

D. 付款指示(續) Payment Instruction (Continued)**3. 支票支付 (以劃線支票支付予保單持有人) Cheque Payment (Payable to the Policyholder by a crossed cheque)**

- 以平郵寄至通訊地址 By surface mail to correspondence address
- 經保險中介人轉交 Deliver via Insurance Intermediary
- 親身到分行領取 (只適用於經銀行投保的保單) To be collected at Branch in person (Applicable to policy applied via by bank only)

分行名稱/編號 Branch Name/Code

- 親身到客戶服務中心領取 To be collected at Customer Service Centre in person

保單持有人領取 To be collected by the Policyholder

授權人領取 To be collected by the Authorized Person

授權人姓名

授權人聯絡電話

授權人身份證明文件號碼

Name of Authorized Person

Contact No. of Authorized Person

I.D. No. of Authorized Person

- 灣仔 Wan Chai 其他地點# Other Location#

請於本公司網站 www.chinalife.com.hk 查閱香港境內其他地點的客戶服務中心(如有)。Please visit our website www.chinalife.com.hk to obtain information of other Customer Service Centre location(s) in Hong Kong (if any).

4. 其他指示 Other Instruction**聲明及授權 Declaration and Authorization**

本人/我們現申請辦理上述之申請事項，謹此聲明並確認所有提供之資料及細節是準確無誤，真實及為事實之全部，並且是盡本人/我們所知及所信而作答的並沒有就上述之申請事項隱瞞任何重要資料。本人/我們並同意此等服務必須符合下列所有條件及經貴公司批准，方能生效：

1. 所有需要之文件已提交予貴公司並完整無缺。
2. 此項申請在受保人在生並仍然符合受保條件時，經貴公司接納及批准。
3. 在此表格及貴公司所須之其他文件上填報之一切資料及申報，將成為此保單之一部份(除非另有其他指示)。
4. 本人/我們提供符合貴公司要求之有效證明文件(例如身份證明文件及地址證明)予貴公司，讓貴公司能按照於「打擊洗錢及恐怖分子資金籌集條例」第 615 章所載，對本人/我們、保單之最終實益擁有人(如有)及本人/我們之授權簽署人士(如適用)進行客戶盡職審查。

I/We hereby request that the above application be effected and declare that all statements, information and particulars given herein are accurate, true and complete and are given to the best of my/our knowledge and belief and no material information has been withheld in relation to this request. I/We agree that such service(s) will not take effect unless all of the following conditions are met and approved by the Company:

1. All required complete supporting documents have been submitted to the Company.
2. The request is accepted and approved by the Company during the lifetime and continued insurability of the Insured.
3. The information and statement made in this request and in other documents as required by the Company shall form the basis for this policy alteration request and form a part of the policy(ies) unless otherwise specified.
4. I/We provide valid documentation proofs (such as identity document and address proof) to the satisfaction of the Company for the Company to conduct due diligence on myself/ourselves, the ultimate beneficial owner(s) of the policy (if any) and my/our authorized signatory(ies) (if applicable) pursuant to the Anti-money Laundering and Counter-Terrorist Financing Ordinance, Cap. 615.

個人資料收集聲明 Personal Information Collection Statement

本人/我們確認已閱讀及明白「中國人壽保險(海外)股份有限公司」的收集個人資料聲明。有關最新版本的收集個人資料聲明，可於本公司網站 www.chinalife.com.hk 下載或向中國人壽保險(海外)股份有限公司索取。I/We confirm that I/we have read and understood the Personal Information Collection Statement (PICS) of China Life Insurance (Overseas) Company Limited. For the latest version of the PICS, it can be downloaded from our website www.chinalife.com.hk or is made available upon request.

保單號碼 Policy No.

聲明及簽署(請勿在空白或尚未填妥的表格上簽署) Declarations & Signature (Please DO NOT sign on BLANK or INCOMPLETE form)

1. 此表格必須於保單持有人簽署日起計30天內交至本公司。This form must be received by the Company within 30 days from the date of its signing.
2. 保單持有人、受讓人(如適用)及不可撤換受益人(如適用)的簽名式樣必須與本公司的記錄相符。The signatures of the Policyholder, Assignee (if applicable) and Irrevocable Beneficiary (if applicable) must match with the Company's record.
3. 若保單持有人以圖章蓋印簽署，必須有一位見證人。見證人之個人資料只會用於處理此申請及確認此表格簽署人的身份之用。If the Policyholder uses a signature chop, a witness is required. The personal particulars of the witness will only be used for the purpose of verification and confirmation of the identity of the signatory(ies) of this form.

