



請掃二條碼登入
客戶專頁，隨時
提交索償申請及
查閱進度。

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

受益人提取年金賠款申請表 BENEFICIARY WITHDRAW ANNUITY BENEFIT FORM

| | | |
|------------------------------|-----------------------|----------------------|
| 保單持有人姓名 Name of Policyholder | 受保人姓名 Name of Insured | 保單編號 Policy No. |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

保險中介資料 INSURANCE INTERMEDIARY INFORMATION

| | |
|---------------------------------------|----------------------|
| 保險中介姓名 Name of Insurance Intermediary | |
| <input type="text"/> | |
| 保險中介編號 Insurance Intermediary Code | 聯絡電話 Contact No. |
| <input type="text"/> | <input type="text"/> |

重要須知 IMPORTANT NOTE

- 請以正楷填寫本申請表。任何資料如有更改，受益人必須在更改的位置簽署作實。Please complete this form in BLOCK LETTERS. All amendments should be endorsed by the Insured / Policyholder / Claimant in full signature.
- 本申請表中所用之「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 expressions "the Company" or "our Company" used in this form refers to China Life Insurance (Overseas) Company Limited.
- 如受益人為十八歲或以上，受益人必須親自填寫及簽署本申請表，如受益人為十八歲以下，本申請表應由受益人之家長或合法監護人填寫及簽署。如受益人因傷殘不能書寫，其直系親屬可代為填寫本申請表及簽字，並提供醫生證明。If the beneficiary is at or above age 18, the beneficiary must complete and sign this form by his or her good self. If the beneficiary is under age 18, this form should be completed and signed by the beneficiary's parent/ legal guardian. In the event that the Insured/ policyholder is physically incapacitated and prevented from signing, this form may be completed and signed by an immediate family member with relevant physician's statement provided.
- 若受益人以圖章蓋印簽署，必須由一位見證人予以見證。見證人之個人資料只會用於處理本索償申請及核實和確認本申請表簽署人的身份之用。If the Beneficiary uses a signature stamp, it must be witnessed by a witness. The personal particulars of the witness will only be used for the purpose of processing this claim and verifying and confirming the identity of the signatory of this form.
- 受益人之簽署必須與本公司之紀錄相同。The signature of the Beneficiary must be the same as the Company's record.
- 保險中介人或銀行營業員收到本申請表並不代表本公司已收到。Receipt of this form by your Insurance Intermediary or bank officer does not constitute receipt by the Company.
- 如有任何查詢，請與閣下的保險中介人聯絡或致電本公司客戶服務熱線(853) 2859 5519 查詢。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 China Life Insurance (Overseas) Co. Ltd., Alameda Dr. Carlos D' Assumpção No. 263, 22 Andar A, B, K-P, Edif. China Civil Plaza, Macau.
- 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.
- 如中英文版本有任何抵觸或不符之處，概以中文本為準。If there is any discrepancy or inconsistency between the English version and the Chinese version of this form, the Chinese version shall prevail.

A. 受益人資料(由受益人或受益人之代表填寫) INFORMATION OF THE BENEFICIARY (to be completed by the Beneficiary or Beneficiary's Representative)

| | | |
|---|--|--------------|
| 1 | 稱謂 (先生/太太/女士/小姐) Title (Mr/ Mrs/ Ms/ Miss) | 性別 Gender |
| 2 | 中文姓名 Name in Chinese | |
| 3 | 英文姓名 Name in English | 姓氏 Last Name |
| 4 | 出生日期 Date of Birth | 年 Year |
| 5 | 出生國家 Country of Birth | 月 Month |
| 6 | 國籍 / 地區 Nationality / Region | 日 Day |
| 7 | 職業/行業(必須填寫) Occupation/Business (Compulsory) | |



A. 受益人資料(由受益人或受益人之代表填寫)(續) INFORMATION OF THE BENEFICIARY (to be completed by the Beneficiary or Beneficiary's Representative)(Continued)

8 與受保人關係 Relationship to the insured

9 ☐ 澳門永久居民身份證/澳門身份證號碼 MO Permanent ID Card/MOID Card No.☐ 非澳門永久居民身份證:身份證/護照號碼 Non-MOID Card: ID Card / Passport No.☐ 商業組織註冊編號 Business association Registration No.

