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享受升級用戶體驗!即
時輕鬆辦理服務申請或
查閱進度。

保單號碼 Policy No.

保單期滿利益申請表 Request for Policy Maturity Benefit Form

保單持有人和受保人資料 Particulars of Policyholder and Insured

保單持有人姓名/名稱 Name of Policyholder

受保人姓名 Name of Insured

保險中介人資料 Particulars of Insurance Intermediary

保險中介人姓名/名稱 Name of Insurance Intermediary

保險中介人編號 Insurance Intermediary's Code

聯絡電話 Contact No.

重要須知 Important Note

- 此表格不適用於投資相連保險計劃。This form is not applicable to Investment-linked Assurance Scheme.
- 保單期滿利益只會在保單滿期日或之後支付。The Policy Maturity Benefit will be paid only on or after the maturity date.
- 此表格中所用之「本公司」或「貴公司」之表述指中國人壽保險(海外)股份有限公司。The expression "the Company" used in this form refers to China Life Insurance (Overseas) Company Limited.
- 保單持有人必須在此表格內任何更改或修改的地方以完整簽署作實。Any changes or amendments in this form must be countersigned by the Policyholder in full signature.
- 請參閱第 5 頁所需文件指引以便處理閣下的申請。Please refer to the Documents Checklist on P.5 for documents required to process your request.
- 本公司有權隨時更新此表格,並接受或拒絕未符合本公司要求的表格。請登入本公司網站 www.chinalife.com.hk 瀏覽及下載最新版本。
The Company has the right to update this form from time to time and to accept or reject the form if the Company's requirements are not fulfilled. Please visit our website www.chinalife.com.hk to view and download the latest version of the form.
- 如未能及時提交需要的資料,本公司可能無法處理閣下的申請甚或拒絕閣下的申請,亦不會承擔任何可能因此引致的損失。If the necessary information/form(s) cannot be provided in a timely manner, the Company may not be able to process your application or may even reject your application and will not bear any loss that may arise.
- 如申請未能符合本公司的有關規定,本公司有權拒絕有關申請。The Company shall have right to reject the application if the application fails to fulfill Company's requirement(s).
- 如中英文版本有任何抵觸或不符之處,概以中文本為準。In case of discrepancies between the English and Chinese versions, the Chinese version shall apply and prevail.
- 保險中介人或銀行職員收到此表格並不代表本公司亦已收到。The receipt of this form by an Insurance Intermediary or Bank Staff does not constitute receipt by the Company.
- 請將已填妥及簽署的表格正本連同所需證明文件寄往香港灣仔軒尼詩道 313 號中國人壽大廈 24 樓中國人壽保險(海外)股份有限公司。Please send the original duly completed and signed form(s) and document(s) required to China Life Insurance (Overseas) Co. Ltd., 24/F, CLI Building, 313 Hennessy Road, Wan Chai, Hong Kong.

申請資料 Particulars of Application

A. 付款貨幣選擇(如無註明,款項將以保單貨幣發放) Payment Currency Option (If not specified, payment will be issued in policy currency)

☐ 保單貨幣 Policy Currency ☐ 港元 HKD

B. 再投保申請(如適用) Pay for New Policy Application (If applicable)

☐ 再投保申請 Pay for New Policy Application

1. 新單之要保書編號/保單號碼 Application No. / Policy No. of the New Policy

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2. 轉至新單之保單期滿利益金額 Amount of Policy Maturity Benefit to be transferred to the New Policy

☐ 全數金額^ Full Amount^ ☐ 指定金額* Specified Amount* \$



C. 抵押保單專用 For Policy that has been assigned to the Assignee only
☐ 以指定付款方式全數金額支付予保單持有人* Payable to the Policyholder in full amount by specified payment method*

☐ 以劃線支票支付予受讓人# Payable to the Assignee by a crossed cheque#

1. 受讓人姓名/名稱 Name of Assignee

2. 支票送遞方式及聯絡人電話號碼 Cheque

Delivery Method and Phone No. of Contact Person

3. 付款分配 Payment Allocation

☐ 全數金額^ Full Amount^ ☐ 指定金額* Specified Amount*

\$

^ 如選擇「全數金額」，無須填寫「D. 付款指示」部份。If select "Full Amount", you are not required to fill in section "D. Payment Instruction".

* 如有餘額/金額支付予保單持有人，請填寫「D. 付款指示」部份。If there is remaining balance / an amount to be paid to the Policyholder, please complete section "D. Payment Instruction".

