

Direct debit authorization form

直接付款授權書

Private & confidential 私人及保密文件

Policy no.:
保單號碼:

Name of life insured.:
受保人名字:

Name of policyholder/assignee:
保單持有人/受讓人姓名:

Important notes 重要事項:

- This form should be filled in BLOCK LETTERS and ensure all signature boxes are duly signed.**
請以正楷填寫及確保已妥善簽署所有簽署位置。
- Please fill the circle in full when you select the answer.**
當閣下選擇答案時，請填滿整個圓圈。
- According to the Insurance (Levy) Order and the Insurance (Levy) Regulation under the Insurance Ordinance (Cap. 41), the Insurance Authority ("IA") is collecting a levy on insurance premiums from policyholders through insurance companies with effect from January 1, 2018. Levy shall be paid along with premium payment. If the policyholder does not pay the levy timely, the IA may impose on the policyholder a pecuniary penalty of up to HKD 5,000 and may recover it as a civil debt due to it.**
根據《保險業條例》(第41章)下的《保險業(徵費)令》及《保險業(徵費)規例》，保險業監管局(「保監局」)已由2018年1月1日起，透過保險公司向保單持有人收取保費徵費。保費徵費須於繳付保費時同時繳付。若保單持有人未有按規定依時繳付保費徵費，保監局可向其處以最高5,000港元的罰款，亦可循民事程序追討。

1. Direct debit authorization (Applicable to HKD account only) 直接付款授權書(只適用於港元賬戶)

Zurich Assurance Ltd and Zurich Life Insurance (Hong Kong) Limited are both part of Zurich Insurance Group. Zurich Assurance Ltd is authorized to collect premiums and levy payments on behalf of Zurich Life Insurance (Hong Kong) Limited.

蘇黎世人壽與蘇黎世人壽保險(香港)有限公司均屬於蘇黎世保險集團成員。蘇黎世人壽獲授權，代表蘇黎世人壽保險(香港)有限公司收取保費及徵費。

Any additional charge imposed by your bank for collection of your premiums will be met by the payor.

因選用銀行直接付款而由銀行徵收的附加費用須由付款者支付。

Please pay 1 modal premium and levy installment(for non-monthly payment mode) or 2 months' premium and levy installment (for policy with monthly payment mode) in advance as it takes 4 to 6 weeks for the direct debit authorization to set up.

設立直接付款授權需時四至六星期，請預付一期保費及徵費(適用於非月繳保單)或兩期月繳保費及徵費(適用於月繳保單)。

Authorization 授權

- I/We hereby authorize my/our below named bank to effect transfers from my/our account to that of Zurich Assurance Ltd ("Zurich", "Company") in accordance with such instructions as my/our bank may receive from the beneficiary from time to time.
本人/我們現授權本人/我們的下述銀行(根據收款人不時給予本人/我們銀行的指示)自本人/我們之賬戶內轉賬予蘇黎世人壽(「蘇黎世」、「本公司」)。
- I/We agree that my/our bank shall not be obliged to ascertain whether or not notice of any such transfer has been given to me/us.
本人/我們同意本人/我們的銀行無須證實該等轉賬通知是否已交予本人/我們。
- I/We jointly and severally accept full responsibility for any overdraft (or increase in existing overdraft) on my/our account which may arise as a result of any such transfer(s).
如因該等轉賬而令本人/我們的賬戶出現透支(或令現時的透支增加)，本人/我們願共同及個別承擔全部責任。
- I/We hereby authorize the Company to charge the renewal premium, levy and/or any statutory fees, if any, of the following policy/policies with the Company/Companies bearing the policy number(s) shown below to my account in accordance with instructions the Company/Companies may give to my/our bank from time to time. I understand that the amount of premium, if any, is subject to change in accordance with the provisions of the policy/policies.
本人/我們同意授權本公司，按其不時給予本人/我們銀行的指示，於本人/我們的銀行賬戶內，扣除在貴公司編有下列保單號碼之保單日後所需之續期保費、徵費及/或任何法定費用(如有)。本人/我們明白續期保費金額(如有)將根據保單條款而變更。
- I/We agree that should there be insufficient funds in my/our account to meet any transfer hereby authorized, my/our Bank shall be entitled, in its discretion, not to effect such transfer in which event the Bank may make the usual charge and it may cancel this authorization at any time on one week's written notice.
本人/我們同意若本人/我們的賬戶內無足夠款項支付該等授權轉賬，本人/我們的銀行有權不予轉賬，且銀行可收取慣常的收費，並可隨時以一星期書面通知取消本授權書。
- This authorization shall have effect until further notice or until the expiry date written below (whichever shall first occur). I/We agree that if no transaction is performed on my/our account under such authorization for a continuous period of two years, my/our Bank reserves the right to cancel the direct debit arrangement without prior notice to me/us, even though the authorization has not expired or there is no expiry date for the authorization.

