中國人壽保險(海外)股份有限公司
China Life Insurance (Overseas) Company Limited
(於中華人民共和國註冊成立之股份有限公司)
(incorporated in the People's Republic of China with limited liability)

中國人壽 CHINA LIFE | 海外

幼童投保問卷 QUESTIONNAIRE FOR THE JUNIOR INSURED

(準)受保人姓名 Name of (Proposed) Insured	(準)保單持有人姓名 Name of (Proposed) Policyholder	要保書/保單編號 Application/Policy No.
保險中介人姓名 Insurance Intermediary 's Name	**保險中介人註冊編號 Insurance Intermediary's Registration Code**	**分行/中介人編號 Branch/ Intermediary's Code**

由(準)保單持有人就(準)受保人之情況作答。To be completed by (Proposed) Policyholder on the conditions of (Proposed) Insured.

問題 Question	答案 Answer
投保目的是什麼? Objective for Insurance Application?	
(準)受保人之父親擁有的總有效保額及承保公司名稱? Total amount of all in force policies, including those from other insurance company, on the (Proposed) Insured's father and insurance company's name?	
(準)受保人之母親擁有的總有效保額及承保公司? Total amount of all in force policies, including those from other insurance company, on the (Proposed) Insured's mother and insurance company's name?	
(準)受保人之家庭年總收入? (Proposed) Insured's family annual income?	
(準)受保人之家庭淨資產值? (Proposed) Insured's family net assets value?	
(準)受保人有多少個兄弟姐妹? How many brothers and sisters does the (Proposed) Insured have?	
(準)受保人之兄、弟、姐、妹(若有)是否擁有相近的投保額? Do the brothers and sisters of the (Proposed) Insured have similar amount of insurance?	
(準)受保人慣常求診的醫生姓名及地址? Family doctor's name and address of the (Proposed) Insured?	

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 Personal Information Collection Statement ("PICS") of China Life Insurance (Overseas) Company Limited. For the latest version of PICS, it can be downloaded from www.chinalife.com.mo or is made available upon request.

聲明 DECLARATIONS

本人/我們謹此聲明,本人/我們所作以上陳述為事實之全部,並同意該等陳述將作為本人/我們致中國人壽保險(海外)股份有限公司的上述要保書一部份。如有任何不正確或虛報資料,繕發之保單將根據貴公司的選擇而無效或可使無效。

I/We declare that the above statements are full, complete and true, and agree that they shall form part of my/our application above mentioned to China Life Insurance (Overseas) Company Limited and that any untrue or inaccurate statement shall render the policy issued may be void or voidable at the option of the Company.

保險中介人簽署
Insurance Intermediary's Signature

(準)保單持有人簽署
Proposed Policyholder's Signature

(準)受保人簽署 (若年齡在 18 歲或以上)
Proposed Insured's Signature (If age 18 or above)

_____/_____/_____
年 Year 月 Month 日 Day

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