

第三者付款指示表格 (只適用於續期保費及保費徵費)

Third Party Payment Instruction Form (For Renewal Premium and Premium Levy Only)

CS-TPP

保單號碼 Policy No.

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保險中介人資料 Insurance Intermediary's Information

| | | | | | |
|------------------------------------------|---|-------------------------------------------------------------------|---|----------------------|---|
| 保險中介人姓名 Insurance Intermediary's Name | 1 | 分行/中介人編號/註冊編號 Branch/Intermediary's Code/ Registration Code | 1 | 流動電話號碼 Mobile No. | 1 |
| | 2 | | 2 | | 2 |

請在適當空格內填上「√」號。 Please tick "√" the appropriate box(es).

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| 重要須知 Important Note | |
| 1. | 本表格中所用之「本公司」或「貴公司」之表述指中國人壽保險(海外)股份有限公司。「本人/我們」之表述指保單持有人及/或第三者付款人。The expression "the Company" used in this form refers to China Life Insurance (Overseas) Company Limited, and the expression "I/We" refer to the Policyholder and / or the Third Party Payor. |
| 2. | 第三者付款人為 i) 保單持有人及受保人以外, 及 ii) 同時需符合指定類別人士的要求(指定類別人士的要求請參閱表格第五部份)。Third Party Payor shall be i) the person other than the Policyholder and the Insured, and ii) correspond with the requirements of the person under specified categories (For the requirements of the person under specified categories, please refer to Part 5 of the Form). |
| 3. | 本表格應由保單持有人以正楷填寫及簽名, 簽名式樣須與本公司之記錄相符。第三者付款人亦需填寫及簽名。This form is to be filled by the Policyholder in BLOCK LETTERS and signed with the signature that matches with the Company's record. The Third Party Payor is also required to sign on this form. |
| 4. | 如第三者付款人繳付超過港幣500,000.00或等值之金額, 第三者付款人需遞交身份證明文件副本及與保單持有人的關係證明。If the third party payment is over HKD 500,000.00 or equivalent, a copy of the identity card of the Third Party Payor and relationship proof between Policyholder should be submitted. |
| 5. | 本公司保留索取付款及/或關係及/或身份證明副本之權利。在收到本表格及所需文件(如有)前, 本公司不會處理所收到的任何款項及相關指示(包括投資指示或償還貸款)。The Company reserves the right to obtain proof of payment and/or relationship proof and/or identity copy. The Company will not process any payment received and any related instruction (including investment instructions or loan repayment) until this form and the required documents (if any) have been received by the Company. |

第一部份 保單資料 Part 1 Policy Information

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| 受保人姓名 Name of Insured (若受保人並非保單持有人, 請填寫此部份) (Please complete this part if the Insured is different from the Policyholder) | |
| 姓 Last Name | 名 First Name |
| 保單持有人姓名 Name of Policyholder | |
| 姓 Last Name | 名 First Name |

第二部份 付款詳情 Part 2 Payment Details (只適用於第三者付款人付款部份 Applicable to payment from Third Party Payor)

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|-----------------------------------------|------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|-----------------------------------------------------------------|
| 繳付金額 Amount of Payment | 港元 / 美元 / 人民幣* HKD / USD / CNY* <small>*請刪去不適用者 Please delete where appropriate.</small> | 是否包括預繳保費及保費徵費 Included Prepaid Premium and Premium Levy or not | <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No |
| 付款 / 轉賬日期 Date of Payment / Transfer | 年 YYYY / 月 MM / 日 DD | | |

第三部份 付款方式 Part 3 Payment Method (只適用於第三者付款人付款部份 Applicable to payment from Third Party Payor)

| | | | |
|--------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|--------------------------------|
| <input type="checkbox"/> | 到指定銀行繳費 Payment at Designated Bank | | |
| <input type="checkbox"/> | 電匯 Telegraphic Transfer | | |
| <input type="checkbox"/> | 繳費靈 PPS | | |
| <input type="checkbox"/> | 銀行戶口直接付款授權 Direct Debit Authorization for bank account | | |
| <input type="checkbox"/> | 支票 Cheque | 銀行名稱 Name of Bank | 支票號碼 Cheque No. |
| <input type="checkbox"/> | 「銀通」自動櫃員機 JETCO ATM ; 或 or 本港銀行網上繳費 Local Bank Online Payment ; 或 or Visa / 萬事達信用卡 Visa / Master Credit Card ; 或 or 銀聯借記卡 / 信用卡 UnionPay Debit Card / Credit Card | 銀行名稱 Name of Bank | 卡號/賬戶號碼 Card No. / Account No. |
| <input type="checkbox"/> | 其他 (請註明) Others (Please specify) | | |



