

Policy Loan Agreement

保單貸款同意書

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
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Important Notes:

重要事項

- Please submit the Policy Loan Summary together with this Policy Loan Agreement. You can login to our eService Portal at <http://eservice.chubb.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.chubb.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 legal and regulatory requirements with respect to the prevention of money laundering and terrorist financing, the Company requires to collect your identity information. If the identity document(s) of policyowner has (have) not been provided before or has (have) been updated, please submit the copy(ies) of the latest and valid identity document(s) for our record.
根據相關法律及監管機構就防止洗錢及恐怖分子資金籌集活動的規定，本公司必須收集您的身份資料。如保單持有人之身份證明文件之前未曾提供或已更新，請向我們遞交最新及有效之身份證明文件副本以作紀錄。
- 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。

 Amount of Loan HKD/USD _____
貸款額港元/美金

 Maximum Loan Amount
最高貸款額

Payment Instruction 付款方式

The payment will be direct credited to the autopay bank account of the policyowner, if any, unless otherwise specified. For the payment amount exceeding HKD1,000,000, HKD cheque will be issued and sent to the correspondence address directly.
除特別註明外，款項將直接存入保單持有人的自動轉賬戶口(如有)。如款項多於港幣一百萬，將發出港幣支票並直接郵寄至通訊地址。

<input type="checkbox"/> Direct Credit to Bank Account 直接存入銀行戶口 ONLY applicable to the policy WITHOUT autopay bank account. Otherwise, the payment will be credited to autopay bank account which is held by the policyowner directly. 只適用於不是以自動轉賬形式收取保費的保單，否則，款項將直接存入自動轉賬的銀行戶口(銀行戶口持有人必須為保單持有人)。 Bank Account MUST BE in HKD Currency. 銀行戶口 必須 為港幣戶口。 For the payment amount exceeding HKD1,000,000, HKD cheque will be issued and sent to the correspondence address directly. 如款項多於港幣一百萬，將發出港幣支票並直接郵寄至通訊地址。 Name of Bank Account Holder (MUST BE the policyowner) 銀行戶口持有人姓名 (必須 為保單持有人) Bank Name 銀行名稱 <table border="1"> <tr> <td>Bank No. 銀行編號</td> <td>Branch No. 分行編號</td> <td>Bank Account No. 銀行賬戶號碼</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table> Please provide copy of passbook / bank statement / ATM card with name of account holder for verification. 請提供存摺/銀行戶口結單/提款卡副本(附有銀行戶口持有人的姓名)以作核實。	Bank No. 銀行編號	Branch No. 分行編號	Bank Account No. 銀行賬戶號碼	_____	_____	_____	<input type="checkbox"/> TT Payment 滙款 Remittance charges will be borne by the policyowner 滙款的相關費用將由保單持有人支付 <input type="checkbox"/> HKD 港幣 <input type="checkbox"/> USD 美金 (only applicable to the policy with USD currency 只適用於美金貨幣保單) <ul style="list-style-type: none"> Name of Bank Account Holder 銀行戶口持有人姓名 _____ Bank Account No. 銀行戶口號碼 _____ SWIFT Code SWIFT 代號 _____ Bank Name 銀行名稱 _____ Bank Address 銀行地址 _____ IBAN No. 國際銀行賬戶號碼 _____ Intermediary Bank Name 中介銀行名稱 _____ Intermediary Bank Account No. 中介銀行戶口號碼 _____
Bank No. 銀行編號	Branch No. 分行編號	Bank Account No. 銀行賬戶號碼					
_____	_____	_____					

 Repay Outstanding Loan of my own policy 償還本人的保單的貸款金額 (Policy No. 保單編號 _____)

 Settle Premium Due and Levy of my own policy 繳付本人的保單的到期保費及保費徵費

(Policy No. 保單編號 _____ Premium Due Date 保費到期日 [Month月/Year年] _____)

Remarks 註項:

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.

償還貸款全數或部分未償還貸款及累積利息，可於受保人身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。

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.

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。

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、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三十一號皇室大廈安達人壽大樓三十三樓。

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。

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

Signature of Policyowner

保單持有人簽署

Date (dd/mm/yyyy)

日期(日/月/年)

Signature of Assignee

受讓人簽署

(only applicable if the Policy has been assigned)

(適用於此保單已被轉讓)

Date (dd/mm/yyyy)

日期(日/月/年)

Chubb. Insured.SM