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客戶專頁，即時
辦理保單更改或
查閱進度。

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



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保單期滿利益申請表 Request For Policy Maturity Benefit Form

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 Information

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

重要須知 Important Note

- 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.
- 保單期滿利益只會在此表格內任何更改或修改的地方以完整簽署作實。Any changes or amendments in this form must be countersigned by the Policyholder in full signature.
- 保單持有人必須在此表格內任何更改或修改的地方以完整簽署作實。Any changes or amendments in this form must be countersigned by the Policyholder in full signature.
- 保單持有人之簽署必須與本公司之紀錄相同。The signature of the Policyholder/Insured must match with the Company's record.
- 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 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 to view and download the latest version of the form.
- 如未能及時提交需要的資料/表格，本公司可能無法處理閣下的申請甚或拒絕閣下的申請，亦不會承擔任何可能因此引致的損失。If the necessary information/form(s) cannot be provided in a timely manner, the Company may not be able to process your application or may even reject your application and will not bear any loss that may arise.
- 保險中介人或銀行職員收到此表格並不代表本公司亦已收到。Receipt of this form by Insurance Intermediary or Bank Staff does not constitute receipt by the Company.
- 請將已填妥及簽署的表格正本連同所需證明文件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。Please send the original duly completed and signed form(s) and the supporting document(s) required to Alameda Dr. Carlos D' Assumpção No.263, 22 /A,B,K-P Edif China Civil Plaza, Macau.

申請資料 Particulars of Application

A. 付款貨幣選擇(如無註明，款項將以保單貨幣發放) Payment Currency Option (If not specified, payment will be issued in policy currency)

- 保單貨幣 Policy Currency 港元 HKD

B. 再投保申請(如適用) Pay for New Policy Application (If applicable)

再投保申請 Pay for New Policy Application

- 新單之要保書編號/保單號碼 Application No. / Policy No. of the New Policy
- 轉至新單之保單期滿利益金額 Amount of Policy Maturity Benefit to be transferred to the New Policy
 全數 Full Amount 指定金額 Specified Amount

C. 抵押保單專用 For Policy that has been assigned to the Assignee only

- 以指定付款方式全數金額支付予保單持有人* Payable to the Policyholder in full amount by specified payment method*
- 以「銀企直聯」(FPBD) 方式全數金額支付予受讓人* Payable to the Assignee in full amount by FPBD *
- 以劃線支票支付予受讓人# Payable to the Assignee by a crossed cheque#

- 受讓人姓名/名稱 Name of Assignee
- 支票送遞方式及聯絡人電話號碼 Cheque Delivery Method and Phone No. of Contact Person
- 付款分配 Payment Allocation
 全數金額^ Full Amount^ 指定金額* Specified Amount*

^ 如選擇「全數金額」，無須填寫「D. 付款指示」部份。If select "Full Amount", you are not required to fill in section "D. Payment Instruction".

* 如有餘額/金額支付予保單持有人，請填寫「D. 付款指示」部份。If there is remaining balance / an amount to be paid to the Policyholder, please complete section "D. Payment Instruction".

如欲以劃線支票以外的付費方式支付予受讓人，請於「D. 付款指示」部份的「3. 其他方式」提供有關詳情。If the payment needs to be paid by another payment method other than a crossed cheque, please provide relevant details in "4. Other Instruction" under section "D. Payment Instruction".

D. 付款指示 Payment Instruction

保單期滿利益金額/再投保申請餘額/抵押保單期滿利益全數金額或餘額之付款指示 Payment Instruction for Policy Maturity Benefit / Remaining Balance after Paying for New Policy Application / Full Amount or Remaining Balance of Maturity Benefit for Policy that has been assigned to the Assignee

1. 轉賬至本地銀行戶口 Transfer to Local Bank Account

銀行名稱 Name of Bank

銀行編號 Bank No.

分行編號 Branch No.

銀行賬戶號碼 Account No.

本人欲以「銀企直聯」方式領款。* I would like to receive the payment by Faster Payment System ("FPS"). *

注意 Note :

- 銀行賬戶持有人必須為保單持有人。Bank Account Holder must be the Policyholder.
- 銀行賬戶證明必須顯示賬戶持有人姓名及賬戶號碼。Bank account proof must show the bank account holder's name and account no..
- 如未有足夠資料顯示銀行賬戶持有人為保單持有人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 confirm the Policyholder is the holder of the relevant bank account or direct credit payment is failed for any reason, the payment will be sent to the Agent in cheque by hand.
- 如選擇以「銀企直聯」方式領款，請留意以下事項：If you choose to receive the payment by "FPBD", please note the following:
 - 只適用於本地開立，並已成功辦理登記「銀企直聯」綁定服務的銀行賬戶。申請詳情請向有關銀行查詢。Only applicable to the local bank account which registration is completed successfully for "FPBD" binding service. Please enquire to the relevant bank for application details.
 - 實際到賬時間會因應個別銀行而有差異，申請前請先向有關銀行查詢。The actual time to receive the payment may vary among banks. Please enquire relevant bank before application.

2. 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

聲明及授權 Declaration and Authorisation

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：

- 所有需要之款項及文件已提交予貴公司並完整無缺。
- 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。
- 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)。
- 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 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:

- All required complete supporting documents have been submitted to the Company.
- The request is accepted and approved by the Company during the lifetime and continued insurability of the Insured.
- 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.
- 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.

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.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 our website www.chinalife.com.mo or is made available upon request.

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)
		<p style="text-align: center;">與保單持有人之關係 Relationship to Policyholder</p> <p>保險中介人/銀行職員/客戶服務中心職員 <input type="checkbox"/> Insurance Intermediary/Bank Staff/CS Centre Staff 編號 Code</p> <p>其他人士(請註明) <input type="checkbox"/> Others (Please Specify) 身份證明文件號碼 Identity Document No.</p>
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)