CHUBB®

Agent's/Intermediary's name 保險代理/中介人姓名

Agent's/Intermediary's contact phone no. 保險代理/中介人聯絡電話

Agent's/Intermediary's code 保險代理/中介人代號

Agency 組別 ___ – ___

Direct Debit Authorization
直接付款授權書

Please tick ☑ appropriate box(es) for request 請於適當之空格內加上 ☑ 號 ☐ New Request 新申請 ☐ Reply 跟進文件

Policy Number: 保單編號	Full Name of Insured: 受保人姓名	Full Name of Policyowner: 保單持有人姓名

Direct Debit via Savings/Current Account 經儲蓄/來往賬戶直接付款

Name of party to be credited 收款之一方

CHUBB LIFE INSURANCE HONG KONG LIMITED
安達人壽保險香港有限公司

I/We hereby authorize my/our below-named Bank to effect transfer of such amount not exceeding the limit stated below at any one transfer from our account to that of **Chubb Life Insurance Hong Kong Limited** in accordance with such instructions as my/our Bank may receive from the Beneficiary from time to time. I/We agree that my/our Bank shall not be obliged to ascertain whether or not notice of any such transfer has been given to me/us. I/We jointly and severally accept full responsibility for any overdraft (or increase in existing overdraft) on my/our account which may arise as a result of any such transfer(s). I/We confirm that my/our signature(s) on this application form is/are the same as that/those for the operation of my/our saving/current account to be debited for the transfer. I/We agree to notify **Chubb Life Insurance Hong Kong Limited** of any change of bank account or cancellation of payment method and further agree that should there be insufficient funds in my/our bank account to meet any transfer hereby authorized, the Bank shall be entitled, at its discretion, not to effect such transfer in which event the Bank may make the usual service charge and that it may cancel this authorization at any time on one week's written notice. This authorization shall have effect until further notice. I/We agree that any notice of cancellation or variation of this authorization which I/we may give to my/our Bank shall be given at least two working days prior to the date on which such cancellation/variation is to take effect. I/We agree to deduct premium and levy payment by autopay from my designated bank account.

本人/吾等現授權本人/吾等之下述銀行，根據受益人不時給予本人/吾等銀行指示，自本人/吾等之賬戶內轉賬予**安達人壽保險香港有限公司**之賬戶，轉賬額每次不得超過以下指定最高限額（如有）。本人/吾等之銀行毋須證實該等轉賬通知是否已交予本人/吾等。如因該等轉賬而令本人/吾等之賬戶出現透支（或令現時之透支增加），本人/吾等共同及各別承擔全部責任。本人/吾等證明本人/吾等在此表格上之簽署式樣與本人/吾等之銀行賬戶式樣一致。本人/吾等同意如更改銀行賬戶或取消此付款方式時，將通知**安達人壽保險香港有限公司**，本人/吾等並同意如本人/吾等之賬戶並無足夠款項支付該等轉賬時，本人/吾等之銀行有權不予轉賬，且銀行可收取慣常之服務費用，並可隨時以一星期書面通知取消本授權書。本授權書將繼續生效直至另行通知。本人/吾等取消或更改本授權書之任何通知，須於取消/更改生效日最少兩個工作天之前交予本人/吾等之銀行。本人/吾等同意保費及保費徵費從本人/吾等指定的銀行戶口支付。

Bank and Branch Name 銀行及分行名稱

Bank No. 銀行編號 ___

Branch No. 分行編號 ___

A/C No. 賬戶編號 ___

Name of Account Holder(s) including Joint Account (As recorded in Statement / Pass Book - Please complete in English) 所有戶口持有人姓名 （在結單/存摺上所紀錄之名稱，包括聯名戶口－請以英文填寫）	ID Number 證件號碼	ID Type (ΔDelete if inappropriate) 證件類別（Δ請刪去不適用者） IDΔ/Business RegistrationΔ/PassportΔ/Certificate of IncorporationΔ/OthersΔ 身份證Δ/商業登記證Δ/護照Δ/公司註冊證明書Δ/其他Δ
		IDΔ/Business RegistrationΔ/PassportΔ/Certificate of IncorporationΔ/OthersΔ 身份證Δ/商業登記證Δ/護照Δ/公司註冊證明書Δ/其他Δ

