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辦理保單更改或  
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02080020100101

## 保單財務調配申請表 Request For Financial Services 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.

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### 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.

### 重要須知 Important Note

- 此表格不適用於投資相連保險計劃。This form is not applicable to Investment-linked Assurance Scheme.
- 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](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.
- 請將已填妥的表格及所需文件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(s) and required document(s) should be sent to Alameda Dr. Carlos D' Assumpção No.263, 22 /A,B,K-P Edif China Civil Plaza, Macau.

### 第一部份 保單價值提取 Part 1 Policy Value Withdrawal

保單價值類別 Type of Policy Value	金額 (以保單貨幣填寫) Amount (in Policy Currency)
可支取現金/保證年金金額 Cash Coupons / Guaranteed Annuity Payment	<input type="checkbox"/> 全部 All <input type="checkbox"/> 指定金額 Specified amount <input type="text"/>
紅利 Dividend	<input type="checkbox"/> 全部 All <input type="checkbox"/> 指定金額 Specified amount <input type="text"/>
預繳保費 (預繳保費提取費用將從提取金額中扣除) Prepaid Premium (Prepaid premium withdrawal fee will be deducted from the withdrawal amount)	<input type="checkbox"/> 全部 All
其他 Other	<input type="checkbox"/> 全部 All <input type="checkbox"/> 指定金額 Specified amount <input type="text"/>

### 注意 Note :

1. 請同時填寫第五部份「付款指示」及第六部份「轉保聲明」。Please also complete Part 5 "Payment Instruction" and Part 6 "Policy Replacement Declaration".
2. 如作任何保單價值提取，保單內隨後之利益將會減少。已提取的保單價值不可以還原至保單內。By making policy value withdrawal, the future benefits under the Policy will be reduced. The policy value cannot be restored to the Policy after withdrawal.
3. 閣下只可一筆過全數提取尚未使用的預繳保費金額(包括利息，如有)。You can withdraw the unused prepaid premium (including interest, if any) at a time only.

**第二部份 保單貸款 Part 2 Policy Loan**

☐ 最高貸款額 Maximum Loan Amount

☐ 指定金額 (以保單貨幣填寫)  
Specified amount (in Policy Currency)

**注意 Note :**

請同時填寫第五部份「付款指示」及第六部份「轉保聲明」。Please also complete Part 5 "Payment Instruction" and Part 6 "Policy Replacement Declaration".

**條款及細則 Terms and Conditions :**

本人/我們向貴公司證實從未因破產或清盤而被起訴或訴訟仍未了結。本人/我們聲明已閱讀並明白下列有關之條款，並同意遵守下列的條文以及上述保單的保單所載的貸款條款：I/We certify to the Company that no proceedings in bankruptcy or insolvency against me/us have been instituted or are pending. I/We declare that I/we have read and understood the relevant terms and conditions stated below, and agree to be bound by the same and by the Policy Loan Provisions stipulated in the above policy:

1. 最高貸款額可達當時保單現金價值的 90% (視乎個別保險計劃而有所不同)，及扣除保單的任何負債(若有)。如所要求的貸款金額多於可提取的貸款金額，則以最高貸款額為準。The maximum loan amount is up to 90% of the policy cash value (depending on the type of insurance plan), less any existing indebtedness (if any). The maximum loan amount will be processed if the requested amount is larger than the loan amount available.
2. 貸款利息將自貸款批核日起每日累計。該等累計利息將成為上述保單對貴公司之欠債。貸款利息應於每年保單週年日、受保人身故、退保、保單失效或本公司指定的日期償還。所有到期未償還之利息，將納入貸款本金金額內，以同等年利率及條款計算，直至全數貸款清還為止。The interest on loan shall be accrued daily from the date when the policy loan is approved by the Company. The accrued interest shall constitute an indebtedness to the Company. Interest shall be repaid on the anniversary date of the Policy in each year or on the date of death of the insured, surrender, lapse or on any other date specified by the Company. Any interest unpaid when due shall be added to the principal of the loan and bear interest at the same rate and on the same conditions until the loan is fully repaid.
3. 若上述保單失效或以任何形式終止，保單之欠款將從退保發還金額中扣除。If the Policy shall lapse or become forfeited in any manner, the indebtedness of the Policy shall be deducted from the surrender value of the Policy.
4. 若上述保單期滿，保單之欠款將從貴公司應付之金額中扣除。If the policy shall mature, the indebtedness of the Policy shall be deducted from the amount payable by the Company.
5. 當保單之總負債金額等於或超過退保現金價值時 (包括應付利息)，本保單即告終止，並無任何金額領回。The policy will be terminated once the total indebtedness, including interest accrued and due, is equal to or greater than the cash value, and no monies will be payable by the Company upon such termination.
6. 除個別產品外，本公司現行保單貸款利息之年利率為 7%，而本公司有絕對酌情權定期檢討及調整此息率。The current interest rate on policy loan is 7% per annum except for specific products, which is subject to regular review and adjustment at the Company's sole absolute discretions.
7. 每次還款額必須最少清還全數貸款利息。At least the total loan interest must be paid off for each repayment.

