



請掃二維碼登入  
 客戶專頁，即時  
 辦理保單更改或  
 查閱進度。

<https://cs.chinalife.com.hk>

## 更改繳費方式申請表 Request for Change of Payment



保單持有人姓名 Name of Policyholder	受保人姓名 Name of Insured	保單號碼 Policy No.
<input type="text"/>	<input type="text"/>	<input type="text"/>

### 保險中介人資料 Insurance Intermediary's Information

保險中介人姓名 Name of Insurance Intermediary	
<input type="text"/>	
保險中介人編號 Insurance Intermediary's Code	聯絡電話 Contact No.
<input type="text"/>	<input type="text"/>

### 重要須知 Important Notes

- 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。The expression "the Company" used in this form refers to China Life Insurance (Overseas) Company Limited.
- 請以正楷填寫本表格。任何資料如有更改，保單持有人必須在更改的地方簽署作實。Please complete this form in BLOCK LETTERS. All amendments should be endorsed by the Policyholder in full signature.
- 保單持有人之簽署必須與本公司之記錄相符。The signature of the Policyholder must correspond with the Company's record.
- 保險中介人或銀行職員收到此表格並不代表本公司也已收受。Receipt of this form by Insurance Intermediary or Bank Staff does not constitute receipt by the Company.
- 本公司有權隨時更新此申請表，並接受或拒絕未符合本公司要求的申請表。請登入本公司網站 [www.chinalife.com.mo](http://www.chinalife.com.mo) 瀏覽及下載最新版本。The Company has the right to update this form from time to time and to accept or to reject the form if the Company's requirements are not fulfilled. Please visit our website [www.chinalife.com.mo](http://www.chinalife.com.mo) to view and download the latest version of the form.
- 如申請未能符合本公司的有關規定，本公司有權拒絕有關申請。The Company shall have right to reject the application if the application fails to fulfill Company's requirement(s).
- 每份申請表只可填寫一份保單號碼（副本表格，恕不接受）。Please use a separate form for each policy number (Copies of this form are not accepted).

### 第一部份更改繳費方式 Part 1 Change of Payment Mode

<input type="checkbox"/> 更改繳付方式(於冷靜期內) Change of Payment Mode (within Cooling-off period)	
<input type="checkbox"/> 年繳 Annual <input type="checkbox"/> 半年繳 Semi-Annual <input type="checkbox"/> 季繳 Quarterly <input type="checkbox"/> 月繳* Monthly*	<input type="checkbox"/> 預繳保費* *Pre-paid Premium *請連同預繳保費及銀行入數紙一併遞交 *Please submit a Pre-paid Premium with bank-in payment receipt.
<input type="checkbox"/> 更改繳付方式 Change of Payment Mode	
<input type="checkbox"/> 年繳 Annual *於下一週年日起生效 Effective from the next Anniversary Date <input type="checkbox"/> 半年繳 Semi-Annual <input type="checkbox"/> 季繳 Quarterly <input type="checkbox"/> 月繳* Monthly* * 請連同直接付款授權書及 2 個月保費一併遞交 * Please submit a Direct Debit Authorization (DDA) Form with 2 months premium payment	<input type="checkbox"/> 預繳保費* *Pre-paid Premium *請連同預繳保費及銀行入數紙一併遞交 Please submit a Pre-paid Premium with bank-in payment receipt.

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**第二部份 聲明及授權 Part 2 Declaration and Authorization**

本人/我們現申請辦理上述之更改事項，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. 貴公司將以書面或附註形式通知此申請被接納。
5. 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」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。

本人/我們謹此代表本人及所有受保人同意及授權：

1. 任何僱主、註冊西醫、醫院、診所、保險公司、銀行、政府機構，或其他機構、組織或人士、凡知道或持有任何有關本人及受保人或任何一位受保人之紀錄者，及/或曾診驗或可能將會診驗本人及任何一位受保人者，均可將該等資料提供給 貴公司。
2. 貴公司或任何其指定之醫生或化驗所，可就此保單更改申請替本人及任何受保人進行所需之醫療評估及測試，作為審核本人及任何受保人之健康狀況。此授權對本人之繼承人及受讓入具有約束力；即使本人死亡或無行為能力時，此授權仍具效力。本授權書影印本與正本均有同等效力。

I/We hereby request the above change(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. Acceptance of the request for change shall be confirmed by the Company in writing or endorsement.
5. 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) "Guidelines on Prevention and Combating Money Laundering and Financing of Terrorism in Insurance" Ordinance.

I/We hereby agree and authorize on behalf of myself and/or the Insured that:

1. Any employer, registered medical practitioner, hospital, clinic, insurance company, bank, government institution, or other organization, institution or person, that has any records or knowledge of me/the Insured and who has attended or may hereafter attend myself/the Insured to disclose such information to the Company.
2. The Company or any of its appointed medical examiners or laboratories may perform the necessary medical assessment and tests to evaluate the health status of myself/the Insured in relation to this Application. This authorization shall bind my successors and assignees and remain valid notwithstanding my death or incapacity. A photocopy of this authorization shall be as valid as the original.

I/We declare and agree that I/we have the full authority from and consent of the Insured to make the above authorizations.

**第三部份 個人資料收集聲明 Part 3 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 [www.chinalife.com.mo](http://www.chinalife.com.mo) 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 [www.chinalife.com.mo](http://www.chinalife.com.mo) or is made available upon request.

**第四部份 簽署 Part 4 Signature**

1. 此表格必須於保單持有人簽署日起計 30 天內交至本公司辦理手續。This form must be received by the Company within 30 days from the sign date of Policyholder.
2. 若保單持有人或受保人以圖章蓋印簽署，必須有一位見證人，見證人必須為年滿 18 歲或以上的第三者。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 Insured uses a signature chop, a witness is required. The witness must be an individual third party aged 18 or above. 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.
3. 請勿在空白表格上簽署。Please DO NOT sign on BLANK form.

	保單持有人 Policyholder			抵押轉讓之承讓入 (如適用) Signature of Collateral Assignee (if applicable)			見證人及身份證/護照號碼 Witness & I.D. Card / Passport No.		
簽署或公司印鑑 Signature and/or Company Chop									
日期 Date	年 Year	月 Month	日 Day	年 Year	月 Month	日 Day	年 Year	月 Month	日 Day