Debtor Reference - Policy No. 債務人參考 - 保單號碼	Signature Of Account Holder(s) 戶口持有人簽署

Choice of payment date 付款日期

☐ 3rd 3日 ☐ 18th 18日

* Others其他: ☐ 3rd 3日 ☐ 14th 14日 ☐ 28th 28日

* Remarks: Applicable only to specific plans with policy prefixes starting with HA, HF, HK, HL, or HP, and all following components must be numeric
備註: 僅適用於以保單英文字頭為HA、HF、HK、HL 或 HP，並且以下的所有部分必須為數字

If Account Holders(s) is not Policyowner, the applicant is required to state the payor's name, ID number, relationship with applicant and the corresponding reason below:
如戶口持有人不是保單持有人，申請人須於以下說明付款人姓名、身份證號碼、與申請人關係及有關原因。

Payor's name 付款人姓名: _____ Payor's ID number 付款人身份證號碼: _____

Relationship with the applicant (ID copy / Company registration documents of the third-party payor is required)
與申請人關係（需遞交支付保費之第三方的身份證明文件副本 / 公司註冊文件）

☐ Parent 父母 ☐ Sibling 兄弟姐妹 ☐ Spouse 配偶 ☐ Child 子女 ☐ Grandparent 祖父母 ☐ Grandchild 孫子女

☐ Solely-owned companies of the applicant 由申請人獨資持有的公司

☐ Others 其他 (Please specify 請列明 _____)

Reason of paying premium for applicant 代申請人支付保費的原因 (Can select more than one options 可選擇多項)

☐ Shared financial assets 共有資產

☐ As a gift 作為饋贈

☐ Family support 家庭支持

☐ Others 其他 (Please specify 請列明 _____)

*Please be noted further requirements may be needed by the Company depends on the information provided above. If the third-party payor is the solely-owned companies of the applicant **OR** if the individual third-party payor pays >HK1 million, relationship proof must be provided.*
請留意因應上述提供資料，公司或有進一步的要求。如支付保費之第三方為申請人獨資持有的公司或由個人第三方支付的保費大於港元一百萬必須提供關係證明。

Direct debit via Visa and Master card is ONLY applicable for selected products.
經VISA及萬事達咭直接付款只適用於指定計劃

Direct Debit via Credit Card 經信用咭直接付款

Name of party to be credited 收款之一方

CHUBB LIFE INSURANCE HONG KONG LIMITED
安達人壽保險香港有限公司

I accept and agree to transfer premium(s) and levy of the following Chubb Life Insurance Hong Kong Limited Policy(ies) which will be debited from the following Credit Card Account. I understand that the premium and levy will be subject to change in accordance with the provisions of the policy(ies) and the statutory requirement on levy. I confirm that my signature on this application form is the same as that for the operation of my Credit Card Account to be debited for the transfer. This authorization shall have effect until further notice. The Credit Card Holder can only be either one of the Policyowner/Direct family member of Policyholder of the following Chubb Life Insurance Policy(ies). All policy refund shall be made to the Policyowner.
本人同意及授權自本人下列之信用咭戶口每次轉賬款項繳付安達人壽保險香港有限公司保單之保費及保費徵費，並明白保費及保費徵費會根據保單條例及保費徵費之法例而變更。本人證明在此表格上之簽署式樣與本人之信用咭戶口式樣一致。本授權書將繼續生效直至另行通知。信用咭持有人必須為安達人壽保單的持有人/持有人的直系親屬之一。所有退款將退回保單持有人。

Cardholder Name 信用咭持有人姓名	ID/Passport Number 證件號碼	Cardholder Signature 信用咭持有人簽署

Card Number 信用咭號碼	Card Expiry Date 信用咭到期日
	(mm/yy 月/年)

Debtor Reference - Policy No. 債務人參考– 保單號碼

Choice of payment date 付款日期

☐ 3rd 3日 ☐ 18th 18日

* Others其他: ☐ 3rd 3日 ☐ 14th 14日 ☐ 28th 28日

* Remarks: Applicable only to specific plans with policy prefixes starting with HA, HF, HK, HL, or HP, and all following components must be numeric
備註: 僅適用於以保單英文字頭為HA、HF、HK、HL 或 HP，並且以下的所有部分必須為數字