10 目前居住地址(個人)/目前營業地址(商業組織)*Current Residential Address(Individual)/Current Business Address(Business association)*

城市 City

國家 Country

目前永久地址(個人) / 於成立地方之註冊辦事處地址(商業組織)* (如與目前居住地址(個人)/目前營業地址(商業組織)不同)
Current Permanent Address (Individual)/Registered Office Address in the Place of Incorporation (Business association)* (if different from Current Residential Address (Individual)/Current Business Address (Business association))

城市 City

國家 Country

請提供地址證明及必須為遞交申請表當天之前 3 個月內 Please provide proof of address within 3 months of application submission date

11 電話號碼 Telephone No.

國家號 Country Code

電話號碼 Telephone No.

12 手電號碼 Mobile No.

國家號 Country Code

電話號碼 Telephone No.

13 電郵地址 Email Address

14 提取金額 Withdrawal Amount 提取金額: Withdrawal Amount:

☐ 保單貨幣 Policy Currency☐ 港元 Macau Dollar (適用於非港幣保單。選擇此項時, 賠付金額將按本保險公司不時釐定之兌換率計算。) Applicable to non-Macau Dollar Policy. (If selected this option, the payable amount will be calculated at the exchange rate determined by our Company from time to time.)

15. 領款方式(請選擇一種理賠支付方式) PAYMENT METHOD (Please select only one of the settlement options)

1. 自動入賬申請 Direct Credit Application

請提供賬戶證明文件, 如印有賬戶持有人姓名/名稱及賬戶號碼的銀行卡/月結單/存摺。倘未有足夠資料顯示銀行賬戶持有人為保單受益人/索償人或因故未能成功自動入賬, 有關款項將以劃線支票形式發出。Please provide bank account document(s), such as bank card/monthly statement/ passbook with account holder name and account no. If there is insufficient information to identify the ownership of bank account belongs to Beneficiary/Claimant or direct credit is failed for any reason, the payment will be issued by cheque.

本人/我們現申請以上理賠匯款方式領取金額, 並同意銀行於匯款中扣除相關手續費 (如有)

I/We agree to apply the captioned Claims Remittance Service and bank charge would be deducted from the payment amount. (If applicable)

☐ 至保單受益人/索償人於本公司指定的澳門開立銀行戶口 To a bank account set up in Macau designated by the company held by the Beneficiary/Claimant

銀行名稱 Name of Bank

銀行編號 Bank

分行編號 Branch No.

銀行賬戶號碼 Account No.

No.

賬戶持有人姓名(中文) (必須為保單受益人/索償人)

Name of bank account holder (Chinese) (Beneficiary/Claimant Only)

賬戶持有人姓名(英文) (必須為保單受益人/索償人)

Name of bank account holder (English) (Beneficiary/Claimant Only)

(a) 本地銀行劃線支票 MACAU LOCAL CROSSED CHEQUE

☐ 親自到客戶服務中心提取 Collect Cheque at Customer Service Centre in person

(請受益人/索償人帶同身份證明文件親臨本公司的澳門客戶服務中心收取支票。) (The Beneficiary/Claimant should collect the cheque at our Macau Customer Service Centre by presenting the identity document.)

☐ 授權第三者(代領人)領取 Pick up cheque in person by authorized person

代領人姓名

Name of authorized person

代領人聯絡電話

Contact no. of authorized person

代領人身份證明文件號碼

I.D. no. of authorized person

☐ 郵寄至保單登記的通訊地址 Mail to correspondence address registered in our Company☐ 經保險中介人轉遞 Deliver via Insurance Intermediary☐ 經銀行營業員轉送 (請指定銀行分行及經辦人員) Deliver by bank officer (Please state the branch and bank officer)

銀行分行 Branch

經辦人員 Bank Officer

15. 領款方式(請選擇一種理賠支付方式) (續) PAYMENT METHOD (Please select only one of the settlement options) (Continued)

(c). 其他方式 Other Methods

☐ 其他(請列明) Others (Please specify)

16 閣下以何名義索償? In what capacity or title are you claiming this insurance?

