insurance policy numbered above. I understand that loan interest applies and the loan interest rate will be changed from time to time. I further acknowledge that I will be notified for the change within a reasonable time by the Company.

本人為保單持有人，現根據保單契約之保單細節及貸款條款向公司申請上述保單貸款。本人明白並知悉公司將就貸款收取利息，貸款利息亦將不時調整，並會於合理時間內通知本人。

LOAN VALUE. Loan Value is equal to ninety per cent (90%) of Cash Value, plus ninety per cent (90%) of any Dividend Value, less any unpaid loans together with accrued interest, if any. Extended Term Insurance, if applicable, has no Loan Value. I can borrow any amount of Loan Value using this Policy as collateral, and I agree to sign this loan agreement. I understand that the Company reserves the right to defer making the loan for as long as six (6) months after the Company receive my loan request.

貸款價值貸款價值是現金價值的百分之九十，加上任何紅利價值的百分之九十，然後扣除任何未償還貸款及其累積利息。展期保險（如適用者）是沒有貸款價值。本人可利用保單作抵押，借取貸款價值，本人同意簽署此貸款同意書。本人明白公司收到貸款要求後，公司有權延期發放貸款至六個月。

LOAN INTEREST. Loan Interest accrues each day and is compounded on yearly basis. Interest is due on each Policy anniversary, or on the date of death, surrender, lapse, loan increase or Loan Repayment, or on any other dates we specify. Interest not paid when due becomes part of the loan and will also bear interest.

貸款利息貸款利息乃每日累積並以每年複息的方法計算，並於每個保單週年日、受保人身故時、退保、保單失效、貸款新增、貸款償還或本公司指定日期結算。若利息於以上結算日尚未繳清，該利息則納入貸款一部份，並需支付利息。

LOAN INTEREST RATE. Loan Interest Rate for this Policy is determined by the Company from time to time which may go up or down. The rate at any given time will apply to the entire amount of an unpaid loan. The Company may set this rate when necessary, but at least one each year. **貸款利率**貸款利率由公司不時決定及可升可跌，該年利率是適用於全數的未償還貸款；惟在必要時，亦會作出調整，最少為每年一次。

LOAN REPAYMENT. All or part of an unpaid loan together with accrued interest can be repaid before the Insured's death or before the surrender of this Policy. The Company will deduct any unpaid loans together with accrued interest from Life Insurance Proceeds when payable. If this Policy is continued as Extended Term Insurance, or Reduced Paid-Up Insurance, if applicable, any loans which the Company deducted in determining that insurance may be repaid only if this Policy is reinstated.

償還貸款全數或部份未償還貸款及累積利息，可於受保人身故前或退保前償還。當公司發放人壽保險金，會扣除未償還貸款及其累積利息。若保單以展期保險減額繳清保險（如適用者）或形式生效，在釐定該保額時所扣除的任何貸款，可於保單復效時償還。

UNPAID LOAN EXCEEDING THE POLICY VALUE. I understand that if at any time the unpaid loan together with accrued interest exceeds the Policy value as specified under the policy provision, the Company will mail a notice to me at my last known address. The Policy shall be terminated thirty-one (31) days after the Company mail that notice, if the excess of the unpaid loan together with accrued interest over the policy value is not paid within thirty-one (31) days.

未償還貸款超於退保價值當未償還貸款及其累積利息超於退保價值，本公司會以書面通知郵寄至您最近登記之地址。如您在本公司發出通知的三十一天內未繳清未償還貸款及其累積利息與退保價值之間的差額，所有保障則於本公司發出通知後的三十一天起終止。

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。

Part III: Personal Information Collection Statement And Consent 第三部份: 個人資料收集聲明及授權

I/WE HEREBY ACKNOWLEDGE, DECLARE AND AGREE THAT, by signing this form, any personal information collected or held by Chubb Life Insurance Hong Kong Limited (the "Company") is provided and may be used, processed, stored, disclosed, transferred by the Company to the transferees indicated in and in accordance with the Personal Information Collection Statement set out in my/our Application For Life Insurance, which may include without limitation, any branch, subsidiary, holding company, associated company or affiliates of the Company (the "Group Companies"), its authorized agents, reinsurers, claims investigators, loss adjudicators, medical advisors, recovery agents, insurance industry associations and federations, credit reference agencies, 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 and Mainland China. Moreover, the Company is hereby authorized to obtain access to and/or to verify any of my/our personal information 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 form which is a condition precedent for me/us to apply for the policy change request. Failure to supply the required information may result in the Company being unable to process the form. For more details of the Company's policies on personal information and privacy protection, please read the Company's Privacy Notice available at <https://www.chubb.com/hk-en/footer/chubb-life-privacy-policy.html>. Any questions regarding personal information, access to or correction of personal information should be made in writing and forwarded to The Data Protection Officer of Chubb Life Insurance Hong Kong Limited at 35/F, Chubb Tower, Windsor House, 311 Gloucester Road, Causeway Bay, Hong Kong.

就簽署此申請書，本人/吾等確認、聲明及同意安達人壽保險香港有限公司（「貴公司」）可以使用、處理、儲存、披露、轉移任何貴公司所收集或持有任何本人/吾等的個人資料至在本人/吾等的人壽保險申請書中的個人資料收集聲明所訂明的資料轉移接收方，包括但不限於，貴公司的任何分行、附屬公司、控股公司、聯營公司或聯繫公司（「集團公司」）、其獲授權的代理人、再保險公司、理賠調查公司、理賠調查員、醫療顧問、索償代理、保險行業協會及聯會、信貸資料機構、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，不論在香港及中國大陸境內或境外。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/吾等收集之個人資料。本人/吾等有責任提供此申請書上所需資料，以作為申請保單更改要求之先決條件。如未能提供所需的資料，可能會導致貴公司無法處理本申請書。有關安達人壽保險香港有限公司個人資料及私隱保障政策的詳情，請參閱安達人壽保險香港有限公司的私隱政策，網址為<https://www.chubb.com/hk-zh/footer/chubb-life-privacy-policy.html>。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安達人壽保險香港有限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號室大廈安達人壽大樓三十五樓。

Policyowner's declaration: 保單持有人填寫及簽署部份

I hereby acknowledge and confirm the above term and conditions and have checked the current loan interest rate to be charged in eService through the website at <https://eservice.chubblife.com.hk> before signing this application.

本人特此承認及確認上述條款及條件並在簽署前已於電子服務平台查閱現時之貸款率將會使用在此貸款申請。

I have read the Policy Loan Summary (“the Summary”) as attached and I acknowledge and understand the Important Notes as stated on the Summary.

本人已閱覽附上的保單貸款概覽(「概覽」)，本人知悉及明白「概覽」所列明的保單貸款的重要資料。

NOTE 注意:

Please do not sign on BLANK Form

請勿在空白表格上簽署

Signature specimen must be consistent with that as in your policy record

簽署式樣需與保單紀錄相符

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

Signature of Irrevocable Beneficiary
不可撤銷受益人簽署
(Only applicable if the designated beneficiary is an
Irrevocable Beneficiary)
(適用於此保單若指定受益人為不可撤銷受益人簽署)

Sign Date (dd/mm/yyyy)
簽署日期(日/月/年)