第四部份 財富 / 資金來源 Part 4 Sources of Wealth / Funds

- 薪金 Salary 累積儲蓄及投資 Accumulative Savings and Investments
- 收入 Income 其他投資的收入 Income from Other Investments
- 儲蓄 Savings 其他 (請註明) Others (Please specify): _____
- 經濟支持者 (請提供姓名、職業及僱主名稱) Financial Supporter (Please provide the full name, occupation and name of employer): _____

第五部份 第三者付款人資料 Part 5 Third Party Payor's Details

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| 中文姓名/名稱 (須與身份證明文件相同) Name in Chinese (As shown on Identification Document) | | 英文姓名/名稱 (須與身份證明文件相同及請以英文正楷填寫) Name in English (As shown on Identification Document and please fill in BLOCK LETTERS) |
| 性別 Sex <input type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female <input type="checkbox"/> 不適用 Not Applicable (供付款人為公司 For the Payor is a company) | 出生 / 註冊或成立或登記日期 Date of Birth / Incorporation or Establishment or Registration _____/_____/_____ 年 Year 月 Month 日 Day | 國籍 / 地區 Nationality / Area (公司則指註冊 / 成立 / 登記地點 Place of Registration/ Establishment/Incorporation for company) <input type="checkbox"/> 香港 Hong Kong <input type="checkbox"/> 中國 Chinese / China <input type="checkbox"/> 美國 U.S. <input type="checkbox"/> 其他 (請註明) Others (Please specify): _____ 營運地點 如與註冊辦事處地址不同 (如適用) Business Address (if different from Registered Office Address)(if applicable): _____ |

身份證明文件 Identification Document

- 香港永久性居民身份證: 香港身份證號碼 / 香港出世紙號碼
HK Permanent Identity Card: HK Identity Card No. / HK Birth Certificate No.: _____
- 非香港永久性居民身份證: 身份證號碼 / 護照號碼 / 出世紙號碼
Non-HK Permanent Identity Card: Identity Card No. / Passport No. / Birth Certificate No. _____
簽發國家 / 地 Country / Place of Issue: _____
- 商業登記證編號 / 公司註冊證書編號 Business Registration No./ Certificate of Incorporation No.: _____
簽發國家 / 地 Country / Place of Issue: _____

通訊地址 Correspondence Address**聯絡電話號碼 Contact Telephone Number**

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| 第三者付款人與保單持有 人之關係 Relationship between the Third Party Payor and the Policyholder 註: 1. 就第三者付款人而言, 本 公司只接受由右列的指定類 別人繳付之款項 Note: 1. Only Third Party Payor listed in the right column will be accepted. | <input type="checkbox"/> 配偶 Spouse <input type="checkbox"/> 父母 Parent <input type="checkbox"/> 子女 Child <input type="checkbox"/> 兄弟姊妹 (18歲或以上) Sibling (aged 18 or above) <input type="checkbox"/> 保單持有人或其配偶 / 父母 / 子女全權持有或保單持有人與其配偶 / 父母 / 子女共同持有之公司, 並必須符合以下所有要求 Company wholly owned by the Policyholder / Policyholder's spouse / Policyholder's parent(s) / child(ren) or together with spouse / parent(s) / child(ren) subject to all the below requirement: i. 只適用於被動非財務實體以一層架構為上限之公司; Only applicable to one layer Passive Non-Financial Entity ("NFE") company; ii. 提供有效商業登記證副本或公司註冊證書副本及最近期週年申報表副本(或同等文件) Submit copy of Business Registration or Certificate of Incorporation and the latest annual return (or equivalent document); iii. 公司董事聲明其公司為被動非財務實體 Declaration by Company's Director that the company is Passive NFE; iv. 並須同時提供以下額外文件: The following additional documents are also required: - 所有股東之身份證明副本及其與保單持有人之關係證明副本 Copy of all shareholder's identification document and copy of their relationship proof with the Policyholder; - 董事會議記錄證明董事會同意繳費及公司組織章程大綱副本 Board Resolutions to show the payment consent from the directors and copy of M&A. |
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| 由第三者付款之原因 Reason for payment from Third Party Payor | <input type="checkbox"/> 保單持有人為退休人士 Policyholder is a retiree <input type="checkbox"/> 保單持有人為學生 Policyholder is a student <input type="checkbox"/> 保單持有人為無業人士 Policyholder is an unemployed person <input type="checkbox"/> 作為禮物饋贈家人 As a gift for family member <input type="checkbox"/> 其他原因 (請註明) Other reason (Please specify): _____ |
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第六部份 收取個人壽險保費徵費 Part 6 Collection of Premium Levy on Individual Life Insurance Policy

