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<https://cs.chinalife.com.hk>

## 財富來源聲明書 SOURCE OF WEALTH DECLARATION FORM

(準)保單持有人姓名 Name of (Proposed) Policyholder	(準)受保人姓名 Name of (Proposed) Insured	要保書/保單號碼 Application/Policy No.
<input type="text"/>	<input type="text"/>	<input type="text"/>

### 保險中介人資料 INSURANCE INTERMEDIARY'S INFORMATION

保險中介人姓名 Name of Insurance Intermediary	
<input type="text"/>	
保險中介人代碼 Insurance Intermediary's Code	聯絡電話 Contact No.
<input type="text"/>	<input type="text"/>

### 重要資料 IMPORTANT INFORMATION

為使中國人壽保險(海外)股份有限公司符合《打擊洗錢及恐怖分子資金籌集條例》的指引要求，(準)保單持有人須提供下列資料。  
To enable China Life Insurance (Overseas) Company Limited (the Company) to comply with the requirements of the Anti-money Laundering and Counter-Terrorist Financing Ordinance, the (Proposed) Policyholder is required to provide the following information.  
若(準)保單持有人的財富來源並非來自他/她本人而是由其他人提供，其「財富提供者」指該人。  
If the (Proposed) Policyholder's wealth is contributed by other(s) instead of from himself / herself, the Wealth Contributor means that person.

1. 誰是(準)保單持有人財富來源的「財富提供者」? Who is the Wealth Contributor for the wealth of the (Proposed) Policyholder?			
本人 Myself	配偶 Spouse	父母 Parent(s)	兒女 Children
其他 (請詳述之) Others (Please provide details) _____			
2. 若「財富提供者」不等同(準)保單持有人，請提供「財富提供者」全名 Please provide full name of the Wealth Contributor if he/she differs from the (Proposed) Policyholder		<input type="text"/>	
3. 「財富提供者」工作收入資料 – 澳門元 Income Details Of the Wealth Contributor - MOP			
3.1 過去 3 年平均每年工作所得之收入(包括: 薪金,獎金,分紅及其他收入) Average Annual Income (including Salary, Bonus, Dividends and other earned income) in the last 3 years		<input type="text"/>	
3.2 過去 12 個月所有非工作賺取之收入 Unearned Income in the last 12 months – MOP			
租金收入 Rental Income	<input type="text"/>	銀行存款利息收入 Interest from Bank Deposit	<input type="text"/>
商務投資淨利潤 Net Business Investment Profit	<input type="text"/>	股份所得分紅 Dividends from Shares	<input type="text"/>
其他(請詳述) Others( please give details)	<input type="text"/>		
3.3 如為退休人士，請提供退休前資料 If retired, please provide information prior to retirement.			
退休前工作的職業及職級 Occupation and Job Title Prior to Retirement	<input type="text"/>		
退休前的年薪金/收入 Annual Salary /Income Prior to Retirement	<input type="text"/>		
退休日期 Retirement Date	<input type="text"/> (年份/Year)		
4. 「財富提供者」的資產及財富來源 – 澳門元 Asset Details and Source of Wealth of the Wealth Contributor - MOP			
4.1 申請書上聲明的居住地方是 Residence as stated on the application is		擁有 owned	租用 rented
<input type="text"/>		<input type="checkbox"/>	<input type="checkbox"/>





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**個人資料收集聲明 PERSONAL INFORMATION COLLECTION STATEMENT**

本人/我們確認已閱讀及明白「中國人壽保險（海外）股份有限公司」的收集個人資料聲明。有關最新版本的收集個人資料聲明，可於 [www.chinalife.com.mo](http://www.chinalife.com.mo) 下載或向中國人壽保險（海外）股份有限公司索取。

I/We confirm that I/we have read and understood Personal Information Collection Statement ("PICS") of China Life Insurance (Overseas) Company Limited. For the latest version of PICS, it can be downloaded from [www.chinalife.com.mo](http://www.chinalife.com.mo) or available upon request.

**聲明 DECLARATIONS**

本人/我們謹此聲明，本人/我們所作以上陳述為事實之全部，並同意該等陳述將作為本人/我們致中國人壽保險(海外)股份有限公司的上述要保書一部份。如有任何不正確或虛報資料，繕發之保單將根據貴公司的選擇而無效或可使無效。

I/We declare that the above statements are full, complete and true, and agree that they shall form part of my/our application above mentioned to China Life Insurance (Overseas) Company Limited and that any untrue or inaccurate statement shall render the policy issued void or voidable at the option of the Company.

\_\_\_\_\_ \$  
 保險中介人簽署  
 Insurance Intermediary's Signature

\_\_\_\_\_ \$  
 (準)保單持有人簽署  
 (Proposed) Policyholder's Signature

\_\_\_\_\_ \$  
 簽署日(年/月/日)  
 Sign Date of this form (Year/Month/Day)