If Cardholder is not Policyowner, the applicant is required to state the payor's name, ID number, relationship with applicant and the corresponding reason below:
如信用咭持有人不是保單持有人，申請人須於以下說明付款人姓名、身份證號碼、與申請人關係及有關原因。

Payor's name 付款人姓名: _____ Payor's ID number 付款人身份證號碼: _____

Relationship with the applicant (ID copy / Company registration documents of the third-party payor is required)
與申請人關係（需遞交支付保費之第三方的身份證明文件副本 / 公司註冊文件）

☐ Parent 父母 ☐ Sibling 兄弟姐妹 ☐ Spouse 配偶 ☐ Child 子女 ☐ Grandparent 祖父母 ☐ Grandchild 孫子女

☐ Solely-owned companies of the applicant 由申請人獨資持有的公司

☐ Others 其他 (Please specify 請列明 _____)

Reason of paying premium for applicant 代申請人支付保費的原因 (Can select more than one options 可選擇多項)

☐ Shared financial assets 共有資產

☐ As a gift 作為饋贈

☐ Family support 家庭支持

☐ Others 其他 (Please specify 請列明 _____)

*Please be noted further requirements may be needed by the Company depends on the information provided above. If the third-party payor is the solely-owned companies of the applicant **OR** if the individual third-party payor pays >HK1 million, relationship proof must be provided.*
請留意因應上述提供資料，公司或有進一步的要求。如支付保費之第三方為申請人獨資持有的公司或由個人第三方支付的保費大於港元一百萬必須提供關係證明。

PART I: Personal Information Collection Statement 第一部份: 個人資料收集聲明

Chubb Life Insurance Hong Kong Limited ("**Chubb Life HK**", "**Company**", "**we**", "**us**", "**our**").
安達人壽保險香港有限公司（「**安達人壽香港**」、「**本公司**」、「**我們**」或「**我們的**」）。

Chubb Life HK recognizes the importance of protecting your privacy and is fully committed to implementing and complying with the data protection principles under the requirements of the Personal Data (Privacy) Ordinance (Chapter 486), Laws of the Hong Kong Special Administrative Region and if applicable, the Personal Information Protection Law of the People's Republic of China.
安達人壽香港明白保護閣下的私隱的重要性，並致力實施和遵守香港特別行政區法律《個人資料（私隱）條例》（第486章）下的保障資料原則及中華人民共和國《個人信息保護法》。

Personal Information we may collect 我們可能收集的個人資料

In the course of us providing you with the insurance policy and related services ("**Services**"), we may from time to time and only to the extent necessary to provide the Services, collect your personal information including any sensitive personal information (with examples of such sensitive information as **bolded and underlined below**) for the purposes set out in this Personal Information Collection Statement ("**PICS**"). We may collect your personal information directly from you, or indirectly from other third parties in connection with the Services, including but not limited to when you complete or submit an application form, submit a claim, access our website, or participate in any of our and/or our partner's programs. The personal information we collect may include:- your personal identification information (e.g., your name, **identity document number**, nationality, citizenship, sex, date of birth, place of birth, **marital status**, residential address), contact information (e.g., residential phone number, workplace phone number, mobile phone number, mailing address, e-mail address), work and financial information (e.g., employer's name, industry/nature of business, workplace address, present occupation, exact duties, **income, credit information, financial details, bank account information, tax information**), policy information, claims history **biometric data, medical and health records, religion, specific social status, tracking/location information and, if applicable, data of minors (collectively the "personal information").**
在我們為閣下提供保單和相關服務（「**服務**」）的過程中，我們可能會不時且僅在需要提供服務的範圍內收集閣下的個人資料，當中包括任何敏感個人資料（以如下**加粗並劃線**所列敏感個人資料為例），用於本個人資料收集聲明（「**個人資料收集聲明**」）中列出的目的。我們可能會直接從閣下收集閣下的個人資料，或從與服務相關的其他第三方間接收集閣下的個人信息，包括但不限於閣下完成填寫或提交申請表、提交索償、登入我們的網站或參與我們的及/或我們合作夥伴的任何計劃。我們收集的個人資料可能包括：閣下的個人身份資料（例如，閣下的姓名、**身份證件號碼**、國籍、公民身分、性別、出生日期、出生地點、**婚姻狀況**、居住地址）、聯絡資料（例如，住宅電話號碼、工作單位電話號碼、手機號碼、郵寄地址、電子郵件地址）、工作及財務資料（例如，僱主名稱、行業/業務性質、工作場所地址、目前職業、實質職責、**收入、信用資料、財務詳細資料、銀行帳戶資料、稅務資料）**、保單資料、索償歷史、**生物識別資料、醫療和健康紀錄、宗教、特定社會地位、追蹤/位置資料以及14歲以下未成年人的資料（如適用）**（統稱為「**個人資料**」）。