本人/我們謹已收悉: 貴公司就保險業監管局要求並授權向每位保單持有人所持有的有效保單徵收「保費徵費」(下稱「徵費」), 及將收取的保費徵費將會全數轉交予該局。保險業監管局亦可以根據相關條例, 將有關的欠付款作為民事債項及向相關的保單持有人追討欠款並有機會徵收罰款。有關收取徵費的詳情, 請瀏覽中國人壽(海外)股份有限公司的網頁www.chinalife.com.hk/levy。

I/We hereby notified that: China Life Insurance (Overseas) Company Limited, as an authorized insurer, is statutorily required to collect Premium Levy ("Levy") from policyholder on behalf of the Insurance Authority ("IA") and report to IA. IA may take legal proceedings against policyholder in respect of any outstanding Levy as civil debt and may impose pecuniary penalty. For details of the collection of Levy, please refer to the website at www.chinalife.com.hk/levy.

第七部份 個人資料收集聲明 Part 7 Personal Information Collection Statement

中國人壽保險（海外）股份有限公司（於中華人民共和國註冊成立之股份有限公司）（下稱“本公司”）明白其在《個人資料（私隱）條例》下就個人資料的收集、持有、處理或使用所負有的責任。本公司僅將為合法和相關的目的收集個人資料，並將採取一切切實可行的步驟，確保本公司所持個人資料的準確性。本公司將採取一切切實可行的步驟，確保個人資料的安全性，及避免發生未經授權或者因意外而擅自取得、刪除或另行使用個人資料的情況。

閣下的個人資料為自願提供。敬請注意，如果閣下不向本公司提供所需的個人資料，本公司可能無法提供閣下要求的資料、產品或服務。

在本收集個人資料聲明（“本聲明”），下列詞語將具有以下的含義：

“本公司關聯方”指本公司任何附屬公司、本公司任何聯營公司、以及本公司的母公司、母公司任何附屬公司、母公司任何聯營公司，為避免疑義，中國人壽保險（集團）公司集團內之公司（“本公司關聯方”應作相應解釋）。