Direct debit authorization (Applicable to HKD account only)(Continued) 直接付款授權書(只限港元賬戶)(續)

本授權書將繼續生效直至另行通知為止或直至下列到期日為止(以兩者中最早的日期為準)。本人/我們同意如本人/我們已設立直接付款授權的賬戶連續兩年未有根據本授權而作出過賬的紀錄,本人/我們的銀行保留權利取消付款安排而無須另行通知本人/我們,即使本授權書並未到期或未有註明授權到期日。

7. I/we agree that any notice of cancellation or variation of this authorization which I/we may give to my/our bank shall be given at least two working days prior to the date on which such cancellation/variation is to take effect.

本人/我們同意,本人/我們取消或更改本授權書之內容,須於生效日最少兩個工作天之前通知本人/我們的銀行。

Please note that this form is specifically for Hong Kong and can be used for Hong Kong clearing banks only.

請注意,此表格只適用於香港及於香港結算系統內的銀行。

The completed form should not be submitted directly to your bank.

請勿將填妥的表格直接交回相關銀行。

Bank details 銀行資料

My/Our bank name and branch 本人/我們銀行及分行之名稱

Bank account no. 銀行賬戶號碼

Bank no. 銀行編號	Branch no. 分行編號	Account no. 賬戶號碼

Please provide details of **both** bank account holders if it is a joint bank account.

若銀行賬戶為聯名賬戶,請提供兩位賬戶持有人的資料。

Account holder 賬戶持有人	Other account holder 其他賬戶持有人
<p>Name as recorded on statement or passbook (Please complete in English) 在結單/存摺上所紀錄之名稱(請以英文填寫)</p>	<p>Name as recorded on statement or passbook (Please complete in English) 在結單/存摺上所紀錄之名稱(請以英文填寫)</p>
<p>Account holder's identity document type (identity document no. should correspond to the bank's record) 賬戶持有人之證件類別(證件號碼必須與銀行紀錄相符)</p> <p><input type="radio"/> HKID 香港身份證</p> <p><input type="radio"/> Passport 護照</p> <p><input type="radio"/> China travel permit 中國旅遊通行證</p> <p><input type="radio"/> Other (e.g. business registration certificate, certificate of incorporation, non-HKID) 其他(例如:商業登記證、公司註冊證書、非香港身份證)</p> <p>Please specify 請註明 Type: 類別: _____</p>	<p>Account holder's identity document type (identity document no. should correspond to the bank's record) 賬戶持有人之證件類別(證件號碼必須與銀行紀錄相符)</p> <p><input type="radio"/> HKID 香港身份證</p> <p><input type="radio"/> Passport 護照</p> <p><input type="radio"/> China travel permit 中國旅遊通行證</p> <p><input type="radio"/> Other (e.g. business registration certificate, certificate of incorporation, non-HKID) 其他(例如:商業登記證、公司註冊證書、非香港身份證)</p> <p>Please specify 請註明 Type: 類別: _____</p>
<p>Identity document no. 證件號碼</p>	<p>Identity document no. 證件號碼</p>
<p>Relationship between account holder and policyholder 賬戶持有人與保單持有人之關係</p> <p><input type="radio"/> Policyholder 保單持有人</p> <p><input type="radio"/> Life insured 受保人</p> <p><input type="radio"/> Other (i.e. Spouse, parents, children, siblings, grandparents or grandchildren, please complete Third Party Payment Form) 其他(如夫婦、父母、子女、兄弟姐妹、祖/外祖父母或孫/外孫子女,請填寫第三方付款表格)</p>	<p>Relationship between account holder and policyholder 賬戶持有人與保單持有人之關係</p> <p><input type="radio"/> Policyholder 保單持有人</p> <p><input type="radio"/> Life insured 受保人</p> <p><input type="radio"/> Other (i.e. Spouse, parents, children, siblings, grandparents or grandchildren, please complete Third Party Payment Form) 其他(如夫婦、父母、子女、兄弟姐妹、祖/外祖父母或孫/外孫子女,請填寫第三方付款表格)</p>
<p>Signature of account holder 賬戶持有人簽署</p>	<p>Signature of other account holder 其他賬戶持有人簽署</p>
<p>Date signed 簽署日期</p> <p>Day日 Month月 Year年</p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>Date signed 簽署日期</p> <p>Day日 Month月 Year年</p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>