When you provide us with personal information about another person in connection with your application or insurance policy, which may include but is not limited to your dependents, the insured, the beneficiaries, your authorized representatives and any other individuals whom you have provided personal information of ("**relevant persons**"), you confirm you have obtained that relevant persons' consent and have authority to provide such personal information to us for the purposes stated in this PICS.
當閣下向我們提供與閣下的申請或保單有關的其他人的個人資料時，這可能包括但不限於閣下的受養人、受保人、受益人、閣下的獲授權代表以及閣下為其提供個人資料的任何其他人士（「**有關人士**」），閣下確認已獲得該有關人士的同意並有權為本個人資料收集聲明中所述的目的向我們提供該等個人資料。

As a condition precedent to this application, you shall provide us with the required information of the form. If you do not provide us with the required information, this may result in us not being able to process your application, process claims or provide you with the Services.
作為閣下此申請的先決條件，閣下需要向我們提供申請書所需的資料。 如果閣下不向我們提供所需資料，可能會導致我們無法處理閣下的申請、處理索償或向閣下提供服務。

What we may use your Personal Information for 我們可能將閣下的個人資料用於什麼目的

By making the application and receiving the Services, you give us your consent to use, process, disclose, transfer, store and otherwise, share your and the relevant persons' personal information for any purpose related to the Services, and to communicate with you and the relevant persons for the purposes listed below ("**Purposes**"):
通過提出申請和接受服務，閣下同意我們為與服務相關的任何目的使用、處理、披露、轉移、儲存及以其它方式分享閣下和有關人士的個人資料，並就下列目的與閣下和有關人士溝通（「**該目的**」）：

(i) to process and evaluate this and any future application for the insurance policy; 處理和評估此申請以及任何未來的保單申請;
(ii) for policy administration, processing payments and premium collection; 用於保單管理、處理付款和保費收取;
(iii) to conduct medical, security and underwriting checks; 進行任何醫療、保安及核保檢查;
(iv) to assess insurance claims and to process payments; 評估保險索償及處理付款事宜;
(v) to provide insurance products and related services; 提供保險產品及有關服務;
(vi) to promote and directly market to you as follows: 向閣下推廣及直接促銷以下內容：
    (i) ***For Hong Kong customers only*:** with your consent, to promote and directly market to you: (a) the insurance products and services of Chubb Life HK; (b) mandatory provident fund-related products/services sponsored by the third party providers connected with us; (c) insurance, financial or investment related products/services, rewards, loyalty, co-branding and/or other privileges programs offered by us, our affiliates, our co-branding partners, our business partners;
    ***僅適用於香港客戶*：**在閣下的同意下，向閣下推廣及直接促銷(a)安達人壽香港的保險產品/服務;(b)與我們有關聯之第三方供應商所提供的強制性公積金相關產品/服務；(c) 由我們、我們的聯繫公司、我們的聯合品牌夥伴或我們的商業合作夥伴提供的保險、金融或投資相關產品/服務、獎賞、年資獎勵、聯合品牌及/或其他優惠計劃;
    (ii) ***For Mainland China residents or I.D. card holders only*:** with your consent, to promote and directly market to you rewards, loyalty, co-branding and/or other privileges programs offered by us, our affiliates, our co-branding partners, our business partners;
    ***僅適用於中國大陸居民或身份證持證人*：**在閣下的同意下，向閣下推廣及直接促銷由我們、我們的聯繫公司、我們的聯合品牌夥伴或我們的商業合作夥伴提供的獎賞、年資獎勵、聯合品牌及/或其他優惠計劃;
(vii) to perform data matching and communicating with you and/or your relevant persons for such purposes;
進行資料核對，及因此用途與閣下及/或閣下的有關人士聯絡;
(viii) to cooperate with law enforcement bodies for law enforcement purposes, to prevent any serious threat to public safety; for police investigation purposes; or to comply with laws, rules, regulations, codes of practice, guidelines, or requirements imposed by or agreed with government or regulatory bodies; or for litigation;
協助執法團體執法，以防止任何嚴重威脅公眾安全的事宜；作警察進行調查用途；或遵守政府或監管機構施加或協議的法律、規則、規例、實務守則、指引或要求；或訴訟；

