Zurich Assurance Ltd
Zurich Life Insurance (Hong Kong) Limited
蘇黎世人壽
蘇黎世人壽保險(香港)有限公司

ZURICH
蘇黎世

Policy alteration form
保單更改申請表

Private and confidential 私人及保密文件

Policy no.
保單號碼

Name of life insured
受保人姓名

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

Important notes 重要事項

1. If you are using or intend to use some or all of the total cash value of the existing life insurance policy or any savings resulting from reducing the premium payable under the existing life insurance policy to fund the purchase of any new life insurance policy such as applying for decreasing of death benefit/basic sum insured or change of benefit, change of total contribution, extended cover option/policy paid-up and premium/contribution holiday, please note that there are implications and associated risks involved in such policy replacement. These implications and associated risks are stated in "Important facts statement - policy replacement" ("IFS-PR"). It is important for you to understand the possible implications and risks associated with policy replacement, so please contact your licensed insurance intermediary or call our Customer Care Team at +852 2968 2383 to explain the details of the relevant sections of the IFS-PR to you and assist you to sign and return the IFS-PR to us after explanation.
   如 閣下打算使用透過現有人壽保險保單的部分或全部現金價值，或使用減少現有人壽保險保單應付的保費而節省的任何儲蓄如申請減少身故賠償/基本保額或更改保障、更改供款額、停付保費延續保障/停付保費延續投資或保費/供款假期，為新人壽保險保單提供資金， 閣下應了解有關轉保所涉及的影響及相關風險。這些影響和相關風險詳列於「重要資料聲明書 — 轉保」。明白轉保可能涉及的影響及風險對 閣下極爲重要，務請 閣下聯絡 閣下的持牌保險中介人或致電我們的客戶服務熱線 +852 2968 2383，以讓我們為 閣下解釋「重要資料聲明書 — 轉保」有關之詳情，及於解釋後協助 閣下簽署並交回「重要資料聲明書 — 轉保」。
2. 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。
3. 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。

Section A 部

1. Beneficiary designation 指定受益人

Primary beneficiary 基本受益人

If you wish to nominate any person or body corporate (other than you or life insured) as a primary beneficiary ("Primary Beneficiary") to receive all death benefits under the policy, please insert the necessary details in the appropriate boxes below.
如 閣下希望指定任何人士或法人團體（ 閣下或受保人除外）為基本受益人（「基本受益人」）接受保單應付的所有身故賠償，請於下列適當的方格內填寫所需詳情。

Share must be integer % and at least 1%. 分配必須為整數百分比及最少為 1%。

If death benefit settlement option is available to the policy, the default option for below designated beneficiary(ies) will be payment in a lump-sum.
如保單設有身故賠償支付選項，以下指定受益人的身故賠償選項將會預設為一筆過支付。

If you would like to choose any death benefit settlement option for any beneficiary, please complete the "Beneficiary designation form".
如 閣下想為任何受益人選擇任何身故賠償支付選項，請填妥「指定受益人表格」。

Primary Beneficiary's name (in English and Chinese) 基本受益人英文及中文姓名	Relationship 與 閣下的關係	HKID/Passport or other travel document no. and issuing authority 香港身份證/護照或其他旅遊證件號碼及簽發機構	Share (Integer %)[1] 分配（整數百分比）[1]
1.			
2.			
3.			
4.			
		Total share 總分配	**100%**

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2. Change of occupation 更改職業類別 ◯ **Policyholder 保單持有人** ◯ **Life insured 受保人**

New occupation information 新職業資料

Occupation title 職銜 _____ New job start date 就職/轉職日期 Day 日 ☐☐ Month 月 ☐☐ Year 年 ☐☐☐☐

Business nature 業務性質 _____

Exact job duties 實際工作職務 _____

Any outdoor work? 有否戶外工作？ ◯ Yes 是 ◯ No 否

Any manual work? 有否體力勞動工作？ ◯ Yes 是 ◯ No 否

If any "Yes" for the above questions, please fill in the circle in full to the appropriate place to indicate the details:
如以上答案為「是」，請於適合的位置填滿整個圓圈以提供詳情：

