

## Direct Debit Authorization

## 直接付款授權書

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)

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。

Name of party to be credited 收款之一方 CHUBB LIFE INSURANCE COMPANY LTD. 安達人壽保險有限公司	Bank No. 銀行編號	Branch No. 分行編號	A/C No. To Be Credited 收款賬戶編號
	0 0 4	5 6 7	0 1 6 1 3 4 0 0 1

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 two 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/更改生效日最少兩個工作天之前予本人/吾等之銀行。

## 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	SIGNATURE VERIFIED
Date: DD日/ MM月/ YYYY年	Date

**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.

**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。

**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 and federations, 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, 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 帳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

Debit the premiums from the original account for two months (debit date remains unchanged)

請在本人現時的銀行戶口繼續扣除額外兩個月保費 (過數日期維持不變)

Pay two months advance premiums and debit the new account 預先交付兩個月保費

Signature must be consistent with that in your policy record. 閣下之簽名模式應與保單記錄上之簽名相同, 以作核對。

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	Autopay Limit per Policy, if needed (HKD). Please round up to the nearest dollar. 直接付款指定限額, 如需要 (港幣)。請將數目調整至整數。	Debit Date 過數日期	Premium Mode 繳付保費方式	Effective Month 生效月份
1. _____	HKD	<input type="checkbox"/> 3rd <input type="checkbox"/> 18th	<input type="checkbox"/> Monthly 月繳 <input type="checkbox"/> Quarterly 季繳 <input type="checkbox"/> Semi-annual 半年繳 <input type="checkbox"/> Annual 年繳	MM月/ YYYY年
2. _____	HKD	<input type="checkbox"/> 3rd <input type="checkbox"/> 18th	<input type="checkbox"/> Monthly 月繳 <input type="checkbox"/> Quarterly 季繳 <input type="checkbox"/> Semi-annual 半年繳 <input type="checkbox"/> Annual 年繳	MM月/ YYYY年
3. _____	HKD	<input type="checkbox"/> 3rd <input type="checkbox"/> 18th	<input type="checkbox"/> Monthly 月繳 <input type="checkbox"/> Quarterly 季繳 <input type="checkbox"/> Semi-annual 半年繳 <input type="checkbox"/> Annual 年繳	MM月/ YYYY年

Chubb. Insured.<sup>SM</sup>