

Policy Loan Agreement

保單貸款同意書

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
* 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)

Important Notes:**注意事項**

Please submit the Policy Loan Summary together with this Policy Loan Agreement. You can login to our eService Portal at <http://eservice.chubbliife.com.hk> to generate the Policy Loan Summary.

請連同保單貸款概覽與此保單貸款同意書一併遞交。閣下可登入本公司電子服務平台 <http://eservice.chubbliife.com.hk> 編印保單貸款概覽。

This policy loan arrangement is subject to any indebtedness to the Company together with interest thereon and is made subject to all provisions and conditions of the Policy.

此保單貸款安排是以任何對安達人壽所連同有關的債項利息之總欠款及此保單中所有條款及條件為前提條件。

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 "Request For Change in Policy Form" (POS017), Section 1 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訂之「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「更改保單事項通知書」上之第一部份, 提供有關身份資料及有關身份證明文件以作核實及存檔之用。

Signature must correspond with the Company's existing record. Please refer to the copy of the application form attached to the Policy or to the signature specimen on any document subsequently recorded by the Company

簽名須與本公司存案相符。請參閱保單上受保書之影印本或於保單繕發後更換及經本公司確認之簽署。

Any amendments in this form must be countersigned by the policyowner and assignee (if applicable) in full signature.

保單持有人/受讓人(如適用)必須於申請表內任何曾修改的地方簽署確實。

<input type="checkbox"/> Amount of Loan USD/HKD _____ 貸款額 <input type="checkbox"/> Maximum Loan _____ 最高貸款額	PAYMENT INSTRUCTION 付款方式 Cheque 支票 <input type="checkbox"/> HKD 港幣 <input type="checkbox"/> USD 美元 (drawn in Hong Kong 香港支付) 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
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Delivery cheque 支票送遞

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

Please transfer the above amount to the specified Policy No. under the same policyowner. Policy no. _____

Transfer Purpose _____

請利用以上金額轉賬予指定相同保單持有人之保單 保單編號 _____ 轉賬用途 _____

If no specific instruction is given here, the cheque will be mailed to correspondences address directly

若閣下於此欄並無作出指示, 支票將直接寄予通訊地址

THE UNDERSIGNED HEREBY AGREE(S) AND ACKNOWLEDGE(S) AS FOLLOWS:

文件下方署名者於此同意並知悉以下各項:

I hereby request the Company, to make a loan is accordingly with the loan provision of my life insurance policy numbered above.

I understand that loan interest applies and the loan interest rate will be changed from time to time. I further acknowledge that I will be notified for the change within a reasonable time by the Company.

本人為保單持有人, 現根據保單契約之保單細節及貸款條款向公司申請上述保單貸款。本人明白並知悉公司將就貸款收取利息, 貸款利息亦將不時調整, 並會於合理時間內通知本人。

LOAN VALUE. Loan Value is equal to ninety per cent (90%) of Cash Value, plus ninety per cent (90%) of any Dividend Value, less any unpaid loans together with accrued interest, if any. Extended Term Insurance, if applicable, has no Loan Value. I can borrow any amount of Loan Value using this Policy as collateral, and I agree to sign this loan agreement. I understand that the Company reserves the right to defer making the loan for as long as six (6) months after the Company receive my loan request.

貸款價值 貸款價值是現金價值的百分之九十, 加上任何紅利價值的百分之九十, 然後扣除任何未償還貸款及其累積利息。展期保險(如適用者)是沒有貸款價值。本人可利用保單作抵押, 借取貸款價值, 本人同意簽署此貸款同意書。本人明白公司收到貸款要求後, 公司有權延期發放貸款至六個月。

LOAN INTEREST. Loan Interest accrues each day and is compounded on yearly basis. Interest is due on each Policy anniversary, or on the date of death, surrender, lapse, loan increase or Loan Repayment, or on any other dates we specify. Interest not paid when due becomes part of the loan and will also bear interest.

貸款利息 貸款利息乃每日累積並以每年複息的方法計算，並於每個保單週年日、受保人身故時、退保、保單失效、貸款新增、貸款償還或本公司指定日期結算。若利息於以上結算日尚未繳清，該利息則納入貸款一部份，並需支付利息。

LOAN INTEREST RATE. Loan Interest Rate for this Policy is determined by the Company from time to time which may go up or down. The rate at any given time will apply to the entire amount of an unpaid loan. The Company may set this rate when necessary, but at least one each year.

貸款利率 貸款利率由公司不時決定及可升可跌，該年利率是適用於全數的未償還貸款；惟在必要時，亦會作出調整，最少為每年一次。

LOAN REPAYMENT. All or part of an unpaid loan together with accrued interest can be repaid before the Insured's death or before the surrender of this Policy. The Company will deduct any unpaid loans together with accrued interest from Life Insurance Proceeds when payable. If this Policy is continued as Extended Term Insurance, or Reduced Paid-Up Insurance, if applicable, any loans which the Company deducted in determining that insurance may be repaid only if this Policy is reinstated.

償還貸款 全數或部份未償還貸款及累積利息，可於受保人身故前或退保前償還。當公司發放人壽保險金，會扣除未償還貸款及其累積利息。若保單以展期保險減額繳清保險（如適用者）或形式生效，在釐定該保額時所扣除的任何貸款，可於保單復效時償還。

UNPAID LOAN EXCEEDING THE POLICY VALUE. I understand that if at any time the unpaid loan together with accrued interest exceeds the Policy value as specified under the policy provision, the Company will mail a notice to me at my last known address. The Policy shall be terminated thirty-one (31) days after the Company mail that notice, if the excess of the unpaid loan together with accrued interest over the policy value is not paid within thirty-one (31) days.

未償還貸款超於退保價值 當未償還貸款及其累積利息超於退保價值，本公司會以書面通知郵寄至您最近登記之地址。如您在本公司發出通知的三十一天內未繳清未償還貸款及其累積利息與退保價值之間的差額，所有保障則於本公司發出通知後的三十一天起終止。

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. More over, 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, 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之任何本人/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、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號皇室大廈三十三樓。

Policyowner's declaration: 保單持有人填寫及簽署部份

I hereby acknowledge and confirm the above term and conditions and have checked the current loan interest rate to be charged in eService through the website at <https://eservice.chubblife.com.hk> before signing this application.

本人特此承認及確認上述條款及條件並在簽署前已於電子服務平台查閱現時之貸款率將會使用在此貸款申請。

I have read the Policy Loan Summary ("the Summary") as attached and I acknowledge and understand the Important Notes as stated on the Summary

本人已閱覽附上的保單貸款概覽（「概覽」），本人知悉及明白「概覽」所列明的保單貸款的重要資料。

Name of Witness: 見證人姓名		Signature with company chop (if any) must be consistent with that in your policy record. 閣下簽名模式與公司印章，應與保單記錄之簽名相同，以作核對。			
		This loan application is acknowledged by 確認此貸款			
Signature of Witness 見證人簽署	Date dd/mm/yyyy 日期	Signature of Policyowner 保單持有人簽署	Date dd/mm/yyyy 日期	Signature of Assignee 受讓人簽署	Date dd/mm/yyyy 日期
				(only applicable if the Policy has been assigned) (適用於此保單已被轉讓)	

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