

Request For Financial Services Form

保單財務調配申請書

Policy No.: 保單編號	Full Name of Insured(s): 受保人姓名	* Full Name of Policyowner: 保單持有人姓名：
* Nationality of Policyowner (if any change): 保單持有人國籍 (如有更改)：	* HKID/Passport/ BR No. of Policyowner (if any change): 保單持有人香港身份證/護照/商業登記號碼 (如有更改)：	

In compliance with the Anti-Money Laundering and Counter-Terrorist Financing (Financial Institutions) Ordinance and the Guideline on Anti-Money Laundering and Counter-Terrorist Financing which is issued by the Office of the Commissioner of Insurance as amended from time to time, Chubb Life Insurance Company Ltd. is required to review customer identity information for the above items with asterisk (*) to ensure they are up-to-date and relevant. For any change of customer identity information provided in the original policy application or any subsequent change of policyowner identity information you made previously, you are required to complete relevant form to provide the identity information and original identification documents proof for the purpose of identification, verification and record keeping.

根據打擊洗錢及恐怖分子資金籌集(金融機構)條例及保險業監理處所發出及不時修定之「打擊洗錢及恐怖分子資金籌集指引」，安達人壽保險有限公司必須不時覆核以上註有(*)號之保單持有人身份資料以確保資料反映現況及仍屬相關的。如任何身份資料與投保申請表所提供的資料有所不同或保單持有人其後的身份資料更改，閣下必須填寫相關表格，提供有關之身份資料及有關身份證明文件以作核實及存檔之用。

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

Important Notice: Please submit copy(ies) of identity document(s) of policyowner and insured(s): Hong Kong Identity Card (for Hong Kong residents) or Passport for the service request.
 If no withdrawal currency is specified, the amount will be withdrawn in policy currency.
重要提示：請遞交保單持有人及受保人之身份證明文件副本即香港身份證（如香港居民）或護照以便處理申請。
 如沒有註明提取貨幣，一切以保單貨幣為準。

1. <input type="checkbox"/> DIVIDEND WITHDRAWAL 提取紅利	<input type="checkbox"/> All Dividend 全部紅利 <input type="checkbox"/> Withdrawal Amount (USD/HKD) 提供金額 (美金/港幣) _____ <input type="checkbox"/> Please transfer the above amount to Policy No. _____ under the same policyowner 請利用以上提取金額轉賬予相同保單持有人之保單
2. <input type="checkbox"/> PAID-UP ADDITIONS (PUA) CASH VALUE WITHDRAWAL 提取繳清保險現金價值	<input type="checkbox"/> All Paid-Up Additions (PUA) cash value 全部繳清保險現金價值 <input type="checkbox"/> Withdrawal Amount (USD/HKD) 提供金額 (美金/港幣) _____ <input type="checkbox"/> Please transfer the above amount to Policy No. _____ under the same policyowner 請利用以上提取金額轉賬予相同保單持有人之保單
3. <input type="checkbox"/> BONUS / COUPON / OTHERS CASH BENEFITS 提取獎賞/可支取現金/其他現金利益	<input type="checkbox"/> All Bonus / Coupon / Others Cash Benefits 全部獎賞/可支取現金/其他現金利益 <input type="checkbox"/> Withdrawal Amount (USD/HKD) 提供金額 (美金/港幣) _____ <input type="checkbox"/> Please transfer the above amount to Policy No. _____ under the same policyowner 請利用以上提取金額轉賬予相同保單持有人之保單
4. <input type="checkbox"/> OPP RIDER CASH VALUE WITHDRAWAL # 提取附加繳清保險現金價值	<input type="checkbox"/> All OPP Rider cash value 全部附加繳清保險現金價值 <input type="checkbox"/> Withdrawal Amount (USD/HKD) 提供金額 (美金/港幣) _____ <input type="checkbox"/> Please transfer the above amount to Policy No. _____ under the same policyowner 請利用以上提取金額轉賬予相同保單持有人之保單 # Withdrawal is subject to the withdrawal fee schedule as stated in policy provision. 提取附加繳清保險現金價值時，需按照保單條款內之提取手續費表支付手續費。
5. <input type="checkbox"/> OPP DEPOSIT WITHDRAWAL * 提取附加繳清保險存款	<input type="checkbox"/> All OPP Deposit 全部提取附加繳清保險存款 <input type="checkbox"/> Withdrawal Amount (USD/HKD) 提供金額 (美金/港幣) _____ <input type="checkbox"/> Please transfer the above amount to Policy No. _____ under the same policyowner 請利用以上提取金額轉賬予相同保單持有人之保單 <input type="checkbox"/> STOP OPP Deposit with effect from next premium due date 在下一個保費到期日開始暫停繳付附加繳清保險存款 * An administration fee of US\$15/HK\$117 or 5% of the withdrawal amount of OPP deposit, whichever is higher, will be charged. 提取附加繳清保險存款之金額將會收取美金15元/港幣117元或提取附加繳清保險存款之5%作為行政費用，並以較高者為準。
6. <input type="checkbox"/> OTHERS (Please state in details) 其他 (請詳細說明)	_____ _____ _____

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, reinsurers, claims investigators, loss adjudicators, medical advisors, recovery agents, 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 Life Administration 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、再保險公司、理賠調查員、處理索賠個案的理賠師、醫療顧問、索償代理、保險行業協會、聯會及其會員、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及聯會、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壽險行政部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。

Payment instruction 付款方式

Cheque 支票

HKD 港幣 USD 美金 (drawn in Hong Kong 香港支付) 人民幣 (For RMB currency policy only 只適用於人民幣值之保單)

If no specific instruction is given here, HKD cheque will be issued. 若閣下於此欄並無作出指示，將以港幣支票發放。

Delivery cheque 支票送遞

Mail to my correspondence address Deliver through my agent Pick up at Customer Services Center
寄往本人通訊地址 經保險代理傳遞 客戶服務中心提取

If no specific instruction is given here, the cheque will be mailed to correspondences address. 若閣下於此欄並無作出指示，支票將寄予通訊地址。

I/We, the undersigned, request 'Chubb Life Insurance Company Ltd.' to effect the transaction(s) marked above, in accordance with the conditions of the Policy. 本人/吾等現要求「安達人壽保險有限公司」依據保單條文完成以上之申請。

<p>Signature must be consistent with that in your life application form. 閣下簽名模式應與申請書上之簽名相同，以作核對。</p>		
<p>Name of Witness/Agent 見證人/保險代理姓名</p>		
<p>Signature of Witness/Agent 見證人/保險代理簽署</p>	<p>Date 日期</p>	<p>Signature of Policyowner 保單持有人簽署</p>
<p>Signature of Assignee 承讓入簽署</p>	<p>Date 日期</p>	<p>Signature of Assignee 承讓入簽署</p>
<p><small>(Only applicable if the policy has been assigned) (適用於此保單已被轉讓)</small></p>		

PLEASE SIGN & RETURN NO LATER THAN 14 DAYS & PLEASE DO NOT SIGN ON BLANK FORM

請於簽署後14天內遞交
請勿在空白表格上簽署

Chubb. Insured.SM