- ◯ Attend appointments outside office 在公司外見客
- ◯ Underground work 地底工作
- ◯ High level work 高空工作
- ◯ Heavy machinery used 使用重型機器
- ◯ Drive vehicle below five tonnes 駕駛五噸以下之車輛
- ◯ Work on construction site 建築地盤內工作
- ◯ Hazardous materials used 使用危險性物料
- ◯ Others (please specify) 其他（請註明）_____

Explanatory information 其他補充資料 _____

3. Remove occupational loading on[2] 刪除職業類別附加供款[2] ◯ **Policyholder 保單持有人** ◯ **Life insured 受保人**

4. ◯ **Remove loading (Except occupational loading)/exclusion[2] 刪除附加供款（除了職業類別附加供款）/不受保條款[2]**

（Please refer to section I to submit relevant document. 請根據 I 部遞交相關文件。）

5. Change of smoking class 更改吸煙人士類別

◯ Smoker 吸煙人士

Effective date 生效日期 Day 日 ☐☐ Month 月 ☐☐ Year 年 ☐☐☐☐

◯ Non-smoker[2] (Please refer to section I to submit relevant document.) 非吸煙人士[2]（請根據 I 部遞交相關文件。）

Do you apply with contribution change? 是否同時申請調整供款？ ◯ Yes 是 ◯ No 否

Section B 部

1. Change of payment frequency[3] 更改繳付模式[3]

◯ Annually 年繳 ◯ Semi-annually 半年繳 ◯ Monthly (Only autopay for payment method) 月繳（只適用於自動轉賬作為付款方法）

Effective date[6] or the earliest unpaid premium due date 生效日期[6]或最早未付保費到期日 Day 日 ☐☐ Month 月 ☐☐ Year 年 ☐☐☐☐

2. Change of payment method 更改付款方法

◯ By renewal notice (Not applicable to monthly mode) 透過續期通知書（不適用於月繳保費）

◯ By autopay with HKD as payment currency (Please refer to section I to submit relevant document.) 自動轉賬，並以港元作為供款貨幣（請根據 I 部遞交相關文件。）

3. Suspend/Cancel autopay 暫停/刪除自動轉賬

◯ Suspend (next premium due) 暫停（下次保費到期日）

◯ Cancel permanently 永久刪除

4. Change of plan currency 更改保單貨幣（Applicable to Living Insurance Series only 只適用於人生保障計劃）

◯ USD 美元 ◯ HKD 港元 ◯ AUD 澳元 ◯ GBP 英鎊 ◯ Euro 歐元

5. Change of payment currency 更改付款貨幣

◯ USD 美元 ◯ HKD 港元

（Applicable to Living Insurance Series ONLY 只適用於人生保障計劃）

◯ AUD 澳元 ◯ GBP 英鎊 ◯ Euro 歐元

6. Application/Cancellation for premium/contribution holiday[4,6] 申請／取消保費／供款假期[4,6]

Available after designated period, details please refer to policy provision.
適用於指定期限後申請，詳情請參閱保單條款。

◯ Premium/Contribution holiday period _____ month(s)
保費／供款假期為期 _____ 個月

Effective next premium/contribution due date 將於下個保費／供款到期日生效
（Minimum period is three months 最短期限為三個月）

The below options are only applicable to the policy issued after year 2022 with premium holiday features. 以下選項只適用於 2022 年後繕發及可行使保單假期的保單。

◯ Apply premium holiday until further notice
申請保費假期直到另行通知

◯ Cancel premium holiday and resume premium and levy without paying back missing premium
取消保費假期及復繳本期保費及相應徵費而無需交回所有欠缺之保費

◯ Reverse premium holiday by paying back all missing premium and levy
撤銷保費假期及復繳所有欠缺之保費及徵費

7. Future contribution deposit/future premium deposit[4,5] 預繳未來供款／預繳未來保費[4,5]

All prepaid premiums are respectively credited to the investment account one month prior to the corresponding future payment due.
所有預繳保費分別在日後相應的到期付款一個月前撥入投資賬戶。

