

Direct Debit Authorization

直接付款授權書

Please tick appropriate box(es) for request 請於適當之空格內加上 號 New Request 新申請 Reply 回覆Policy Number:
保單編號Full Name of Insured:
受保人姓名Full Name of Policyowner:
保單持有人姓名

I/We hereby authorize my/our below-named Bank to effect transfer of such amount not exceeding the limit stated below at any one transfer from our account to that of Chubb Life Insurance Company Ltd. in accordance with such instructions as my/our Bank may receive from the Beneficiary from time to time.

本人/吾等現授權本人/吾等之下述銀行，根據受益人不時給予本人/吾等銀行之指示，自本人/吾等之賬戶內轉賬予安達人壽保險有限公司之賬戶，轉賬額每次不得超過以下指定最高限額（如有）。

I/We agree that my/our Bank shall not be obliged to ascertain whether or not notice of any such transfer has been given to me/us.
本人/吾等之銀行毋須證實該等轉賬通知是否已交予本人/吾等。

I/We jointly and severally accept full responsibility for any overdraft (or increase in existing overdraft) on my/our account which may arise as a result of any such transfer(s).
如因該等轉賬而令本人/吾等之賬戶出現透支（或令現時之透支增加），本人/吾等共同及各別承擔全部責任。

I/We confirm that my/our signature(s) on this application form is/are the same as that/those for the operation of my/our saving/current account to be debited for the transfer.
本人/吾等證明本人/吾等在此表格上之簽名式樣與本人/吾等之銀行賬戶式樣一致。

I/We agree to notify Chubb Life Insurance Company Ltd. of any change of bank account or cancellation of payment method and further agree that should there be insufficient funds in my/our bank account to meet any transfer hereby authorized, the Bank shall be entitled, at its discretion, not to effect such transfer in which event the Bank may make the usual service charge and that it may cancel this authorization at any time on one week's written notice.

本人/吾等同意如更改銀行賬戶或取消此付款方式時，將通知安達人壽保險有限公司，本人/吾等並同意如本人/吾等之賬戶並無足夠款項支付該等轉賬時，本人/吾等之銀行有權不予轉賬，且銀行可收取慣常之服務費用，並可隨時以一星期書面通知取消本授權書。

This authorization shall have effect until further notice.
本授權書將繼續生效直至另行通知。

I/We agree that any notice of cancellation or variation of this authorization which I/We may give to my/our Bank shall be given at least seven working days prior to the date on which such cancellation/variation is to take effect.

本人/吾等取消或更改本授權書之任何通知，須於取消/更改生效日最少七個工作天之前予本人/吾等之銀行。

I/We agree to deduct premium and levy payment by autopay from my designated bank account.
本人/吾等同意保費及保費徵費從本人/吾等指定的銀行戶口支付。

Name of party to be credited (The Beneficiary) 收款之一方（受益人）

Bank No.
銀行編號Branch No.
分行編號A/C No. to be Credited
收款賬戶編號

CHUBB LIFE INSURANCE COMPANY LTD. 安達人壽保險有限公司

004

567

016134001

Please complete all details shown below 請填寫下列各項

Bank and Branch Name 銀行及分行名稱

Bank No.
銀行編號Branch No.
分行編號A/C No.
賬戶編號Name of Account Holder(S) Including Joint Account
(As Recorded In Statement/Pass Book-please Complete
In English)所有戶口持有人姓名（在結單/存摺上所記錄之名稱包括
聯名戶口—請以英文填寫）ID Number
證件編號ID Type* Delete If Inappropriate 身份證明文件類別
請刪去不適用者HKID/Business Registration*/Passport*/Certificate of
Incorporation*/Others*
香港身份證*/商業登記證*/護照*/公司註冊證明書*/其他*HKID*/Business Registration*/Passport*/Certificate of
Incorporation*/Others*
香港身份證*/商業登記證*/護照*/公司註冊證明書*/其他*

SIGNATURE OF ACCOUNT HOLDER(S) 戶口持有人簽名

FOR OFFICE USE

X

Date:

DD日/MM月/YYYY年

SIGNATURE VERIFIED
Date

COLLECTION OF LEVY BY THE INSURANCE AUTHORITY Pursuant to the Insurance (Levy) Regulation, with effect from 1 January 2018, the policy owner under a contract of insurance issued by an authorized insurer must, each time a premium is paid, also pay to the insurer a prescribed levy for the premium. The Insurance Authority may impose on the policy owner a pecuniary penalty if such policy owner fails to pay the prescribed levy. By signing this application form, you agree to: (i) Authorize the Company to deduct the levy from the payment, the prepayment account and the Premium Suspense Account of the policy; (ii) Authorize the Company to deduct the levy by Automatic Premium Loan ("APL") if any renewal premium of the policy is being paid by APL and such levy shall be part of APL on which interest shall be charged in accordance with the policy provisions; (iii) Authorize the Company to deduct the levy payable from the policy value when the policy is exercising premium holiday; (iv) Pre-pay the corresponding levy when premiums are prepaid; (v) Authorize the Company to settle the premium first when the payment paid to the Company is insufficient to pay both premium and levy; and (vi) Authorize the Company to first settle the oldest outstanding levy for levy payment. If under any circumstances your premiums paid will be refunded in full or in part, the applicable amount of levy paid by you will also be refunded.