目的：本公司不時有必要使用閣下的個人資料作下列用途：

1. 向閣下推介、提供和營銷本公司、本公司關聯方或本公司聯合品牌合作夥伴的產品 / 服務（參閱下文“為直接促銷目的而使用個人資料”部份），以及提供、維持、管理和操作該等產品 / 服務；
2. 處理和評估閣下就本公司及本公司關聯方的產品 / 服務提出的任何申請或要求；
3. 向閣下提供後續服務（包括但不限於健康檢測和 / 或健康管理服務）及執行/管理已發出的保單，包括但不限於增加、更改、變更、撤銷、續期或恢復；
4. 就本公司和 / 或本公司關聯方提供的任何產品 / 服務而由與閣下或其他索賠方提出的、針對閣下或其他索賠方提出的、或者其他涉及閣下或其他索賠方的任何索賠相關的任何目的，包括對索賠進行調查；以及偵測和防止欺詐行為（無論是否與就此申請而發出的保單有關）所需的目 的；
5. 評估閣下的財務需求；
6. 為本公司和 / 或本公司關聯方設計新的產品 / 服務或改進現有的產品 / 服務；
7. 為本公司和 / 或本公司關聯方、金融服務行業或相關的監管機構的統計或類似目的進行市場或精算研究；
8. 基於本聲明所列的任何目的，將本公司不時持有並與閣下有關係的任何資料進行調查；
9. 滿足任何適用已存在、現有或將來法律、規則、規例、實務守則或指引要求，或協助在香港或香港以外其他地方的警方或其他政府或監管機構執法及進行調查；
10. 進行身份和 / 或信用核查和 / 或債務追收；
11. 開展與本公司業務經營有關的其他服務；
12. 就閣下在本公司持有的任何帳戶或本聲明未來的變更發出行政性通訊；
13. 根據第 112 章《稅務條例》中自動交換財務帳戶資料的規定，進行所需的盡職審查程序；及
14. 與上述任何目的直接有關的其他目的。

個人資料的移轉：個人資料將予以保密，但在遵守任何適用法律條文的前提下，可移轉予：

1. 任何本公司關聯方；
2. 就本公司和 / 或本公司關聯方提供的任何產品 / 服務而由閣下或針對閣下提出的、或其他涉及閣下的任何索賠相關的任何人士（包括私人調查方和索賠調查公司）；
3. 就本公司和 / 或本公司關聯方所提供產品 / 服務的任何代理、承包商或第三方，包括任何再保險公司、保險中介、基金管理公司、健康管理機構或金融機構；
4. 就業務經營關係向本公司和 / 或本公司關聯方提供行政、技術、數據處理、電訊、電腦、支付、債務追收、電話中心服務、直接促銷服務或其他服務的任何代理、承包商或第三方；
5. 協助收集閣下資料或與閣下聯絡的其他公司，例如研究公司、信貸資料機構或（在出現拖欠還款的情況下）追討欠款公司；
6. 本公司權利或業務的任何實際或建議的承讓人、受讓方、參與者或次參與者；
7. 任何適用已存在、現有或將來法律、規則、規例、實務守則或指引要求或規定本公司和 / 或本公司關聯方向其作出披露的任何政府部門或其他適當的政府或監管機關（被移轉的資料或會進一步轉交予其他司法管轄區的政府部門或適當的政府或監管機關）；及
8. 任何金融服務供應商的行業協會或聯會；
9. 預防保險詐騙偵測的人士，而他們只能在有合理需要履行預防保險詐騙目的之情況下才可收集和使用個人資料；保險理算人、代理和經紀；僱主；醫護專業人士；醫院；會計師；財務顧問；律師；防欺詐組織；其他保險公司（無論是直接地，或是通過防欺詐組織或本段中指名的其他人士）；和保險業就現有資料而對所提供的資料作出分析和檢查的數據庫或登記冊（及其運營者）。

閣下的個人資料可能會提供給上述任何一方（該方可能位於香港境內或境外）。而就此而言，閣下同意將閣下的資料移轉至香港境外。

閣下的個人資料將僅為上文中規定的一個或多個有關目的而被移轉。如欲瞭解本公司為推廣或促銷目的而使用閣下的個人資料的政策，請參閱下文“為直接促銷目的而使用個人資料”部份。

為直接促銷目的而使用個人資料：本公司打算：

1. 使用本公司不時持有的閣下的姓名、聯絡資料、產品和服務的組合資料、交易模式和行為、財政背景和統計數據以進行直接促銷；
2. 就本公司、本公司關聯方和本公司聯合品牌合作夥伴可能提供下列類別的產品和服務進行直接促銷（包括提供獎賞、客戶或會員優惠計劃）：
 - (a) 保險、年金、銀行、財富管理、退休計劃、投資、金融服務、信用卡、證券以及相關產品和服務；及
 - (b) 有關健康、保健及醫療、餐飲、體育活動、會籍及相關產品和服務；
3. 上述產品和服務將可能由本公司和 / 或下列機構提供：
 - (a) 任何本公司關聯方；
 - (b) 第三方金融機構；
 - (c) 提供本部份第 2 段所列的產品及服務的本公司、本公司關聯方和本公司聯合品牌合作夥伴；
 - (d) 第三方獎賞、客戶或會員優惠計劃的提供者；及
 - (e) 支援本公司或任何以上所列機構提供本部份第 2 段所列的產品及服務的外部服務提供者；
4. 除由本公司促銷上述產品和服務外，本公司亦有意將本部份第 1 段所述的資料提供予本部份第 3 段所述的全部或任何人士，以供該等人士作促銷該等產品及服務之用；
5. 本公司需取得閣下的書面同意（包括表示不反對）方可為任何推廣或促銷目的而使用並向上文所述的第三方提供資料。