**第三部份 償還保單貸款 Part 3 Policy Loan Repayment**

☐ 償還全數貸款金額及利息 Repay FULL loan and interest amount

☐ 償還部份貸款金額及/或全數貸款利息 Repay PARTIAL loan amount and/or FULL loan interest

**注意 Note :**

1. 請以保單貨幣填寫償還部份貸款金額。Please fill in the partial loan repayment amount in Policy Currency.
2. 若償還部份貸款，金額必須不少於全數應付利息。For partial loan repayment, the amount must not be less than FULL accrued loan interest.

**第四部份 終止保單 Part 4 Policy Termination**

☐ 冷靜期內取消保單 Policy Cancellation within Cooling-off Period (原因 Reason: \_\_\_\_\_)

☐ 保單退保 Policy Surrender (原因 Reason: \_\_\_\_\_)

**注意 Note :**

1. 請同時填寫第五部份「付款指示」及第六部份「轉保聲明」(冷靜期內取消保單除外)。Please also complete Part 5 "Payment Instructions" and Part 6 "Policy Replacement Declaration" (except apply for Policy Cancellation within Cooling-off Period).
2. 任何於本公司收到及完成審批退保申請前已繳交之保費將不獲退還。Any premium paid prior to our receipt and approval of the surrender request will not be refunded.
3. 如提早終止保單，閣下 i) 所得的退保價值(如有)可能會少於閣下已支付的總保費、ii) 或會損失保單的累計權益，即閣下可能會蒙受損失。此外，閣下或需要承擔因退保而衍生的退保費用。Early surrendering the Policy, you i) may receive the surrender value (if any) less than your total paid premium, ii) may lose the accrued benefits of the Policy. This means you may suffer a loss. Further, you may incur surrender charges for policy surrender.
4. 保單一經終止，閣下將失去保單提供的保障及在任何情況下均不可以復效及/或還原保單，及閣下於將來或未能以相同條款獲得相若的保障。而在保單終止後，本公司對保單的責任便告了結。You will lose the benefits under the Policy and you may not be able to reapply for the same benefit on the same terms/conditions in future, also the Policy cannot be reinstated or restored in any circumstance after policy termination. The liability of the Company upon termination of the Policy is hereby completely discharged.
5. (適用於提供「轉換年金權益」的保單) 如保單已選定退保後的年金付款方式，本公司將不會按此表格第五部份「付款指示」進行付款，亦即只會按已選定的年金付款方式發放年金。(Applicable to policy that provide "Annuity Conversion Option") If the policy has selected an annuity payout option after surrender, the Company will not follow the payment instructions in Part 5 of this form, and will pay the annuities by following the annuity payout option previously selected.

## 第五部份 付款指示 Part 5 Payment Instruction

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)

☐ 保單貨幣 Policy Currency ☐ 港元 HKD

## A. 抵繳保單 Transfer to Policy

1. 用途 Purpose ☐ 抵繳保費 Offset Premium  
☐ 償還貸款金額及/或全數貸款利息 Repay Loan Amount and/or FULL Loan Interest  
☐ 償還自動保單貸款及利息 Repay Automatic Premium Loan and Interest

2. 保單號碼/要保書編號 Policy No./ Application No.

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3. 付款分配 Payment Allocation

☐ 全數金額^ Full Amount^ ☐ 指定金額\* Specified Amount\*

## B. 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\*  
☐ 以指定付款方式全數金額支付予受讓人\* Payable to the Assignee in full amount by specified payment method\*  
☐ 以劃線支票支付予受讓人# Payable to the Assignee by a crossed cheque#

1. 受讓人姓名/名稱 Name of Assignee

2. 支票送遞方式及聯絡人電話號碼 Cheque

Delivery Method and Phone No. of Contact Person

3. 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「C. 付款方式」部份。If select "Full Amount", you are not required to fill in section "C. Payment Method".

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

# 如欲以劃線支票以外的付費方式支付予受讓人, 請於「C. 付款方式」部份的「4. 其他指示」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 "C. Payment Method".