You cannot withdraw the Future Premium (or any part thereof) unless your policy is terminated.
除非　閣下的保單終止，否則　閣下不能提取未來保費（或其任何部分）。

Future contribution deposit/future premium deposit and levy 預繳未來供款／預繳未來保費及徵費				Contribution period (MM/YYYY) 供款時期			
Currency 貨幣		Amount 金額		From 由		To 至	

8. Cancel inflation beater/Escalating benefit[4] 刪除反通脹加保計劃／遞增保障計劃[4]

◯ Cancel once (next policy anniversary)
刪除一次（下一個保單周年）

◯ Cancel permanently
永久刪除

9. Change of payment method for long-term bonus/commitment bonus[4] 更改長期紅利獎賞／回饋獎賞派發方式[4]

◯ Reinvested into the investment account
在投資賬戶內進行再投資

◯ By cheque
以支票形式派發

10. Request for extended cover option or paid up option[4] 停付保費延續保障／停付保費延續投資[4]

Important notes 重要事項

If the policy is converted into an "extended cover policy" or a "paid-up policy", the policy will remain in force and relevant policy charge(s) will continue to be deducted from the investment account, until the surrender value minus any outstanding loan (if any) under the policy drops to zero. The policy will then be terminated without value.
當保單轉為「停付保費延續保障保單」或「停付保費延續投資保單」，保單將維持有效，而相關的保單收費將會繼續從投資賬戶中扣除，直至保單的退保金額（扣除任何保單下尚未清償的貸款金額（如有））減至零為止。於該情況下，保單將不再有任何價值，並會終止。

◯ Extended cover option
申請停付保費延續保障

◯ Paid up option
申請停付保費延續投資

For Eagle Wisdom with LTC and Senior Protector with LTC to change extended cover option, please confirm below declaration.
松柏樂晚年生活保障及松柏人生晚年生活保障，如欲更改為申請停付保費延續保障請確認以下健康聲明。

◯ I/We declare that the life insured has no dysfunction of any of the six daily activities as specified in clause (2) of the Long-Term Care Insurance Schedule or been advised by any registered medical practitioner about any of such dysfunction.
本人／我們聲明受保人並沒有發生或被註冊醫生判斷為沒有能力進行於「晚年生活保障」條款中第二項所列明的任何一項日常活動。

Effective date[6] or the earliest unpaid premium due date
生效日期[6] 或最早未付保費到期日

Day 日 ☐☐ Month 月 ☐☐ Year 年 ☐☐☐☐

11. Payment instruction for cash dividend receipt (Only applicable to policy with cash dividend)
現金股息收款指示（只適用於附有現金股息的計劃）

Bank account information 銀行賬戶資料

Bank name and branch in Hong Kong
香港銀行及分行之名稱 _____

Bank account no.
銀行賬戶號碼

Bank no. 銀行號碼			Branch no. 分行號碼			Account no. 戶口號碼							

Account holder name as recorded on bank passbook (Please complete in English)
賬戶持有人在銀行存摺上所紀錄之名稱（請以英文填寫） _____

Note 註

1. The above bank account must be under the name of the policyholder.
上述銀行賬戶必須為保單持有人持有。
2. Only accept designated HKD local bank account.
只接受指定本地銀行之港元賬戶。
3. If the payment fails to be deposited into the designated bank account, the instruction of cash dividend payment will be cancelled. No further payment will be made to this bank account.
倘若支付金額未能成功存入指定的銀行賬戶內，該指示將會被取消，而該銀行賬戶將不再用作收取相關款項。
4. If the policyholder transfers the ownership of the policy to a new policyholder, the instruction of cash dividend payment to this designated bank account will be terminated.
倘若保單持有人將其保單之擁有權轉移至新的保單持有人，該指定收取現金股息之銀行賬戶將會被終止。
5. The payment made by the Company will only be made in the currency of Hong Kong dollars, and if any cash dividend payable under the relevant policy is designated in any other currencies, the amount will be converted to the currency of Hong Kong dollars on the day that the payment is processed at the internal exchange rate as determined by the Company in its discretion.
本公司所付款項將僅以港元支付，如在相關保單下的應付現金股息被指定為任何其他貨幣，其款額將於付款處理當日按本公司酌情決定的內部匯率兌換為港元。