閣下可隨時撤回給予本公司有關使用閣下的個人資料及提供予第三方作直接促銷用途的同意，而本公司將在不收取任何費用的情況下停止使用該等資料作直接促銷用途。閣下如欲撤回閣下給予本公司的同意，請聯絡本公司的個人資料保護主任（詳情參閱下文）。

第七部份 個人資料收集聲明 (續) Part 7 Personal Information Collection Statement (Continued)

本公司有權就因處理任何查閱個人資料的要求收取合理費用。

個人資料的查閱和更正：根據《個人資料(私隱)條例》，閣下有權查明本公司是否持有閣下的個人資料，更正任何不準確的資料，以及查明本公司有關個人資料的政策及常規。閣下還可以要求本公司告知閣下本公司所持個人資料的種類。

查閱和更正的要求，或有關獲取政策、常規及所持的資料種類的資料，均應以書面形式發送至：

個人資料保護主任

中國人壽保險(海外)股份有限公司

香港灣仔軒尼詩道313號中國人壽大廈24樓

電話：(+852) 3999 5519 傳真：(+852) 2892 0520

China Life Insurance (Overseas) Company Limited (incorporated in the People's Republic of China with limited liability) (the "Company") recognizes its responsibilities in relation to the collection, holding, processing or use of personal data under the Personal Data (Privacy) Ordinance. Personal data will be collected only for lawful and relevant purposes and all practicable steps will be taken to ensure that personal data held by the Company is accurate. The Company will take all practicable steps to ensure security of the personal data and to avoid unauthorized or accidental access, erasure or other use. The provision of your personal data is voluntary. Please note that if you do not provide us with the required personal information, the Company may not be able to provide your requested information, products or services.

In this Personal Information Collection Statement ("PICS"), the following terms shall have these following meanings:-

"Our affiliates" means any subsidiary undertaking of the Company, any associated company of the Company, and parent undertaking of the Company, any subsidiary undertaking of parent undertaking, any associated companies undertaking of parent undertaking, for the avoidance of doubt, undertaking within the group of China Life Insurance (Group) Company ("Our affiliates" shall be construed accordingly).

Purpose: From time to time it is necessary for us to use your personal data for the following purposes:

1. offering, providing and marketing to you the products/services of the Company, our affiliates or our co-branding partners (see "Use of Personal Data for Direct Marketing Purposes" below), and administering, maintaining, managing and operating such products/services;
2. processing and evaluating any applications or requests made by you for products/services offered by the Company and our affiliates;
3. providing subsequent services (including but not limited to health inspection / management) to you and administering the policies issued including but not limited to additions, alterations, variations, cancellation, renewal or reinstatement;
4. any purposes in connection with any claims made by or against or otherwise involving you or other claimants in respect of any products/services provided by the Company and/or our affiliates, including investigation of claims; detect and prevent fraud (whether or not relating to the policy issued in respect of this application);
5. evaluating your financial needs;
6. designing new or enhancing existing products/services of the Company and/or our affiliates;
7. conducting market or actuarial research for statistical or similar purposes undertaken by the Company and/or our affiliates, the financial services industry or our respective regulators;
8. investigating any data held which relates to you from time to time for any of the purposes listed herein;
9. meeting requirements imposed by any applicable, present, existing or future law, rules, regulations, codes of practice or guidelines or assisting with law enforcement purposes, investigations by police or other government or regulatory authorities in Hong Kong or elsewhere;
10. conducting identity and/or credit checks and/or debt collection;
11. carrying out other services in connection with the operation of the Company's business;
12. sending out administrative communications about any account you may have with the Company or about future changes to this PICS;
13. performing relevant due diligence procedures in accordance with the Common Reporting Standard (or Automatic Exchange of Financial Account Information) as set out in the Inland Revenue Ordinance (Cap. 112); and
14. other purposes directly relating to any of the above.