## C. 付款方式 Payment Method

## 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.

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☐ 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)

☐ 支票寄往本人於 貴公司登記的通訊地址 Mail cheque to the correspondence address registered in the Company by ordinary post☐ 經保險中介人轉遞 Deliver via Insurance Intermediary☐ 親身到分行領取支票 Pick up cheque at Branch in person

分行名稱/編號

Branch Name/Code

☐ 親身到客戶服務中心領取支票 Pick up cheque at Customer Service Centre in person☐ 保單持有人領取 Pick up cheque in person by policyholder☐ 授權人領取 Pick up cheque in person by authorized person

授權人姓名

Name of authorized person

授權人聯絡電話

Contact no. of authorized person

授權人身份證明文件號碼

I.D. no. of authorized person

## 第五部份 付款指示(續) Part 5 Payment Instruction (Continued)

## (3) 其他方式 Other Methods

☐ 其他(請列明)  
Others(Please specify)

## 第六部份 轉保聲明 Part 6 Policy Replacement Declaration

**重要提示 Important Notes :** 申請提取保單價值(提取暫收款賬戶除外)、保單貸款或保單退保, 必須填寫此部分內容。Must complete this part when applying for Policy Value Withdrawal (except apply for withdrawal of the Temporary Deposits Account), Policy Loan or Policy Surrender.

閣下是否使用或打算使用此人壽保險保單的部分或全部資金, 使用或打算使用通過減少此人壽保險保單的應付保費而節省的金額, 以資助閣下於過去或其後12個月內新申請的人壽保險保單(如有)? 例如, 該等資金或金額可能來自從閣下此人壽保險保單中提取的累積紅利、累積可支取現金、保證年金、尚未使用的預繳保費、保單貸款或退保價值等。如是, 該等情況將被視為「轉保」。

Are you using or do you intend to use some or all of the funds arising from the above-mentioned policy, or any savings made by reducing the premium payable under the above-mentioned policy, in order to fund the new life insurance policy (if any) which is purchased within 12 months prior or follow to the date of this application? For example, such funds or savings may arise from taking out accumulated dividends, accumulated cash coupons, guaranteed annuity payments, unused prepaid premium, policy loan or surrender value from the above-mentioned policy. If yes, such conditions will be considered as "Policy Replacement".

☐ 是 Yes

☐ 否 No

## 注意 Note :

「轉保」可能令閣下帶來實質及潛在損失。為保障閣下的權益, 請仔細比較現有保單與新保單的條款, 衡量轉保是否符合本身的最佳利益, 閣下應尋求專業意見以了解相關風險及轉保的不利後果, 並細閱澳門金融管理局網站 [www.amcm.gov.mo](http://www.amcm.gov.mo) 瀏覽《人壽保險轉保指引》法則及指引以了解有關詳情。You may suffer loss in case of "Policy Replacement". To protect your interest, you should carefully consider your existing and the new insurance policies and assess whether the Policy Replacement is in your best interests before making a decision. You should seek professional advice to understand the associated risks and potential disadvantages of Policy Replacement. For details, please visit the AMCM website at [www.amcm.gov.mo](http://www.amcm.gov.mo) to read the guidelines titled, "GUIDELINES FOR LIFE INSURANCE REPLACEMENT".

## 第七部份 聲明及授權 Part 7 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. 所有需要之款項及文件已提交予 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/我們明白所有保單利益之款項將根據保單或隨後所發出之批註(如適用)所載之最近期保單貨幣為準。因此, 就非港元保單提供選擇以港元作為收取任何此等利益的貨幣只屬貴公司酌情所提供之服務, 如本人/我們選擇以非保單貨幣支付, 本人/我們同意承擔所需的兌換差額, 而該差額是有關貨幣兌換時依據貴公司內部貨幣兌換率而釐定。
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」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:

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 understand that any benefits payable under the Policy will be paid in the latest policy currency as shown on the Policy or, if applicable, the appropriate subsequent endorsement. Accordingly, the provision of the option to receive any such benefits in HKD for non-HKD policy is solely a service offered by the Company at its discretion. I/We understand and agree that should I/we opt for payment of any benefits payable under the Policy in non-policy currency, I will bear the necessary exchange difference, such difference being determined by the Company on the basis of the Company's internal exchange rates as at the time of the relevant currency.
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) pursuant to the "Guidelines on Prevent ion and Combating Money Laundering and Financing of Terrorism in Insurance" Ordinance.

**第八部份 個人資料收集聲明 Part 8 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.

**第九部份 聲明及簽署(請勿在空白或尚未填妥的表格上簽署)****Part 9 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 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)