如欲以劃線支票以外的付款方式支付予受讓人，請於「D. 付款指示」部份的「4. 其他指示」提供有關詳情。If the payment needs to be paid by another payment method other than a crossed cheque, please provide relevant details in "4. Other Instruction" under section "D. Payment Instruction".

D. 付款指示 Payment Instruction

保單期滿利益金額/再投保申請餘額/抵押保單期滿利益全數金額或餘額之付款指示 Payment Instruction for Policy Maturity Benefit / Remaining Balance after Paying for New Policy Application / Full Amount or Remaining Balance of Maturity Benefit for Policy that has been assigned to the Assignee

1. 轉賬至本地銀行戶口 Transfer to Local Bank Account
☐ A. 轉賬至預設收款銀行賬戶 Transfer to Default Payment Account

☐ B. 轉賬至非預設收款銀行賬戶(請同時填寫以下銀行賬戶資料) Transfer to Non-Default Payment Account (Please fill in the below bank information.)

銀行名稱 Name of Bank

銀行編號 Bank code

分行編號 Branch code

銀行賬戶號碼 Account No.

2. 電匯至海外銀行戶口 Telegraphic Transfer to Overseas Bank Account

銀行及分行名稱 Name of Bank and Branch

銀行賬戶號碼 Account No.

收款銀行地址 Bank Address

國際匯款代碼 SWIFT Code

賬戶持有人的海外聯絡電話 Overseas Contact No. of Bank Account Holder

賬戶持有人的海外通訊地址 Overseas Correspondence Address of Bank Account Holder

3. 支票支付 (以劃線支票支付予保單持有人) Cheque Payment (Payable to the Policyholder by a crossed cheque)
☐ 以平郵寄至通訊地址 By surface mail to correspondence address

☐ 經保險中介人轉交 Deliver via Insurance Intermediary

☐ 親身到分行領取 (只適用於經銀行投保的保單) To be collected at Branch in person (Applicable to policy applied via by bank only)

分行名稱/編號 Branch Name/Code

☐ 親身到客戶服務中心領取 To be collected at Customer Service Centre in person

☐ 保單持有人領取 To be collected by the Policyholder

☐ 授權人領取 To be collected by the Authorized Person

授權人姓名
Name of Authorized Person

授權人聯絡電話
Contact No. of Authorized Person

授權人身份證明文件號碼
I.D. No. of Authorized Person

☐ 灣仔 Wan Chai ☐ 其他地點# Other Location#

請於本公司網站 www.chinalife.com.hk 查閱香港境內其他地點的客戶服務中心(如有)。Please visit our website www.chinalife.com.hk to obtain information of other Customer Service Centre location(s) in Hong Kong (if any).

D. 付款指示(續) Payment Instruction (Continued)

4. 其他指示 Other Instruction

注意 Note :

- 銀行賬戶持有人必須為保單持有人，不接受聯名戶口。The bank account holder must be the same as the policyholder. Joint account is not accepted.
- 轉賬或電匯至銀行賬戶須遞交銀行賬戶證明文件，而銀行賬戶證明文件必須顯示賬戶持有人姓名及賬戶號碼，並可以於文件上遮蓋其他非必要的資料。Transfer or Telegraphic Transfer to bank account requires the submission of bank account proof, which must clearly display the account holder's name, and account number; unrelated content can be masked.
- 如選擇保單貨幣以外的貨幣領取保單價值或利益，款項將於付款處理當時按本公司的匯率進行兌換。保單持有人須自行承擔因匯率變動衍生之風險及貨幣兌換時所產生的匯兌損益(如有)。If choosing a currency other than the policy currency to receive policy values or benefits, the fund will be processed and exchanged according to the company's exchange rate at the time of the transaction. The policyholder has to bear for any potential exchange rate risks and associated gain or loss (if any) due to the currency exchange.
- 實際到賬時間會因應個別銀行而有差異，可向有關銀行查詢。The actual time for receiving the funds may vary depending on the bank, please contact the bank for details.
- 如未有足夠資料顯示銀行賬戶持有人為保單持有人或因故未能成功入賬，有關款項將以劃線支票形式給付。發出支票的處理時間會較銀行轉賬為長。If there is insufficient information to confirm that the bank account holder is the policyholder, or the payment cannot be credited for any reason, the relevant payment will be paid by a crossed cheque instead. The processing time for cheque issuance will be longer compared to bank transfer.
- 如保單持有人選擇的支付貨幣是港元或人民幣以外貨幣，即使付款失敗，相關的銀行手續費(如適用)及匯率損差(如適用)須由客戶自行承擔，並將於給付款項中自動扣除。If the policyholder chooses a currency other than HKD or RMB as the payment currency, even if the payment fails, the related bank charge (if applicable) and any associated gain or loss (if applicable) have to be borne by the policyholder, and will be automatically deducted from the payment amount.