Transfer of personal data: Personal data will be kept confidential but, subject to the provisions of any applicable law, may be transferred to:

1. any of our affiliates;
2. any person (including private investigators and claims investigation companies) in connection with any claims made by or against or otherwise involving you in respect of any products/services provided by the Company and/or our affiliates;
3. any agent, contractor or third party who provide services in connection with the product/services provided by the Company and/or our affiliates, including any reinsurance company, insurance intermediary, fund management company, health management institution or financial institution;
4. any agent, contractor or third party who provides administrative, technology, data processing, telecommunications, computer, payment, debt collection, call centre services, direct marketing services or other services to the Company and/or our affiliates in connection with the operation of its business;
5. other companies who help gather your information or communicate with you, such as research companies and credit reference agencies or, in the event of default, debt collection agencies;
6. any actual or proposed assignee, transferee, participant or sub-participant of our rights or business;
7. any government department or other appropriate governmental or regulatory authority (which may be further transferred to governmental or regulatory authority of certain other jurisdiction(s)) to whom the Company and/or our affiliates are requested or required by any applicable, present, existing or future law, rules, regulations, codes of practice or guidelines to make disclosures;
8. any financial services provider industry association or federation;
9. any person preventing and detecting insurance fraud, who may collect and use the personal data only as reasonably necessary to carry out the purposes of preventing and detecting insurance fraud: insurance adjusters, agents and brokers; employers; health care professionals; hospitals; accountants; financial advisors; solicitors; fraud prevention organisations; other insurance companies (whether directly or through fraud prevention organisation or other persons named in this paragraph), and databases or registers (and their operators) used by the insurance industry to analyse and check information provided against existing information.

Your personal data may be provided to any of the above parties who may be located in Hong Kong or outside of Hong Kong, and in this regard you consent to the transfer of your data outside of Hong Kong.

Transfer of your personal data will only be made for one or more of the purposes specified above. For our policy on using your personal data for promotional or marketing purposes, please see the section entitled "Use of Personal Data for Direct Marketing Purposes".

第七部份 個人資料收集聲明 (續) Part 7 Personal Information Collection Statement (Continued)

Use of Personal Data for Direct Marketing Purposes: The Company intends to:

1. Use your name, contact details, products and services portfolio information, transaction pattern and behaviour, financial background and demographic data held by the Company from time to time for direct marketing;
2. Conduct direct marketing (including providing reward, loyalty or privileges programmes) in relation to the following classes of products and services that the Company, our affiliates and our co-branding partners may offer:
 - (a) insurance, annuities, banking, wealth management, retirement plans, investment, financial services, credit cards, securities and related products and services; and
 - (b) health, wellness and medical, food and beverage, sporting activities, memberships and related products and services;
3. The above products and services may be provided by the Company and/or:
 - (a) any of our affiliates;
 - (b) third party financial institutions;
 - (c) the Company, our affiliates and our co-branding partners providing the products and services set out in 2;
 - (d) third party reward, loyalty or privileges programme providers; and
 - (e) external service providers supporting the Company or any of the above listed entities in providing the products and services set out in 2.
4. In addition to marketing the above products and services, the Company also intends to provide the data described in 1 above to all or any of the persons described in 3 above for use by them in marketing those products and services;
5. The Company requires your written consent (which includes an indication of no objection) to use and provide the data to the third parties as set out above for any promotional or marketing purpose.

You may withdraw your consent to the use and provision to a third party of your personal data for direct marketing purposes at any time, and thereafter the Company shall, without charge to you, cease to use such data for direct marketing purposes. If you wish to withdraw your consent, please contact the Company's Personal Data Protection Officer (details below).

The Company have the right to charge a reasonable fee for the processing of any data request.