(ix) to apply registration of activities organized and/or sponsored by Chubb Life HK; 申請登記參加安達人壽香港舉辦及/或贊助的活動;

(x) to enable industry associations, federations, government or regulatory bodies to carry out their functions and requirements that may be assigned to them from time to time as are reasonably required and in the interests of the insurance industry;
讓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保險行業利益而指派的功能及要求;

(xi) to conduct research, surveys, data analytics and statistics, administration, communications, computer, security and other services (including medical services, mailing and IT services) in connection with the usual operations of the Company as a life insurance company; and
進行與本公司作為人壽保險公司的日常運營有關的研究、調查、資料分析和統計、行政、通訊、電腦、安全和其他服務（包括醫療服務、郵寄和資訊科技服務）；及

(xii) for any other purpose directly relating to any of the above.
用於與上述任何一項直接相關的任何其他目的。

Who we may share your personal information with 我們可能與誰分享閣下的個人資料

You understand that we operate internationally and our services to you are, in particular, provided from Hong Kong or through our vendors outside of Hong Kong. If you do not consent to Chubb Life HK's transfer of your personal information outside of Hong Kong and/or Mainland China, this may result in us not being able to process your application, process claims or provide you with the Services. We may disclose, transfer or otherwise share your or the relevant persons' personal information, within or outside of Hong Kong and/or Mainland China., for the Purposes set out in this application, to the following transferees ("**Transferees**"):

閣下了解我們的業務是國際化的，特別是我們從香港或透過我們在香港以外的供應商向閣下提供服務。如果閣下不同意安達人壽香港將閣下的個人資料轉移到香港及/或中國大陸境外，可能會導致我們無法處理閣下的申請、處理理賠或向閣下提供服務。我們可能會就本申請中所述的目的，在香港及/或中國大陸境內或境外披露，轉移或以其它方式分享閣下或有關人士的個人資料至以下資料轉移接收方（「**資料轉移接收方**」）：

(i) any agents, insurance intermediaries, third party providers or administrators such as medical and healthcare providers, hospitals, in connection with the distribution of our products and services, placement or handling of your insurance policy and any related claims and/or services;
就我們的產品和服務分銷、安排或處理閣下的保單及任何相關索償及/或服務有關的任何代理、保險中介人、第三方供應商或管理人員，例如醫療及保健供應商和醫院；

(ii) reinsurers, claims investigators, loss adjudicators, medical advisors, recovery agents, debt collection agencies, credit reference agencies, law enforcement bodies and police, fraud prevention/detection agencies, organizations that consolidate underwriting and claims information for the insurance industry, and databases or registers (and their operators) used by the insurance industry to analyze and check information provided against existing information;
再保險公司、理賠調查公司、理賠調查員、醫療顧問、索償代理、債務追收公司、信貸資料機構、執法團體及警方、防止/偵測欺詐機構、為保險業整合承保及索償資料的機構以及保險業用作分析和基於現有資料核對所提供資料的資料庫或登記處（及其運營人）；

(iii) any branch, subsidiary, holding company, associated company or affiliates of Chubb Life HK ("**Group Companies**") whether established in or outside of Hong Kong;
安達人壽香港的任何分行、附屬公司、控股公司、聯營公司或聯繫公司（「**集團公司**」), 不論在香港境內或境外成立；

