

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 _____

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 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
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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- If no withdrawal currency is specified, the amount will be withdrawn in policy currency.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。

1. <input type="checkbox"/> DIVIDEND WITHDRAWAL 提取紅利	<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 _____
2. <input type="checkbox"/> PAID-UP ADDITIONS (PUA) CASH VALUE WITHDRAWAL 提取繳清保險現金價值	<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 _____
3. <input type="checkbox"/> BONUS / COUPON / OTHERS CASH BENEFITS 提取獎賞/可支取現金/其他現金利益	<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 _____
4. <input type="checkbox"/> OPP RIDER CASH VALUE WITHDRAWAL # 提取附加繳清保險現金價值	<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 _____ # 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。
5. <input type="checkbox"/> OPP DEPOSIT WITHDRAWAL* 提取附加繳清保險存款	<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 * 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。

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 _____

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。

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
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)