Access and correction of personal data: Under the Personal Data (Privacy) Ordinance, you have the right to ascertain whether the Company holds your personal data, to correct any data that is inaccurate, and to ascertain the Company's policies and practices in relation to personal data. You may also request the Company to inform you of the type of personal data held by it.

Requests for access and correction or for information regarding policies and practices and types of data held should be addressed in writing to:

The Personal Data Protection Officer
China Life Insurance (Overseas) Company Limited
24/F, CLI Building, 313 Hennessy Road,
Wan Chai, Hong Kong
Telephone: (+852) 3999 5519 Fax: (+852) 2892 0520

聲明和授權：本人 / 我們確認本人 / 我們已閱讀並明白收集個人資料聲明 (“本聲明”)。本人 / 我們特此確認並同意公司根據本聲明使用和移轉本人 / 我們的個人資料，包括為直接促銷之目的使用和提供本人 / 我們的個人資料。本人 / 我們已取得在此申請提供第三方資料 (如有) 所需的同意。本人 / 我們確認並同意為本聲明中所述之目的將本人 / 我們的個人資料移轉至香港境外給本聲明所述的承轉人的類別。

重要提示：請於以下簽署部份簽名，以示閣下同意。若閣下不同意根據 “為直接促銷目的而使用個人資料” 部份所述為直接促銷之目的而使用和提供閣下的個人資料，請在以下方格劃上「✓」號。

Declaration and authorization: I/We acknowledge and confirm that I/we have read and understood the Personal Information Collection Statement (“PICS”). I/We hereby give my/our acknowledgement and agree to the use and transfer of my/our personal data by the Company in accordance with the PICS, including the use and provision of my/our personal data for the purpose of direct marketing. I/We have obtained the consent to provide the third party information (if any) in this application. I/We acknowledge and consent to the transfer of my/our personal data outside of Hong Kong for the purposes and to the types of transferee as set out in the PICS.

Important: Please indicate your agreement by signing on the space provided below. If you do not agree to the use and provision of your personal data for direct marketing as set out in the section “Use of personal data in direct marketing”, please tick the box below.

本人 / 我們不同意根據以上收集個人資料聲明 (參閱“為直接促銷目的而使用個人資料” 部份) 為直接促銷之目的而使用和提供本人 / 我們的個人資料，亦不希望接收任何推廣及直接促銷材料。 I / We do not agree with the use and provision of my / our personal data for direct marketing purposes as set out above in the Personal Information Collection Statement (see “Use of Personal Data for Direct Marketing Purposes”) and do not wish to receive any promotional and direct marketing materials.

第八部份 聲明及授權 Part 8 Declaration and Authorization

1. 本人 / 我們謹此聲明所有在本表格內及隨本表格提交的相關文件內所提供之資料及所作出的陳述，就本人 / 我們所知及所信，乃準確無誤、真實及為事實之全部。該等資料及陳述將作為 貴公司批准本人 / 我們的以上申請之根據並構成本表格所述保單（「本保單」）之一部份。
2. 本人 / 我們謹此聲明及同意本人/我們的以上申請須符合下列條件，方可生效：
 - (i) 以上申請是於本保單的受保人在生並仍然符合受保條件之情況下經 貴公司批核；
 - (ii) 本保單之利益為保單持有人 / 申請人合法所擁有及未有被轉讓或以其他方式轉移予除 貴公司外之任何其他方；及
 - (iii) 本人 / 我們在香港或其他地方沒有被宣判破產、或作為任何破產或類似法律程序、或任何接管或類似命令之目標，而且在香港或其他地方沒有由本人 / 我們提起、或針對本人 / 我們提起之待決或已提起之任何破產或無力償債之法律程序。
3. 本人 / 我們謹此聲明及同意：
 - (i) 本人 / 我們同意由第三者付款人代保單持有人 / 申請人繳付第二部份所述之款項。第三者付款人純粹代表保單持有人 / 申請人繳款，第三者付款人並不會因該等繳款獲賦予或將獲賦予任何保單權益及 / 或合同權利；
 - (ii) 在任何情況下（包括但不止於冷靜期內取消保單或將保單退保的情況），如 貴公司仍持有尚未到期支付的第三者付款人的預繳保費、徵費及需要退回時，本人 / 我們指示及授權 貴公司將預繳保費及徵費退回予第三者付款人；
 - (iii) 本人 / 我們明白 貴公司在收到本表格及所需文件（如有）前，貴公司不會處理所收到的任何款項及任何相關指示（包括投資指示或償還貸款）。本人/我們亦明白 貴公司將在合理時間內處理所收到的款項，及 貴公司無須對任何延遲處理有關款項而引致的任何直接、間接、特別或相應的損失及損害承擔任何責任；及
 - (iv) 本人 / 我們同意及承諾就 貴公司因上述指示及授權而招致的任何索償、損失、責任、賠償及所有相關的費用及開支（包括法律費用）作全數彌償。
4. 本人/我們明白及同意本表格的中、英文版本如有任何抵觸或不一致之處，概以中文版本為準。

