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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/中介人區	聯絡電話				
Agent's/Intermediary's code 保險代理/中介人代號					
Agency 組別] —	

Request For Financial Services Form

保單財務調配申請書

Please tick ☑ appropriate box(es) for	or 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	:
to collect your identity information the copy(ies) of the latest and valid • If no withdrawal currency is specifi		e) not been provided before or has (have) y.	been updated, please submit
1. □ DIVIDEND WITHDRAWAI 提取紅利	□ Withdrawal Amount (USD/HKD) 提□ Please transfer the above amount to under the same policyowner		
2. □ PAID-UP ADDITIONS (PUA CASH VALUE WITHDRAW 提取繳清保險現金價值	□ Withdrawal Amount (USD/HKD) 提□ Please transfer the above amount to under the same policyowner	取金額 (美元/港元)	
3. □ BONUS / COUPON / OTHE CASH BENEFITS 提取獎賞/可支取現金/其他現利益	金 Withdrawal Amount (USD/HKD) 提出 Please transfer the above amount to under the same policyowner	取金額 (美元/港元)	
4. □ OPP RIDER CASH VALUE WITHDRAWAL # 提取附加繳清保險現金價值		取金額 (美元/港元) o Policy Number i 持有人之保單 fee schedule as stated in policy provision	
5. □ OPP DEPOSIT WITHDRAW 提取附加繳清保險存款	□ Withdrawal Amount (USD/HKD) 损□ Please transfer the above amount under the same policyowner 請利用以上提取金額轉賬予相同保賃□ STOP OPP Deposit with effect from 在下一個保費到期日開始暫停繳付№ * An administration fee of USD15/HKD117 will be charged.	是取金額 (美元/港元) to Policy Number 單持有人之保單 n next premium due date 付加繳清保險存款	leposit, whichever is higher,

6. □ Premium Holiday 保費假期	□ Apply 申請 □ Cancel 取消					
休見 収粉	Notes 備註:					
	a. The change will be effective from next Policy Anniversary. 有關更改將於下一個保單週年日起生效					
	b. Application of Premium Holiday will be in terms of yearly basis. 保費假期會以年度模式申請					
	c. Premium Holiday does not apply to rider(s). Any rider(s) will be terminated once the Premium Holiday commences 保費假期不適用於附加保障計劃,附加保障計劃將會於保費假期開始時被終止					
	d. Please refer to relevant Provisions for details of Premium Holiday. 有關保費假期之詳情請參閱相關保單條款					
	e.For selected products only. Not applicable to Universal Life or Unit-Linked products. 只適用於指定產品。不適用於萬用壽險或投資相連產品。					
7. □ CASH VALUE WITHDRAWAL 提取現金價值	□ Cash Withdrawal Amount (USD) 提取現金金額 (美元)					
• Applicable for Easy Premium	☐ Withdrawal amount to pay annual premium of Policy Number					
Saver only (UCSP/USC2) 只適用於簡易儲蓄保	under the same policyowner for years. Effective Date (mm/yyyy)					
Applicable starting from	提取金額以支付相同保單持有人之保單編號					
1st policy anniversary only 只適用於由第一個保單週年開始	為期 年,生效日期 (月/年)。					
八咫仍从山苏 固体手段干断知	Notes 備註:					
	- Minimum Withdrawal Amount - USD200 per transaction. 最低提取金額 - 每次200美元。					
	- Maximum Withdrawal Amount - 90% of cash value in the Policy. 最高提取金額 - 現金價值的90%。					
	- 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。					
	- 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,需要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。					
	- 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。					
	- Only allow for Annual Mode for designated Policy. 只接受年供的保單。					
	- Only applicable for paying premium. 只適用於支付保費。					
	- 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。					
—————————————————————————————————————						
The payment will be direct credited to amount exceeding HKD1,000,000, HKD	the autopay bank account of the policyowner, if any, unless otherwise specified. For the payment cheque will be issued and sent to the correspondence address directly. 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						
which is held by the policyowner di	FHOUT autopay bank account. Otherwise, the payment will be credited to autopay bank account rectly. 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 <u>MUST BE</u> in HKD Cu 銀行戶口 <u>必須</u> 為港幣戶口。						
	lame of Bank Account Holder (<u>MUST BE</u> the policyowner) 限行戶口持有人姓名 (必須 為保單持有人)					
Bank Name 銀行名稱						
Bank No. Branch No. Bank Ao 銀行編號 分行編號 銀行賬戶	ccount No. □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。

	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
Ren	narks 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。

Personal Information Collection Statement And Consent 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三一一號皇室大廈安達人壽大樓三十五樓。

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 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) 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)