聲明及授權 Declaration and Authorization

本人/我們現申請辦理上述之申請事項，謹此聲明並確認所有提供之資料及細節是準確無誤，真實及為事實之全部，並且是盡本人/我們所知及所信而作答的並沒有就上述之申請事項隱瞞任何重要資料。本人/我們並同意此等服務必須符合下列所有條件及經貴公司批准，方能生效：

- 所有需要之文件已提交予貴公司並完整無缺。
- 此項申請在受保人在生並仍然符合受保條件時，經貴公司接納及批准。
- 在此表格及貴公司所須之其他文件上填報之一切資料及申報，將成為此保單之一部份(除非另有其他指示)。
- 本人/我們明白所有保單利益之款項將根據保單或隨後所發出之批註(如適用)所載之最近期保單貨幣為準。因此，就非港元保單提供選擇以港元作為收取任何此等利益的貨幣只屬貴公司酌情所提供之服務，如本人/我們選擇以非保單貨幣支付，本人/我們同意承擔所需的兌換差額，而該差額是有關貨幣兌換時依據貴公司內部貨幣兌換率而釐定。
- 本人/我們提供符合貴公司要求之有效證明文件(例如身份證明文件及地址證明)予貴公司，讓貴公司能按照於「打擊洗錢及恐怖分子資金籌集條例」第 615 章所載，對本人/我們、保單之最終實益擁有人(如有)及本人/我們之授權簽署人士(如適用)進行客戶盡職審查。

I/We hereby request that the above application be effected and declare that all statements, information and particulars given herein are accurate, true and complete and are given to the best of my/our knowledge and belief and no material information has been withheld in relation to this request. I/We agree that such service(s) will not take effect unless all of the following conditions are met and approved by the Company:

- All required complete supporting documents have been submitted to the Company.
- The request is accepted and approved by the Company during the lifetime and continued insurability of the Insured.
- The information and statement made in this request and in other documents as required by the Company shall form the basis for this policy alteration request and form a part of the policy(ies) unless otherwise specified.
- I/We understand that any benefits payable under the Policy will be paid in the latest policy currency as shown on the Policy or, if applicable, the appropriate subsequent endorsement. Accordingly, the provision of the option to receive any such benefits in HKD for non-HKD policy is solely a service offered by the Company at its discretion. I/We understand and agree that should I/we opt for payment of any benefits payable under the Policy in non-policy currency, I will bear the necessary exchange difference, such difference being determined by the Company on the basis of the Company's internal exchange rates as at the time of the relevant currency.
- I/We provide valid documentation proofs (such as identity document and address proof) to the satisfaction of the Company for the Company to conduct due diligence on myself/ourselves, the ultimate beneficial owner(s) of the policy (if any) and my/our authorized signatory(ies) (if applicable) pursuant to the Anti-money Laundering and Counter-Terrorist Financing Ordinance, Cap. 615.

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，可於本公司網站 www.chinalife.com.hk 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 the Personal Information Collection Statement (PICS) of China Life Insurance (Overseas) Company Limited. For the latest version of the PICS, it can be downloaded from our website www.chinalife.com.hk or is made available upon request.

保單號碼 Policy No.

聲明及簽署(請勿在空白或尚未填妥的表格上簽署) Declarations & Signature (Please DO NOT sign on BLANK or INCOMPLETE form)

1. 此表格必須於保單持有人簽署日起計30天內交至本公司。This form must be received by the Company within 30 days from the date of its signing.
2. 保單持有人、受讓人(如適用)及不可撤換受益人(如適用)的簽名式樣必須與本公司的記錄相符。The signatures of the Policyholder, Assignee (if applicable) and Irrevocable Beneficiary (if applicable) must match with the Company's record.
3. 若保單持有人以圖章蓋印簽署，必須有一位見證人。見證人之個人資料只會用於處理此申請及確認此表格簽署人的身份之用。If the Policyholder uses a signature chop, a witness is required. The personal particulars of the witness will only be used for the purpose of verification and confirmation of the identity of the signatory(ies) of this form.