☐ 指定受益人 Designated Beneficiary ☐ 受托人 Trustee ☐ 遺產承辦人 Estate Administrator ☐ 受讓人 Assignee

17 閣下是否美國公民或美國稅務居民(見備註)? Are you a U.S. Citizen or a U.S. tax resident (See Note)?

☐ 是 Yes TIN No. ☐ 否 No

B. 受益人之代表資料 INFORMAITON OF BENEFICIARY'S REPRESENTATIVE

1 受益人之代表姓名 Name of Applicant

年齡及性別 Age and Sex

2 身份證號碼 H.K.I.D. Card No.

聯絡電話 Contact phone no.

3 與受益人關係 Relationship with Beneficiary

4 通訊地址 Mailing Address

C. 索償所需文件清單 CLAIM DOCUMENT CHECKLIST

- ✓ 基本文件 Basic Documents ; ● 附加文件 Additional Documents ; ✕ 不適用 Not Applicable

| 索償所需文件(文件的核實副本可於本公司的客戶服務中心辦理) Claim Document (Documents can be certified at our Company's Customer Service Centre) | 受益人提取年金賠款 Beneficiary Withdraw Annuity Benefit |
|--|---|
| <input type="checkbox"/> 受益人之身份證明文件 ID of Beneficiary | ✓ |
| <input type="checkbox"/> 商業組織之商業登記證 Business Registration of Business Association | ✓ |
| <input type="checkbox"/> 商業組織之授權信予簽署人 Authorization Letter to Authorized Signer of Business Association | ✓ |
| <input type="checkbox"/> 商業組織授權簽署人之身份證明文件 Identity Proof of the Authorized Signer of Business Association | ✓ |
| <input type="checkbox"/> 稅務信息交換之自我證明表格(理賠適用) Self Certification Form(For Claims) for Automatic Exchange of Financial Account Information (CRS) | ● |

D. 客戶確認符合《海外帳戶稅收合規法案》和其他適用法律 CUSTOMER ACKNOWLEDGEMENT REGARDING COMPLIANCE WITH FOREIGN ACCOUNT TAX COMPLIANCE ACT AND OTHER APPLICABLE LAWS

閣下認知本公司須遵從，遵守或履行法律、法規、命令、指引、守則和包括《海外帳戶稅收合規法案》適用規定的要求，或任何公眾、司法、稅務、政府和 / 或其他監管機構等協定的要求，包括但不限於美國國稅局（以下簡稱「監管機構」）在不同的司法管轄區不時頒布及修訂的協定（以下簡稱「適用規定」）。在這方面，閣下同意本公司可以在任何時候完全酌情採取任何相關行動，包括但不限於向任何監管機構透露閣下的個人資料，以確保本公司遵行適用規定。

You acknowledge that the Company shall be obliged to comply with, observe or fulfill the requirements of the laws, regulations, orders, guidelines, codes, and requirements including the applicable requirements under the Foreign Account Tax Compliance Act of or agreements with any public, judicial, taxation, governmental and/or other regulatory authorities, including without limitation, the U.S. Internal Revenue Service (the "Authorities" and each an "Authority") in various jurisdictions as promulgated and amended from time to time (the "Applicable Requirements"). In this connection, you agree that the Company may at any time take any relevant actions as may be determined by the Company in its sole and absolute discretion which including but not limited to disclose your particulars to any Authority for the purpose of ensuring the Company's compliance or adherence with the Applicable Requirements.