Section C 部

1. Change of contribution 更改供款額

Change type 更改事項	Type of contribution 供款類別	New contribution amount (Policy currency) 新供款額（保單貨幣）
◯ Increase[2,4] 增加[2,4] ◯ Reduction 減少	Basic regular contribution/premium 基本定期供款／保費 （Increase regular premium is applicable to designated plan. 增加保費適用於指定計劃。 The regular premium after increment must not be higher than the initial regular premium at the Policy Date. 調高後的定期保費不得高於保單日期時的最初定期保費。）	
◯ Addition[2,4] 新增[2,4] ◯ Reduction[4] 減少[4] ◯ Deletion[4] 刪除[4]	Additional regular contribution 額外定期供款 （Applicable to designated plan. 適用於指定保障計劃。）	
◯ Reduction 減少	Total regular contribution 供款總額 （Include basic regular contribution, additional regular contribution (if any), premium of other riders (if any), policy fee, etc. 包括基本定期供款、額外定期供款（如有）、其他附加保障保費（如有）、保單費用等）	
◯ Addition[2,4] 新增[2,4]	Lump-sum top-up contribution 一筆過額外供款 (Applicable to Swiss Elite and designated plan. 適用於「瑞翔投資計劃」及指定計劃。)	

Effective date[6] or the earliest unpaid premium due date 生效日期[6] 或最早未付保費到期日 Day 日 ☐☐ Month 月 ☐☐ Year 年 ☐☐☐☐

2. Change of basic benefits 更改基本保障

Change type 更改事項	Type of benefit 保障類別	New sum insured (Policy currency)/Percentage 新保障額（保單貨幣）／百分比
◯ Reduction 減少	Death benefit/Basic sum insured[4] 死亡保障／基本保額[4] (Change of Death benefit/Basic sum insured will change sum insured of critical illness accordingly (if applicable) 更改死亡保障／基本保額，危疾保障的保額亦會作相應調整（如適用））	
◯ Reduction 減少	Critical illness[4] 危疾保障[4]	50%
◯ Deletion 刪除		0%

（Total contribution will be changed accordingly. 總供款將會相應更改。）

3. Change of rider benefits 更改附加保障

（For addition/increase rider benefits, please refer to section I to submit relevant document. 新增／增加附加保障，請根據I部遞交相關文件。）

Change type 更改事項	Name of rider benefit 附加保障名稱	New sum insured (Policy currency) 新保障額（保單貨幣）
◯ Reduction 減少 ◯ Deletion 刪除 ◯ Addition[2,4] 新增[2,4] ◯ Increase[2,4] 增加[2,4]		
◯ Reduction 減少 ◯ Deletion 刪除 ◯ Addition[2,4] 新增[2,4] ◯ Increase[2,4] 增加[2,4]		
◯ Reduction 減少 ◯ Deletion 刪除 ◯ Addition[2,4] 新增[2,4] ◯ Increase[2,4] 增加[2,4]		

Section D 部

1. Reinstatement[2] 申請復效保單[2]

Please fill in the nationality and place of residence of the **policyholder, life insured and assignee (if any).**
請填寫保單持有人、受保人及受讓人（如有）的國籍和居住地。

For Corporate policyholder, please refer to "Corporate policyholder requirement checklist" to submit relevant document.
企業保單持有人，**請根據「企業保單持有人所需遞交文件檢查表」遞交所需文件。**

If your policy is an investment-linked assurance scheme, please also submit the **"Investment choice change form"**.
如　閣下之保單為投資相連壽險計劃，請遞交「投資選項／投資選擇更改表格」。

For "Swiss Fortune Universal Life Insurance Plan" and "Swiss Fortune (Premier) Universal Life Insurance Plan", its reinstatement fee is 10% of first year annualized premium.
「瑞駿萬用壽險保險計劃」及「瑞駿（尊尚版）萬用壽險保險計劃」之復效手續費為首年總保費之10%。

