

## 要保補充陳述書 SUPPLEMENTARY INFORMATION 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.										
		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; height: 20px;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> </tr> </table>										

**聲明 DECLARATIONS**

本人/我們謹此聲明· 本人/我們所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 may be 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	 準受保人簽署 (若年齡在 18 年歲或以上) Proposed Insured's Signature (if age 18 or above)
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本陳述書簽署於  
 This form is signed on \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (年 Year/月 Month/日 Day)

