

Agent's/Intermediary's name 保險代理/中介人姓名 _____
 Agent's/Intermediary's contact phone no. 保險代理/中介人聯絡電話 _____
 Agent's/Intermediary's code 保險代理/中介人代號 _____
 Agency 組別 _____

Credit Card Direct Debit Authorization

信用咭直接付款授權書

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	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	0 0 3	4 4 7	0 0 5 3 3 7 9 9

I accept and agree to transfer premium(s) of the following Chubb Life Insurance Policy(ies) which will be debited from the following Credit Card Account and understand the premium(s) will be subject to change in accordance with the provisions of the policy(ies).
 I confirm that my signature on this application form is the same as that for the operation of my Credit Card Account to be debited for the transfer.
 This authorization shall have effect until further notice.

The Credit Card Holder can only be either one of the Policyowner/Insured/Beneficiary(ies) of the following Chubb Life Insurance Policy(ies).
 All policy refund shall be made to the Policyowner.

本人同意及授權自本人下列之信用咭戶口每次轉賬下列款項繳付安達人壽保險有限公司保單之保費, 並明白保費會根據保單條例而變更。

本人證明在此表格上之簽名式樣與本人之信用咭戶口式樣一致。

本授權書將繼續生效直至另行通知。

信用咭持有人必須為保單持有人/受保人/受益人。

所有退款將退回保單持有人。

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

Cardholder Name 信用咭持有人姓名	ID/Passport Number 證件編號
Card Number 信用咭編號	Card Expiry Date 信用咭有效期至
_____	MM月份 YY年份
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。

VISA and Master cards direct debit are ONLY for authorized selected plan.

VISA 及萬事達咭直接付款只適用於指定計劃

(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 帳戶持有人在保單內的身份

Policyowner 保單持有人 Insured 受保人 Beneficiary 受益人

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	Debit Date 過數日期	Premium Mode 繳付保費方式	Effective Month 生效月份
1. <input type="text"/>	<input type="checkbox"/> 3rd <input type="checkbox"/> 18th	<input type="checkbox"/> Monthly 月繳 <input type="checkbox"/> Semi-Annual 半年繳 <input type="checkbox"/> Quarterly 季繳 <input type="checkbox"/> Annual 年繳	MM月/ YYYY年
2. <input type="text"/>	<input type="checkbox"/> 3rd <input type="checkbox"/> 18th	<input type="checkbox"/> Monthly 月繳 <input type="checkbox"/> Semi-Annual 半年繳 <input type="checkbox"/> Quarterly 季繳 <input type="checkbox"/> Annual 年繳	MM月/ YYYY年
3. <input type="text"/>	<input type="checkbox"/> 3rd <input type="checkbox"/> 18th	<input type="checkbox"/> Monthly 月繳 <input type="checkbox"/> Semi-Annual 半年繳 <input type="checkbox"/> Quarterly 季繳 <input type="checkbox"/> Annual 年繳	MM月/ YYYY年

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