Individual policyholder 個人保單持有人	Nationality 國籍_____	Place of residence 居住地_____
Life insured 受保人	Nationality 國籍_____	Place of residence 居住地_____
Assignee 受讓人	Nationality 國籍_____	Place of residence 居住地_____

Corporate policyholder 企業保單持有人

Corporate incorporated in Hong Kong? ◯ Yes 是 ◯ No 否 If "No", please state the country of incorporation
企業是否於香港成立？ 如「否」，請提供成立的國家_____

Corporate registered in Hong Kong? ◯ Yes 是 ◯ No 否 If "No", please state the country of registration
企業是否於香港註冊？ 如「否」，請提供註冊的國家_____

2. Cancel opt-out request 取消拒收要求

◯ I now cancel my opt-out request made earlier, and agreed to your use (including transfer to third parties) of my personal data for the voluntary purposes as set out in your Notice to customers relating to the Personal Data (Privacy) Ordinance ("Ordinance").
本人現取消較早前作出之拒收要求，並同意　貴公司使用（包括向第三方提供）有關本人之個人資料（私隱）條例（「私隱條例」）的客戶通知內所述之自願性用途。

3. Others 其他

Please specify
請說明_____

[1] If no share is specified, all the death benefits under the policy will be paid to the Primary Beneficiaries (if more than one) in equal shares or all to the sole primary beneficiaries (if only one).
如無列明比例，上述所有基本受益人（如超過一名）將均分保單應付的所有身故賠償或上述唯一基本受益人（如只有一名）將獨得保單應付的所有身故賠償。

[2] Subject to company approval.
須經公司批核。

[3] If there is no specification made, payment method will be changed to renewal notice (Not applicable to monthly mode).
若未有指示，付款方法將改為續期通知書（不適用於月繳保費）。

[4] These items are applicable to relevant products only, for details please refer to the policy terms and conditions.
有關項目只適用於部份保障計劃，詳請參閱保單條款與規章。

[5] The request must be submitted two months before future contribution/premium due date. The relevant payment should include the premium/contribution and levy.
須於預繳供款／保費到期日前兩個月申請。有關繳款須包括保費／供款及徵費。

[6] If the relevant premium and levy has already been paid, the effective date will be adjusted to the earliest unpaid premium due date.
如所填寫的生效日期的保費及徵費已繳交，生效日期將調整為最早未付保費到期日。

Section E 部：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

This Notice sets out the privacy policy of each of **Zurich Assurance Ltd/Zurich Life Insurance (Hong Kong) Limited** (each a **"Company"**) in respect of their respective customers. The rights and obligations of each Company under this Notice are several and not joint, whereby no Company shall be liable for any act or omission of another Company.
本通知列載**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**」）有關各自對其客戶的私隱政策。各公司就本通知所列之權利和責任為獨立而非連帶的，因此各公司無須為其他公司之行為或不作為負責。

The personal information of customers (including policyholders, insured persons, beneficiaries, premium payors, trustees, policy assignees and claimants) collected or held by the 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 Center at +852 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 +852 2968 2383 與我們的客戶服務部聯絡或向保險中介人查詢。

Consent for marketing purposes - Voluntary:
就市場推廣用途之同意 – 自願性：

Certain personal information of policyholders and insured persons collected or held by the Company (which also includes data collected or generated in the ordinary course of the Company's business and the continuation of relationship with the customer), in particular, names, contact information, age, gender, identity document reference, marital status, financial background, demographic data, transaction pattern and behavior, policy information, claim information, and medical history may be used by the Company, **only upon having such policyholders' or insured persons' consent or indication of no objection**, for providing marketing materials and conducting direct marketing activities in relation to insurance and/or financial products and services of the Zurich Insurance Group and/or other financial services providers, and/or other related services of business partners, with whom the