客戶同意向第三方披露資料

Customer consent to disclose information to third parties

閣下同意本公司可能將根據適用規定的要求，向任何監管機關披露閣下的個人資料或任何資料。此等披露可以由本公司直接或通過中國人壽保險（集團）公司或中國人壽保險（集團）公司的其他成員進行。基於前述的原因，以及儘管在本表格或我們之間的任何其他協議所載的任何內容，本公司可能需要閣下向本公司提供進一步資料，以便向任何監管機關透露，而閣下必須在合理要求的時間（由提出申請或知會變更資料的 90 日期天）內，向本公司提供相關的資料。

You agree that the Company may disclose your particulars or any information to any Authority in connection or adherence with the Applicable Requirements. Such disclosure may be effected directly or sent through any of the China Life Insurance (Group) Company or other affiliates of the China Life Insurance (Group) Company. For the purposes of the foregoing and notwithstanding anything contained in this form or any other agreements between us, the Company may need you to provide the Company with further information as may be required for disclosure to any Authority and you shall provide the same to the Company within such time as may be reasonably required (Within 90 calendar days from the date of the application or information change).

E. 客戶確認符合《海外帳戶稅收合規法案》和其他適用法律(續)CUSTOMER ACKNOWLEDGEMENT REGARDING COMPLIANCE WITH FOREIGN ACCOUNT TAX COMPLIANCE ACT AND OTHER APPLICABLE LAWS(Continued)

儘管載於本表格或我們之間其他任何協議所包含的任何內容，閣下同意向本公司提供協助，使本公司能夠就閣下遵行適用規定下的義務。

就閣下任何在申請時或其他時間向本公司提供的任何資料，閣下同意及時 (30 日期天之內) 向本公司提供更新資料。尤其重要的是閣下立即通知本公司下列的更新：若閣下是個人，閣下的個人身份號碼、地址、電話、國籍、稅務狀況或稅籍所在地的變動；閣下擁有多於一個國家的稅籍；若閣下是法團法人或任何其他類型的實體，閣下的註冊地址、業務營運地址、主要股東、法定及實際受益人或管理人 (擁有或控制 10%或以上股份或所有權或管理權的人士)，稅務狀況，稅籍所在地的變動，或若閣下擁有多於一個國家的稅籍。若發生這些變動，或任何其他資料顯示發生了變動，本公司可能會要求閣下提供額外文件或資料。此等資料和文件包括但不限於正式完成及 / 或簽署 (並且如有需要，由公證人作出公證) 的稅務申報或表格。

如果閣下未能及時向本公司提供資料或文件，或閣下所提供所需的資料或文件並非最新、準確或完整，為確定本公司持續遵從適用規定，閣下同意本公司可以完全酌情決定隨時採取任何相關行動以確保本公司遵從適用法律及法規的要求。

Notwithstanding anything contained in this form or any other agreements between us, you agree to provide the Company with such assistance as may be necessary to enable the Company to comply with the Company's obligations under all Applicable Requirements concerning you or your policies with the Company. You agree to update the Company in a timely manner (within 30 calendar days) of any change of any of the details previously provided to the Company whether at time of application or at any other times. In particular, it is very important that you notify the Company immediately if, where you are an individual, your personal identification numbers, addresses, telephone numbers, nationality, tax status or tax residency changes or if you become tax resident in more than one country, or, where you are a corporation or any other type of entity, your registered address, address of your place of business, substantial shareholders, legal and beneficial owners or controllers (who own or control 10% or more of your shares or ownership interest or control), tax status, tax residency changes or if you become tax resident in more than one country. If any of these changes.

occurs or if any other information comes to light concerning such changes, the Company may need to request additional documents or information from you. Such information and documents include but are not limited to duly completed and/or executed (and, if necessary, notarized) tax declarations or forms. If you do not provide the Company with the information or documents requested in a timely manner or if any information or documents provided are not up-to-date, accurate or complete you agree that the Company may take any relevant actions at any time as may be determined by the Company in its sole and absolute discretion to be required to ensure compliance with the applicable Laws and Regulations on the part of Company.