2. Notice to customers relating to the Personal Data (Privacy) Ordinance (“Ordinance”)

有關個人資料(私隱)條例(「私隱條例」)的客戶通知

The personal information of customers (including policyholders, insured persons, beneficiaries, premium payors, trustees, policy assignees and claimants) collected or held by **Zurich Assurance Ltd/Zurich Life Insurance (Hong Kong) Limited (each a “Company”)** from time to time, which also includes data collected or generated in the ordinary course of the Company’s business and the continuation of relationship with the customer (such as claim information and medical history received from third parties), may be used by the Company and/or a company within its group (“**Zurich Insurance Group**”) for the purposes **necessary** in providing services to the customers (otherwise the Company is unable to provide services to customers who fail to provide the required information).

由蘇黎世人壽/蘇黎世人壽保險(香港)有限公司(以下個別稱「本公司」)不時收集或持有的客戶(包括保單持有人、受保人、受益人、保費付款人、信託人、保單受讓人及索償人)個人資料,其中亦包括在公司日常業務過程中以及就持續與客戶的關係而收集或產生的資料(例如從第三方收到的索償資料和病歷),均可供本公司及/或其所屬集團(「蘇黎世保險集團」)內的公司使用作為向客戶提供服務而必須的用途(否則本公司將無法為未能提供所需資料的客戶提供服務)。

Please read carefully the details of the Company’s privacy policy which is made available on our website at www.zurich.com.hk/pics or by scanning the QR code. You may also contact our Customer Care Hotline at 2968 2383 or insurance intermediaries for enquires.

本公司之私隱政策詳載於 www.zurich.com.hk/pics 或可透過掃描 QR 碼細閱。閣下亦可致電 2968 2383 與我們的客戶服務部聯絡或向保險中介人查詢。



3. Declaration for data protection 個人資料保障聲明

I/We confirm that I/we, and the payor (if different from the policyholder) agree to the use or transfer of my/our personal data for the purposes as set out above.

本人/我們確認本人/我們及付款人(如與保單持有人不同)同意 貴公司使用或向第三方提供本人/我們的個人資料作上述用途。

We may request you to provide additional documents apart from information listed above where necessary.

如有需要,除上列資料外,我們可能會要求 閣下提供額外之證明文件。

		Date signed 簽署日期	Day日	Month月	Year年	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Signature of policyholder 保單持有人簽署		Signature of payor(s) (If payor is not policyholder) 付款人簽署(如付款人不是保單持有人)									
		Date signed 簽署日期	Day日	Month月	Year年	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
() Full name of licensed insurance intermediary (IA license no.) 持牌保險中介人姓名(保監牌照號碼)		Signature of licensed insurance intermediary 持牌保險中介人簽署									
Company name of licensed insurance intermediary 持牌保險中介人公司名稱		Company code of licensed insurance intermediary 持牌保險中介人公司編號									

PLEASE DO NOT SIGN ON BLANK FORM. 請勿於空白表格簽署。

In the event of any discrepancy or inconsistencies between the English and Chinese versions of this form, the English version shall prevail.

如此表格之中英文版本有任何歧異或不一致,概以英文版為準。

Zurich Assurance Ltd (a company incorporated in England and Wales with limited liability)
Zurich Life Insurance (Hong Kong) Limited (a company incorporated in Hong Kong with limited liability)
Website: www.zurich.com.hk

蘇黎世人壽(於英格蘭及威爾斯註冊成立之有限公司)
蘇黎世人壽保險(香港)有限公司(於香港註冊成立之有限公司)
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