Company maintains business referral or other arrangements (such as reward, loyalty, co-branding or privileges programs and related services and products, services and products offered by the Company's business or co-branding partners, donations or contributions for charitable and/or non-profit making purposes). For the avoidance of doubt, the latest instruction (for example, consent or indication of no objection, or request for opt-out) received from a customer shall override any previous instruction given to the Company in this regard in relation to all personal information of the customer collected or held by the Company from time to time.
由本公司收集或持有的保單持有人及受保人的某些個人資料（其中亦包括在本公司日常業務過程中以及就持續與客戶的關係收集或產生的資料），特別是姓名、聯絡資料、年齡、性別、身份證明文件資料、婚姻狀況、經濟背景、人口統計數據、交易模式和行為、保單資料、索償資料及醫療紀錄等，**於獲該保單持有人或受保人同意或作不反對指示後**，均可供本公司使用作為蘇黎世保險集團及/或與本公司維持業務引薦關係或其他安排之其他金融服務供應商的保險及/或金融產品及服務，及/或其他商業合作夥伴之相關服務，提供市場推廣資料及進行直接市場推廣活動。（例如獎賞、忠誠獎勵、合作品牌或優惠計劃以及相關服務和產品，由本公司商業合作夥伴或合作品牌夥伴提供的服務和產品，出於慈善及/或非牟利目的的捐贈或捐款）。為免生疑問，就本公司不時收集或持有的所有客戶個人資料，本公司將會以從客戶收到的最新指示（例如同意或表示不反對的指示，或提出反對要求）。

The Company may provide (and may receive money or property in return for providing) certain personal information, in particular, name, contact information, age, gender and policy information of a policyholder and an insured person, **only upon having such policyholder's and insured person's written consent**, to be used by the following parties, within or outside of Hong Kong, for their own and/or the Company's **marketing purposes** set out above:
於獲保單持有人及受保人書面同意後，本公司方可就以下人士本身及/或就本公司的**市場推廣用途**，向以下於香港境內或境外的人士提供其某些個人資料（並可能收到金錢或其他財產作為回報），特別是姓名、聯絡資料、年齡、性別、保單持有人及受保人的保單資料等，以供其使用：

(1) companies within the Zurich Insurance Group;
蘇黎世保險集團成員公司；

(2) other banking/financial institutions, commercial or charitable organizations with whom the Company maintains business referral or other arrangements;
與本公司維持業務引薦關係或其他安排的其他銀行/金融機構、商業或慈善組織；

(3) third party reward, loyalty, co-branding or privileges program providers;
第三方獎賞、忠誠獎勵、合作品牌或優惠計劃提供者；

(4) third party marketing service providers and insurance intermediaries.
第三方市場推廣相關服務供應商及保險中介人。

I/We understand that I/we can withdraw any consent provided for marketing purposes anytime by notice to the Company.
本人/我們明白本人/我們可隨時通知　貴公司以撤回任何就市場推廣用途所給予之同意。

Section F 部：Declaration for data protection 個人資料保障聲明

I/We confirm that I/we and the life insured (if different from the policyholder/assignee) 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/我們及受保人（如與保單持有人/受讓人不同）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。

I/We declare that proper consent from the life insured (if different from the policyholder/assignee) has been obtained before the personal data are provided to Zurich Assurance Ltd and/or Zurich Life Insurance (Hong Kong) Limited ("the Company").
本人/我們於提供受保人（如與保單持有人/受讓人不同）的個人資料予蘇黎世人壽及/或蘇黎世人壽保險（香港）有限公司（「貴公司」）前已獲得受保人之正式同意。

Section G 部 ： Collection of levy by the Insurance Authority 保險業監管局收取的保費徵費

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. In this regard, you agree the following arrangements of levy settlement, where applicable, that will be applied to your policy:
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。有見及此，　閣下同意我們將為　閣下保單作出以下保費徵費之繳款安排（如適用）：