(iv) any agents, contractors, advisors or third-party service providers providing accounting, finance, legal, payment, data processing and storage, administration, telecommunications, mailing, printing, computer, technology, security, analytics, research, funds management, regulatory screenings, customer services, call centre services, and/or other services in connection with our operations ; and
任何代理、承包商、顧問或第三方服務供應商，以提供會計、財務、法務、付款、資料處理及儲存、行政、電訊、郵寄、印刷、電腦、科技、安全、分析、研究、基金管理、法規審查、客戶服務 、電話中心服務及/或與我們的營運相關的其他服務；及

(v) insurance industry associations and federations and government or judicial or competent regulatory bodies or any person to whom we have a legal or regulatory obligation to make disclosure.
保險行業協會及聯會及我們有法律或監管義務向其作出披露的政府或司法或主管監管機構或任何人士。

If you are a Mainland China resident or I.D. card holder, you may refer to https://www.chubb.com/content/dam/chubb-sites/chubb/hk-en/pdf/pipl_list_of_recipients.pdf for a list of Transferees to whom Chubb Life HK may share your data. The list of Transferees will be updated periodically.

如閣下為中國大陸居民或身份證持證人，閣下可以於https://www.chubb.com/content/dam/chubb-sites/chubb/hk-en/pdf/pipl_list_of_recipients.pdf 以獲取安達人壽香港可能與其共享您的資料的資料轉移接收方名單，名單將不時更新。

We may also purchase or sell one or more business(es) (or portions thereof), and where permissible by applicable laws your or your relevant persons' personal information may be transferred as a part of such purchase or sale, or proposed purchase or sale.
我們也可能購買或出售一項或多項業務（或其部分），且在適用法律允許的情況下，閣下或閣下的有關人士的個人資料可作為該買賣或擬議買賣的一部分予以轉讓。

How we may store your personal information 我們如何儲存閣下的個人資料

The personal information you provide to us will be stored in Hong Kong or other countries/regions outside the country/region where you are located. We will only retain your personal information for as long as necessary to achieve the purposes described above, unless there is a mandatory retention requirement by law.
閣下提供給我們的個人資料將儲存在香港或閣下所在國家/地區以外的其他國家/地區。我們只會在實現上述目的所需的時間內保留閣下的個人資料，除非法律有強制保留要求。

How we protect minors' personal information 我們如何保護未成年人的個人資料

We attach great importance to the protection of personal information of minors. If you are acting for a minor under the age of 18 (or where applicable, defined in Mainland China as a minor if under the age of 14), the consent of the minor's parents or guardians should be obtained before using our Services. The parents or guardians should carefully read the PICS before providing us with the personal information of the minors.
我們高度重視未成年人個人資料的保護。如果閣下代表18歲以下的未成年人（或在適用的情況下，在中國大陸被定義為14歲以下的未成年人），在使用我們的服務前，應獲得未成年人父母或監護人的同意。父母或監護人在向我們提供未成年人個人資料前，應仔細閱讀《個人資料收集聲明》。

Your rights 閣下的權利

Subject to applicable laws and to the extent legal requirements are met, you may have the right to access, duplicate, or correct your personal information held by Chubb Life HK and, in certain circumstances, request that it be deleted. You may be able to withdraw your consent where we rely upon this to process your personal information if our processing relies on your consent. You may have the right to restrict or refuse the processing of your personal information in some circumstances. Please be aware that under certain circumstances, we may not be able to comply with such requests from you, in which circumstance we will notify you of the reason for such decision. We may also charge you a reasonable fee to process your data related request.
根據適用法律並在滿足法律要求的情況下，閣下有權查閱、複製或更正安達人壽香港持有的閣下的個人資料，並在某些情況下有權要求將其刪除。如果我們基於閣下的同意來處理閣下的個人資料，閣下可以撤回閣下的同意。在某些情況下，閣下有權限制或拒絕對閣下個人資料的處理。請注意，在某些情況下，我們可能無法滿足閣下的此類請求，在此情況下，我們將通知閣下做出此類決定的原因。我們也可能會向閣下收取合理的費用，以處理閣下的資料相關要求。