本人/我們僅此確認已閱讀及明白以上申請的所有條款及條件，並同意受該等條款及條件約束。本人/我們僅此同意作出以上協議及聲明。I/We hereby confirm that I/we have read and understood all the terms and conditions of the above request, and agree to be bound by the same. I/We hereby agree to make the above agreements and declarations.

保單持有人簽署及印鑑(如適用) Signature and Stamp (if applicable) of Policyholder	受讓人/不可撤換受益人簽署及印鑑(如適用) Signature and Stamp (if applicable) of Assignee / Irrevocable Beneficiary	見證人簽署(如適用) Signature of Witness (if applicable)
		與保單持有人之關係 Relationship to Policyholder
		<input type="checkbox"/> 保險中介人/銀行職員/客戶服務中心職員 Insurance Intermediary/Bank Staff/CS Centre Staff 編號 Code
		<input type="checkbox"/> 其他人士(請註明) Others (Please Specify) _____ 身份證明文件號碼 Identity Document No.
姓名/名稱 Name	姓名/名稱 Name	姓名 Name
日期 (年/月/日) Date (YYYY/MM/DD)	日期 (年/月/日) Date (YYYY/MM/DD)	日期 (年/月/日) Date (YYYY/MM/DD)

所需文件指引 Documents Checklist

客戶類別 Customer Type	所需文件(請✓閣下已提交的文件) Documents Required (Please ✓ against the documents you submitted)	
	保單持有人 Policyholder	受讓人(如適用) Assignee (if applicable)
個人客戶 Individual Customer	<input type="checkbox"/> 身份證明文件副本 Copy of Identification Proof <input type="checkbox"/> 載有銀行賬戶持有人姓名及賬戶號碼的銀行存摺 / 銀行卡 / 最近 3 個月內發出的月結單(包括電子結單) / 其他有效銀行賬戶證明副本 (如選用轉賬或電匯為付款方式) Copy of bank book / bank card / bank statement which is issued within the past 3 months (including e-statement) / other valid account proof showing the bank account holder's name and account no. (If select bank transfer or telegraphic transfer as payment method) <input type="checkbox"/> 《自我證明表格 – 個人 (保單服務適用)》(如有任何稅務地區變更) "Self-Certification Form – Individual (For Policy Service Use)" (If there is any change of the tax residence)	<input type="checkbox"/> 《自我證明表格 – 實體 (保單服務適用)》· 或 《自我證明表格 – 個人 (保單服務適用)》(如有任何稅務地區變更) "Self-Certification Form – Entity (For Policy Service Use)", or "Self-Certification Form – Individual (For Policy Service Use)" (If there is any change of the tax residence)
公司客戶 Corporate Customer	<input type="checkbox"/> 公司查冊文件及其他公司文件·詳情請參閱本公司網站 www.chinalife.com.hk (服務 > 網上自助服務及表格下載 > 繳付及領取 > 提取保單款項) 之《保單領款須知(適用於保單持有人為實體/機構)》 Company search document and other company documents, please visit our website www.chinalife.com.hk (Service > E Self-Service and Form Library > Payment & Collection > Request For Policy Value Withdrawal) for information on "Policy Payment Application Guidance Notes (Applicable to Entity Policyholder)" <input type="checkbox"/> 載有銀行賬戶持有人姓名及賬戶號碼的銀行存摺 / 銀行卡 / 最近 3 個月內發出的月結單(包括電子結單) / 其他有效銀行賬戶證明副本 (如選用轉賬或電匯為付款方式) Copy of bank book / bank card / bank statement which is issued within the past 3 months (including e-statement) / other valid account proof showing the bank account holder's name and account no. (If select bank transfer or telegraphic transfer as payment method) <input type="checkbox"/> 《自我證明表格 – 實體 (保單服務適用)》(如有任何稅務地區變更) "Self-Certification Form – Entity (For Policy Service Use)" (If there is any change of the tax residence)	<input type="checkbox"/> 公司查冊文件及其他公司文件·詳情請參閱本公司網站 www.chinalife.com.hk (服務 > 網上自助服務及表格下載 > 繳付及領取 > 提取保單款項) 之《保單領款須知(適用於保單持有人為實體/機構)》 Company search document and other company documents, please visit our website www.chinalife.com.hk (Service > E Self-Service and Form Library > Payment & Collection > Request For Policy Value Withdrawal) for information on "Policy Payment Application Guidance Notes (Applicable to Entity Policyholder)" <input type="checkbox"/> 《自我證明表格 – 實體 (保單服務適用)》(如有任何稅務地區變更) "Self-Certification Form – Entity (For Policy Service Use)" (If there is any change of the tax residence)