保險業監管局收取的保費徵費按照《保險業(徵費)規例》，由2018年1月1日起，獲授權保險公司發出的保險合約下的保單持有人，須在每次繳付保費時，亦就該筆保費向該保險公司繳付訂明徵費。否則，保險業監管局可向沒有按規定繳付訂明徵費的保單持有人施加罰款。在簽署本表格後，即代表閣下同意：(i) 授權貴公司從繳付的金額、預繳保費戶口及存放於保單內的保費餘額扣除所需的保費徵費；(ii) 授權貴公司可於保單之任何續期保費以自動保費貸款形式扣除時，同時以保費貸款形式扣除保費徵費，該扣除之保費徵費將成為自動保費貸款的一部份並將按保單條款計算利息；(iii) 如保單行使保費假期，授權貴公司可於保單價值扣除所需的保費徵費；(iv) 將同時就預繳保費預付相關的保費徵費；(v) 如所繳付之金額及/或相關的戶口的餘額不足以扣除保費及保費徵費，貴公司將先扣除保費；及(vi) 授權貴公司將繳付的保費徵費先扣除最早期的逾期保費徵費。

USE OF PERSONAL INFORMATION COLLECTION STATEMENT AND CONSENT I/WE UNDERSTAND AND CONSENT THAT, by signing the application, any personal data collected or held by Chubb Life Insurance Company Ltd. (the "Company") is provided and may be used, processed, stored, disclosed, transferred by the Company to the companies within the group of which the Company is a subsidiary (the "Group Companies"), its authorized agents, medical advisors, insurance industry associations, federations and their members, credit reference bureaus, government or judicial or regulatory bodies or any person to whom the Company is under legal and/ or regulatory obligation to make disclosure, and the Company's appointed third party agents, contractors and advisors, in each case whether within or outside of Hong Kong to (i) process and evaluate this application; (ii) provide all services related to this application, administer and process policy, medical and underwriting checks, payment instructions, premiums collection, data matching, and communicate with me/us for such purposes; (iii) enable the industry associations, the federations, the government or regulatory bodies to carry out the functions and requirements that may be assigned to them from time to time and are reasonably required in their interest and that of the insurance industry; and (iv) provide payment, data processing, administration, communications, computer, security and other services (including medical services, emergency assistance services, mailing and IT services) in connection with the operation of the Company and the provision of services to me/us. Moreover, the Company is hereby authorized to obtain access to and/or to verify any of my/our data with the information collected by the insurance industry associations, the federations, the government and regulatory bodies and medical personnel or organizations. I/We am/are obliged to supply the information required from me/us under this application which is a condition precedent for me/us to apply this application. Failure to supply the required information may result in the Company being unable to process this application. I/We understand that I/We have the right to obtain access to and to request correction of any personal data held by the Company or be given reasons for any refusal of access or correction. I/We also understand that a reasonable fee may be charged by the Company for processing of any access. Any questions regarding personal data, access to or correction of personal data should be made in writing and forwarded to The Data Protection Officer of Chubb Life Insurance Company Ltd. at 33/F, Chubb Tower, Windsor House, 311 Gloucester Road, Causeway Bay, Hong Kong.

個人資料收集聲明及授權就簽署此申請書，本人/吾等明白及同意安達人壽保險有限公司（「貴公司」）可以使用、處理、儲存、透露、轉移任何貴公司所收集或持有任何本人/吾等的個人資料與貴公司隸屬同一集團附屬公司之其他公司（「集團公司」），其獲授權的代理人、醫療顧問、保險行業協會及聯會、信貸資料服務公司、政府或司法或監管機構或對貴公司具有法律及/或監管責任而須予以披露的任何人士，及貴公司指定的第三方代理、承包商及顧問，不論屬本地或海外，以 (i) 處理及審批此申請；(ii) 提供所有關於此申請之服務，管理及處理保單、醫療和核保檢查、付款指示、保費收取、資料核對，及因此等用途與本人/吾等聯絡；(iii) 令保險行業協會及聯會、政府或監管機構執行其經不時修定及為合理要求以維護其及保險行業利益的功能及規定；及 (iv) 提供因貴公司營運及給予本人/吾等服務之相關付款、數據處理、行政、通訊、電腦、保安及其它服務 (包括醫療服務、緊急救援服務、郵寄服務及資料科技服務)。此外，貴公司獲授權向保險行業協會、聯會及其會員、政府及監管機構、及醫務人員或機構取閱及/或核實任何該等機構向本人/吾等收集之資料。本人/吾等有責任提供此申請書上之所需資料，以作為此申請書之先決條件。如未能提供所需的資料，可能會導致貴公司無法處理此申請。本人/吾等明白本人/吾等有權取閱及要求更正任何貴公司持有之有關本人/吾等的任何個人資料，或被給予拒絕查閱或更正的理由。本人/吾等亦明白貴公司可能會收取任何查閱資料的要求之合理費用。如欲查詢有關個人資料事宜，查閱或更正個人資料必須以書面形式向貴公司的資料保護主任提出，並送交至香港銅鑼灣告士打道三一一號皇室大廈安達人壽大樓三十三樓。

(To be completed by Policyowner 由保單持有人填寫) Please tick appropriate box(es) for request 請選擇及於適當之空格內加上 號

Identity of Account Holder under the policy 賬戶持有人於保單內的身份

Policyowner 保單持有人 Insured 受保人 Beneficiary 受益人

NOTE 注意：

Please do not sign on BLANK Form 請勿在空白表格上簽署

Signature must be consistent with that in your policy record and please submit the form within 14 days

簽名模式需與保單上的記錄相符，並請於14天內遞交

Name of Policyowner 保單持有人姓名	Signature of Policyowner and Date 保單持有人簽署及日期
	X
	Date: DD日/ MM月/ YYYY年

Debtor Reference - Policy No.
債務人參考 - 保單編號

1.

2.

Chubb. Insured.SM