For more details of the Company's policies on personal information and privacy protection, please read the Chubb Life HK's Privacy Policy available at https://www.chubb.com/hk-en/footer/chubb-life-privacy-policy.html. Any questions regarding personal information, and the exercise of any of the personal information rights listed above, should be made in writing and submitted to:
有關本公司個人資料及私隱保障政策的詳情，請參閱安達人壽香港的私隱政策，網址為https://www.chubb.com/hk-zh/footer/chubb-life-privacy-policy.html. 有關個人資料、以及行使上述任何個人資料權利的任何問題，請以書面提出並提交至：

- ***For Mainland China residents or I.D. card holders*:** Data Protection Officer of Chubb Life Insurance Hong Kong Limited at Enquiries.prchkLife@chubb.com and/or 35/F, Chubb Tower, Windsor House, 311 Gloucester Road, Causeway Bay, Hong Kong.
  ***中國大陸居民或身份證持證人*：**安達人壽保險香港有限公司的資料保護主任，並送交至Enquiries.prchkLife@chubb.com及/或香港銅鑼灣告士打道三一一號皇室大廈安達人壽大樓三十五樓。
- ***For all other customers*:** Data Protection Officer of Chubb Life Insurance Hong Kong Limited at Enquiries.HKLife@chubb.com and/or 35/F, Chubb Tower, Windsor House, 311 Gloucester Road, Causeway Bay, Hong Kong.
  ***所有其他客戶*：**安達人壽保險香港有限公司的資料保護主任，並送交至Enquiries.HKLife@chubb.com及/或香港銅鑼灣告士打道三一一號皇室大廈安達人壽大樓三十五樓。

PART II: Use of Personal Information Consent Statements in Mainland China 第二部份: 中國大陸使用個人資料同意聲明

If you are a Mainland China resident or I.D. card holder, please complete this Part.
如閣下為中國大陸居民或身份證持證人，請完成此部分。

FOR MAINLAND CHINA RESIDENTS OR I.D. CARD HOLDERS: Use of Personal Information Consent Statement
中國大陸居民或身份證持證人：使用個人資料同意聲明

By signing this form and receiving the Services, you give consent to Chubb Life HK to process for the Purposes, and to disclose, transfer and otherwise share to the Transferees for processing for the Purposes, your and the relevant persons' personal information. You additionally acknowledge and consent to your and the relevant persons' personal information being provided, transferred to, or shared with another data controller, within or outside of Mainland China, for processing for the Purposes.
閣下簽署本申請書及接受服務，即表示閣下同意安達人壽香港出於該目的處理閣下和有關人士的個人資料，以及披露、轉移及以其他方式分享閣下和有關人士的個人資料予資料轉移接收方，以便出於該目的處理閣下和有關人士的個人資料。此外，閣下確認並同意閣下和有關人士的個人資料可被提供、轉移或分享予中國大陸境內或境外的其他資料控制者，以便其出於該目的進行處理。

☐ I/We confirm that I/we have read, understood and agree with the Personal Information Collection Statement as set out in the previous part and this Part.
我/我們確認我/我們已閱讀、理解並同意先前部份及此部分所載的《個人資料收集聲明》。

☐ I/We consent to the processing of my/our sensitive personal information as described in this form.
我/我們同意依照本申請書所述處理我/我們的敏感個人資料。

☐ I/We consent to my/our personal information being provided, transferred to, stored, used, shared with or processed outside of Mainland China as described in this form.
我/我們同意依照本申請書所述在中國大陸境外提供、轉移、儲存、使用、分享或處理我/我們的個人資料。

☐ I/We consent to my/our personal information being provided, transferred to, or shared with another data controller for processing as described in this form.
我/我們同意將我/我們的個人資料提供、轉移或分享予其他資料控制者，以便按照本申請書所述進行處理。

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

I/We, the Applicant/Owner, hereby declare that all the above information and foregoing statements are full, complete and true.
本人/吾等，即保單申請人/持有人，在此聲明所有上述均為事實之全部並確實無訛。

Name of Policyowner 保單持有人姓名	Signature of Policyowner 保單持有人簽署	Sign Date (dd/mm/yyyy) 簽署日期（日/月/年）