本人/我們僅此確認已閱讀及明白以上申請的所有條款及條件，並同意受該等條款及條件約束。本人/我們僅此同意作出以上協議及聲明。I/We hereby confirm that I/we have read and understood all the terms and conditions of the above request, and agree to be bound by the same. I/We hereby agree to make the above agreements and declarations.

保單持有人簽署及印鑑(如適用) Signature and Stamp (if applicable) of Policyholder	受讓人/不可撤換受益人簽署及印鑑(如適用) Signature and Stamp (if applicable) of Assignee / Irrevocable Beneficiary	見證人簽署(如適用) Signature of Witness (if applicable)
		與保單持有人之關係 Relationship to Policyholder
		☐ 保險中介人/銀行職員/客戶服務中心職員 Insurance Intermediary/Bank Staff/CS Centre Staff 編號 Code
		☐ 其他人士(請註明) Others (Please Specify) _____ 身份證明文件號碼 Identity Document No. _____
姓名/名稱 Name	姓名/名稱 Name	姓名 Name
日期 (年/月/日) Date (YYYY/MM/DD)	日期 (年/月/日) Date (YYYY/MM/DD)	日期 (年/月/日) Date (YYYY/MM/DD)

客戶類別 Customer Type	所需文件(請✓閣下已提交的文件) Documents Required (Please ✓ against the documents you submitted)	
	保單持有人/不可撤換受益人(如適用) Policyholder / Irrevocable Beneficiary(if applicable)	受讓人(如適用) Assignee (if applicable)
個人客戶 Individual Customer	☐ 已核實正本的身份證明文件副本(如未曾遞交) Certified True Copy of Identification Proof (If not submitted) ☐ 載有銀行賬戶持有人姓名及賬戶號碼的銀行存摺 / 銀行卡 / 最近 3 個月內發出的月結單(包括電子結單) / 其他有效銀行賬戶證明副本 (如選用轉賬或電匯為付款方式) Copy of bank book / bank card / bank statement which is issued within the past 3 months (including e-statement) / other valid account proof showing the bank account holder's name and account no. (If select bank transfer or telegraphic transfer as payment method) ☐ 《自我證明表格 – 個人 (保單服務適用)》(如有任何稅務地區變更) "Self-Certification Form – Individual (For Policy Service Use)" (If there is any change of the tax residence)	☐ 《自我證明表格 – 實體 (保單服務適用)》· 或 《自我證明表格 – 個人 (保單服務適用)》(如有任何稅務地區變更) "Self-Certification Form – Entity (For Policy Service Use)", or "Self-Certification Form – Individual (For Policy Service Use)" (If there is any change of the tax residence)
公司客戶 Corporate Customer	☐ 公司查冊文件及其他公司文件·詳情請參閱本公司網站 www.chinalife.com.hk (服務 > 網上自助服務及表格下載 > 繳付及領取 > 提取保單款項) 之《保單領款須知(適用於保單持有人為實體/機構)》 Company search document and other company documents, please visit our website www.chinalife.com.hk (Service > E Self-Service and Form Library > Payment & Collection > Request For Policy Value Withdrawal) for information on "Policy Payment Application Guidance Notes (Applicable to Entity Policyholder)" ☐ 載有銀行賬戶持有人姓名及賬戶號碼的銀行存摺 / 銀行卡 / 最近 3 個月內發出的月結單(包括電子結單) / 其他有效銀行賬戶證明副本 (如選用轉賬或電匯為付款方式) Copy of bank book / bank card / bank statement which is issued within the past 3 months (including e-statement) / other valid account proof showing the bank account holder's name and account no. (If select bank transfer or telegraphic transfer as payment method) ☐ 《自我證明表格 – 實體 (保單服務適用)》(如有任何稅務地區變更) "Self-Certification Form – Entity (For Policy Service Use)" (If there is any change of the tax residence)	☐ 公司查冊文件及其他公司文件·詳情請參閱本公司網站 www.chinalife.com.hk (服務 > 網上自助服務及表格下載 > 繳付及領取 > 提取保單款項) 之《保單領款須知(適用於保單持有人為實體/機構)》 Company search document and other company documents, please visit our website www.chinalife.com.hk (Service > E Self-Service and Form Library > Payment & Collection > Request For Policy Value Withdrawal) for information on "Policy Payment Application Guidance Notes (Applicable to Entity Policyholder)" ☐ 《自我證明表格 – 實體 (保單服務適用)》(如有任何稅務地區變更) "Self-Certification Form – Entity (For Policy Service Use)" (If there is any change of the tax residence)