備註：如上述第二部份資料顯示受益人可能是美國公民或美國稅務居民 1 及/或可能與美國有關聯 2，受益人需填妥將由本公司發出的確認書，連同所需的美國稅務自我聲明書 (如：W-9、W-8BEN 或同等文件) 及相關證明文件 (如適用) 一併呈交予本公司。如受益人為組織機構，除前述文件之外，受益人另需填妥並遞交「補充陳述書 - 適用於要保人/保單持有人/受抵人為組織機構」及「補充陳述書 - 適用於個人股東」(如適用)。

1 美國稅務居民指的是美國綠卡持有人 (即美國合法永久居民) 或滿足實質居住測試 (即他/她於本納稅年內已在美國逗留至少 31 天和三年內在美國逗留至少 183 天在(含本納稅年度及過往兩年))。

- 三年內在美國逗留日數計算方法 = 本年實際居住在美國日數 + 1/3 去年居住在美國的日數 + 1/6 前年居住在美國的日數
2 與美國有關聯的資料包括但不限於：出生國家為美國 3、電話號碼為美國號碼、郵寄或永久地址為美國地址、客戶提供美國郵政信箱或轉交地址或代存地址、客戶授予擁有美國地址的人代理權或簽名權、常設指示將資金轉入位於美國的賬戶、任何與美國相關的資訊等。

3 若受益人的出生國家為美國，但聲明為非美國公民或美國稅務居民，除 W-8BEN 之外，受益人需提供美國以外國家或地區簽發的護照副本，或政府簽發可證明非美國公民或美國稅務居民身份的任何身份證明文件的副本，及喪失/放棄美國籍之證明文件副本。

Notes: If the information provided in Part II indicates that the Beneficiary may have become a U.S. Citizen or a U.S. tax resident¹ and/or the Beneficiary may have links to the U.S.², the Beneficiary is required to complete and return a confirmation letter which shall be posted by the Company, along with a U.S. tax self-certification form (e.g. W-9, W-8BEN or an equivalent form) and relevant supporting documents (if applicable) to the Company. If the Beneficiary is an Entity, the Beneficiary is required to complete and submit the "Supplementary Information Form – Applicable to Entity Applicant/Policyholder/Assignee" and "Supplementary Information Form – Applicable to Individual Shareholder" (if applicable) in addition to the aforementioned documents.

1 U.S. tax resident refers to U.S. Green Card holder (i.e. U.S. lawful permanent resident) or individual who meets the substantial presence test (i.e. he/she has been present in the U.S. for at least 31 actual days in the current tax year and 183 equivalent days during a three year period (including current year and the two prior years)). - Equivalent days = Actual days in the U.S. in the current year + 1/3 of his days in the U.S. in the immediately preceding year + 1/6 of his days in the U.S. in the second preceding year.

2 Information that has a U.S. link, included but not limited to: a U.S. place of birth³, a U.S. telephone number, a U.S. correspondence or permanent address, a U.S. P.O. box address, a U.S. "in-care-of" or "hold mail" address, a power of attorney or signatory authority granted to a person with a U.S. address, standing instructions to make payments to accounts maintained in the U.S., any U.S. related information, etc.

3 If the Beneficiary's place of birth is U.S., but declared that he/she is not a U.S. Citizen or a U.S. tax resident, apart from filing in W-8BEN, the Beneficiary is required to provide a copy of non-U.S. passport or government issued identification document evidencing non-U.S. citizenship or Tax resident, AND a Certificate of Loss of Nationality of U.S.

為遵循 FATCA 及相關的本地法規，本人/我們同意貴公司提供本人/我們的個人資料予美國或相關的本地司法、稅務或其他監管機構，以確保貴公司遵行 FATCA 或適用規定。亦明白本人/我們需回答本申請表的所有問題及於 90 日期天內將所需的稅務自我聲明書及相關證明文件 (如適用) 一併交予貴公司，否則貴公司須按規定將本人/我們列為不合規帳戶，並可能向美國國稅局彙報。

Pursuant to FATCA or applicable local laws, I/we hereby consent to the Company to report my/our personal data to the U.S. or applicable local regulators or tax authorities where necessary in order to comply with FATCA or applicable local laws and understand that I/we need to answer all questions in this form and return the required tax self-certification form and relevant supporting documents (if applicable) to the Company within 90 calendar days. Otherwise, the Company may report my/our account to the IRS as a Non-Consenting U.S. Account in compliance with the FATCA regulations.

