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保單給付方式及賬戶資料更改申請表

Request for Change of Payment Options and Information Form

保單號碼 Policy No.

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本表中所用之「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。

The expression “the Company” used in this form refers to China Life Insurance (Overseas) Company Limited.

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.

第一部份 保單資料 Part 1 Policy Information

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。) (If the Insured is different from the Policyholder, please complete this part.)		保單持有人姓名 Name of Policyholder	
姓 Last Name	名 First Name	姓 Last Name	名 First Name

第二部份 更改給付方式 Part 2 Change of Payment Options

紅利 Dividend

- 提取現金* Cash payment*
- 積存生息 Accumulation with Interest
- 抵付保費** Premium Payment**

可支取現金 Cash Coupons

- 提取現金* Cash payment*
- 積存生息 Accumulation with Interest
- 抵付保費** Premium Payment**

保證年金金額 Guaranteed Annuity Payments

- 提取現金* Cash payment*
- 積存生息 Accumulation with Interest
- 抵付保費** Premium Payment**

* 當「提取現金」申請生效後，該/該等保單賬戶內的所有累積款項會即時被全數領取。

ALL accumulated amount in the related policy account/accounts will be withdrawal immediately when the change of Cash Payment effective.

**如須更改其他給付方式，請必須在保單的下一個繳費日前的十四 (14)個工作天遞交更改申請。

If you would like to change to another payment option, please submit the application form 14 working days prior to the next paid to date.

第三部份 付款指示 Part 3 Payment Instruction

^保單貨幣 Policy Currency 港元 HKD

^如沒有註明指示，款項將以保單貨幣發出。 If no specific indication, payment will be issued in the policy currency.



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第四部份 更改賬戶資料 Part 4 Change of Payment Information

1. 銀行賬戶持有人**必須**為保單持有人。
Bank account holder **must be** the Policyholder.
2. 請提交銀行存摺首頁影印本或相關資料，顯示銀行賬戶持有人姓名及賬戶號碼。
Please submit **copy of bank book front page** or relevant document(s) that can show the **name of bank account holder and account no.**
3. 有關更改申請將於下一個保單週年日起開始正式生效。
The change **will be effective from the next policy anniversary date.**
4. 倘未有足夠資料顯示銀行賬戶持有人為保單持有人、付款貨幣與賬戶幣種不符或因故未能成功入賬，有關款項將以劃線支票形式轉交相關代理人。
If there is insufficient information to identify the ownership of bank account, the payment currency is not matched with the currency of the bank account or direct payment is fail for any reason, the payment will be mailed to the Agent in cheque.

收款銀行名稱 Name of bank	
賬戶號碼 Account No.	
賬戶幣種 Currency of the Account	
賬戶持有人姓名(中文) (必須為保單持有人) Name of bank account holder (Chinese) (Policyholder Only)	
賬戶持有人姓名(英文) (必須為保單持有人) Name of bank account holder (English) (Policyholder Only)	

第五部份 聲明及授權 Part 5 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，本人/我們並同意此等更改事項或服務必須符合下列所有條件及經 貴公司批准，方能生效：

1. 所有需要之款項及文件提交予 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. 在此申請表及 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：身分證明及地址證明)予 貴公司，讓 貴公司能按照於「預防及打擊透過保險活動清洗黑錢及資助恐怖主義的操作指引」法規所載，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 the above application(s) be effected and declare that all statement, 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 change(s) or service(s) will not take effect unless all of the following conditions are met and approve by the Company.

1. All required payment and 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 of the policy (if any) and my/our authorized signatory(ies) (if applicable) pursuant to the "Guidelines on Prevention and Combating Money Laundering and Financing of Terrorism in Insurance" Ordinance.

第六部份 個人資料收集聲明 Part 6 Personal Information Collection Statement

本人/我們確認已閱讀及明白中國人壽(海外)股份有限公司的收集個人資料聲明("本聲明")。有關最新版本的收集個人資料聲明，可於 www.chinalife.com.mo 下載或向中國人壽(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 www.chinalife.com.mo or is made available upon request.

第七部份 簽署 Part 7 Signature

保單持有人簽署 Signature of Policyholder _____/_____/_____ 日/DD 月/MM 年/YYYY	受讓人簽署 (如適用) Signature of Assignee (if applicable) _____/_____/_____ 日/DD 月/MM 年/YYYY	見證人姓名及簽署 Name & Signature of Witness _____/_____/_____ 日/DD 月/MM 年/YYYY
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註：Remarks:

1. 此表格必須於保單持有人及/或受讓人(如適用)簽署日起計 30 天內交至本公司辦理手續，方為有效。This application must be received by our Company within 30 days from sign date of Policyholder and /or Assignee (if applicable).
2. 請小心閱讀本申請表內所有項目，以確保在簽署時，已經填妥申請表上所有資料。切勿在空白表格上簽署。Please read all items carefully and check that you have completed all the information on this application form before you sign your name below. Please do not sign on blank form.

如有任何查詢，請與您的保險中介人聯絡或致電本公司的客戶服務熱線(853) 2859 5519 查詢。填妥的表格請寄往澳門新口岸宋玉生廣場 263 號中土大廈 22 樓 A、B、K-P 座。If you have any queries, please feel free to contact your insurance intermediary or our Customer Service Hotline at (853) 2859 5519 for details. Completed form should be sent to Alameda Dr. Carlos D' Assumpção No.263, 22 /A,B,K-P Edif China Civil Plaza, Macau..