1. I/We hereby declare that all information given and representations made in this form and in the related documents submitted together with this form are, to the best of my/our knowledge and belief, accurate, true and complete. Such information and representations shall form the basis for the approval by the Company of my/our above request and shall form part of the policy specified in this form (the "Policy").
2. I/We hereby declare and agree that my/our above request shall only take effect provided that all of the following conditions are met:
 - (i) The above request is approved by the Company during the lifetime and continued insurability of the Insured of the Policy;
 - (ii) The Policyholder/Applicant is legally entitled to the benefits under the Policy which have not been assigned or otherwise transferred to any party other than the Company; and
 - (iii) I/We am/are not adjudged bankrupt, or made the subject of any bankruptcy or similar proceedings, or of any receiving or similar order, in Hong Kong or elsewhere, and there are no bankruptcy or insolvency proceedings that are pending or have been instituted by or against me/us in Hong Kong or elsewhere.
3. I/We hereby declare and agree that:
 - (i) I/We agree that the Third Party Payor shall make the payment(s) mentioned in Part 2 on behalf of the Policyholder/Applicant. The Third Party Payor makes the payment(s) solely for and on behalf of the Policyholder/Applicant, and no interest in the policy and/or contractual right whatsoever is vested or will be vested to the Third Party Payor as a result of such payment(s);
 - (ii) Under whatever circumstances (including without limitation where the policy is cancelled within the cooling-off period or where the policy is surrendered), if the Company still holds any prepaid premium(s) and Levy paid by the Third Party Payor which have not fallen due yet and such prepaid premium(s) and Levy need to be returned, I/we instruct and authorise the Company to return the prepaid premium(s) and Levy to the Third Party Payor;
 - (iii) I/We understand that the Company will not process any payment received and any related instruction (including investment instructions or loan repayment) until this form and the required documents (if any) have been received by the Company. I/We also understand that the Company will process any payment received within reasonable time, and the Company shall not be liable for any direct, indirect, special or consequential loss or damages arising from any delay in processing such payment; and
 - (iv) I/We agree and undertake to indemnify the Company in full and hold the Company harmless from any claims, losses, liabilities, damages and all related costs and expenses (including legal fees) arising from or in connection with the above instructions and authorisations.
4. I/We understand and agree that if there is any discrepancy or inconsistency between the English version and the Chinese version of this form, the Chinese version shall prevail.

第九部份 簽署 Part 9 Signature

本人 / 我們謹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 / 我們謹此同意作出以上聲明及授權。

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 those terms and conditions. I/We hereby agree to make the above declarations and authorizations.

| | |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| 保單持有人簽署 Signature of Policyholder | 日期 Date _____ / _____ / _____ 年 Year 月 Month 日 Day |
| 第三者付款人簽署及 / 或公司印鑑 Signature and/or Company Chop of Third Party Payor | 日期 Date _____ / _____ / _____ 年 Year 月 Month 日 Day |
| 見證人姓名及簽署(註1) Name & Signature of Witness (Remark 1) | 日期 Date _____ / _____ / _____ 年 Year 月 Month 日 Day |

註1 Remark 1:

若保單持有人或第三者付款人以圖章蓋印簽署，必須有一位見證人。見證人之個人資料只會用於處理本申請及確認本申請表簽署人的身份之用。If the policyholder or the third party payor uses signature chop, the 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 of this form.