F. 個人資料收集聲明 PERSONAL INFORMATION COLLECTION STATEMENT

聲明和授權：本人 / 我們確認本人/我們已閱讀並明白中國人壽 (海外)股份有限公司的收集個人資料聲明。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澳門境外給本聲明所述的承轉人的類別。有關最新版本的收集個人資料聲明，可於 <https://www.chinalife.com.mo/zh-hant/personal-information-collection-statement> 下載或向中國人壽 (海外) 股份有限公司索取。

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 of China Life Insurance (Overseas) Company Limited. 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 Macau for the purposes and to the types of transferee as set out in the PICS. For the latest version of the personal information collection statement, it can be downloaded from <https://www.chinalife.com.mo/zh-hant/personal-information-collection-statement> or is made available upon request.

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 in direct marketing") and do not wish to receive any promotional and direct marketing materials.

G. 聲明及授權 DECLARATION AND AUTHORIZATION**聲明及授權 Declaration and Authorization****授權 Authorization**

本人，保單受益人/索償人，代表本人及尚未成年之受益人/索償人(如有)及受保人謹此授權 (1) 任何僱主、註冊西醫、醫院、診所、保險公司、銀行、政府機構、政府部門，或其他機構、組織或人士、凡知道或持有任何有關本人/我們/受保人之紀錄、認識或資料者，均可將該等資料提供、發放及轉交給貴公司；(2) 貴公司或任何其指定之醫療/輔助醫療檢查員或化驗所，可就本索償申請替本人/我們/受保人進行所需之醫療評估及測試，作為審核本人/我們/受保人之健康狀況。此授權對本人/我們/受保人之繼承人及授讓人具有約束力；即使本人/我們/受保人死亡或無行為能力時，此授權書仍具效力。此授權書的影印本與正本均有同等效力。I, the Beneficiary/Claimant, represent me/the Beneficiary/Claimant under 18 years old (if any)/the Insured HEREBY AUTHORIZE (1) any employer, registered medical practitioner, hospital, clinic, insurance company, bank, government institution, or other organization, institution or person, that is aware of or has any records, knowledge or information of me/us/the Insured to disclose, release and transfer such information to the Company; ; (2) the Company or any of its appointed medical / para-medical examiners or laboratories to perform the necessary medical assessment and tests to evaluate the health status of myself/ourselves/the Insured in relation to this claim. This authorization shall bind the successors and assignees of me/us/the Insured and remains valid notwithstanding death or incapacity. A photocopy of this authorization shall be as valid as the original.

聲明 Declaration

本人，保單受益人/索償人，謹此聲明及同意(1)上述一切陳述及問題的所有答案，不論是否本人親手所寫，就本人所知所信，均為事實之全部並確實無訛；本人明白倘未知任何一項是否重要，本人均須將其事實在本申請表上說明；(2)本人對任何人所作出之任何聲明，除在本申請表上填寫或印出及經貴公司發表和批准外，貴公司不須受其約束。若相關人士不能提供任何本申請表所需的資料，貴公司可能因此不能審核及處理本償申請。I, the Beneficiary/Claimant, HEREBY DECLARE and AGREE that (1) all the foregoing statements and answers to all questions whether or not written by my own hand are to the best of my knowledge and belief complete and true; I also understand that in the event of doubt as to whether a fact is material, it should be disclosed here. (2) The Company is not bound by any statement which I may have made to any person unless it is written or printed here and is presented and approved by the Company. If any relevant persons fail to provide any information requested in this claim form, it may result in the Company's inability to process and deal with this claim.

| | 受益人/受益人代表 Beneficiary / Beneficiary's Representative | | | 見證人 Witness | | |
|--------------------------------------|---|---------|-------|----------------|---------|-------|
| 簽署 Signature | | | | | | |
| 姓名 Name | | | | | | |
| 身份證/護照號碼 I.D. Card / Passport No. | | | | | | |
| 日期 Date | 年 Year | 月 Month | 日 Day | 年 Year | 月 Month | 日 Day |
| | | | | | | |