1. the policy will only be issued if the policy is with satisfied underwriting decision and initial premium and levy are settled;
於成功通過核保及收妥首期保費及徵費後才會繕發保單；
2. you authorize Zurich Assurance Ltd/Zurich Life Insurance (Hong Kong) Limited ("the Company") to collect the premium and levy from your designated autopay account/credit card;
閣下授權蘇黎世人壽/蘇黎世人壽保險（香港）有限公司（「本公司」）從　閣下指定的自動轉賬賬戶/信用卡收取保費及徵費；
3. you shall pre-pay levy and premiums together if you apply for prepayment;
閣下於申請預繳保費時，需要同時預付保費及徵費；
4. you authorize the Company to collect both the premium and the levy by way of automatic premium loan ("APL"), if any levy is paid by APL, it will also form part of the loan with interest accumulated at the prevailing loan interest rate;
閣下授權本公司透過自動保費貸款方式扣除保費及徵費，若任何保費徵費以自動保費貸款方式扣除，其也將是貸款的一部分，並會按現行貸款利率計算利息；
5. the policy will only be reinstated if levy is paid back at the applicable rate and cap together with overdue premium(s) including the interest (if any);
此保單於　閣下一併繳付逾期保費（包括其利息（如有））及按適用的徵費率及徵費上限計算之保費徵費後才會復效保單；
6. If your payment is insufficient to pay both premium and levy, you authorize the Company to settle the premium first; and
若　閣下的繳款不足以同時繳付保費及徵費，　閣下授權本公司先扣除保費；及
7. you authorize the Company to deduct the corresponding levy together with all unpaid premium(s) from payment of policy surrender/policy maturity/benefit claims.
閣下授權本公司從退保價值/期滿利益/保險賠償金額中扣除任何逾期保費及相應之保費徵費。

Section H 部 ： Declaration for commission disclosure (For application of policy rider and reinstatement) 佣金披露聲明（只適用於保單附加保障及復效保單的申請）

I/We understand, acknowledge and agree that, as a result of my/our purchasing and taking up the policy/policy rider to be issued by Zurich Assurance Ltd/Zurich Life Insurance (Hong Kong) Limited ("the Company"), the Company will pay the licensed insurance intermediary commission during the continuance of the policy including renewals, for arranging the said policy. Where the applicant is a body corporate, the authorized person who signs on behalf of the applicant further confirms to the Company that he or she is authorized to do so.
本人/我們明白、確知及同意，蘇黎世人壽/蘇黎世人壽保險（香港）有限公司（「貴公司」）會就本人/我們購買及接受保險公司簽發的保單/保單附加保障，於保單有效期內（包括續保期），向負責安排有關保單的持牌保險中介人支付佣金。假如申請人為法人團體，代表申請人簽署的獲授權人員須向本公司確認他/她已獲法人團體授權簽署。

I/We further understand that the above agreement is necessary for the Company to proceed with the application.
本人/我們亦明白　貴公司必須取得申請人以上的同意，才可以處理有關申請。

Full name of policyholder/assignee/authorized signor (for corporate policyholder only)
保單持有人/受讓人/獲授權簽署人（只適用於企業保單持有人）姓名

Date signed 簽署日期 Day 日 ☐☐ Month 月 ☐☐ Year 年 ☐☐☐☐

Signature of policyholder/assignee/authorized signor (for corporate policyholder only)
保單持有人/受讓人/獲授權簽署人（只適用於企業保單人）簽署

Signature of licensed insurance intermediary
持牌保險中介人簽署

Full name of licensed insurance intermediary (IA license no.) (　　)
持牌保險中介人姓名（保監牌照號碼）

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 discrepancies 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。

Section I 部 ： Documents required 所需遞交文件

Change of payment frequency 更改繳付模式 Change of payment method 更改付款方法	1. "Direct debit authorization"/"Application for renewal premium payment by Visa/Master credit card" form (if applicable) or 「直接付款授權書」/「Visa/Master 卡自動轉賬繳交續期保費申請表」（如適用）或 2. "Method of payment form" (if applicable) 「付款表格」（如適用） Note: It requires two to four weeks for the bank to set up a direct debit authorization payment account. 註 ： 銀行建立自動轉賬戶口需時二至四星期。
Remove loading (Except occupational loading)/exclusion 刪除附加供款（除了職業類別附加供款）/不受保條款 Change of smoking class (Non-smoker) 更改吸煙人士類別（非吸煙人士） Change of rider benefits (Addition/Increase) 更改附加保障（新增/增加）	"Health and lifestyle questionnaire" 「健康及生活習慣問卷」
Addition of addition regular contribution/addition of lump-sum top up contribution 新增額外定期供款/新增一筆過額外供款	1. "Financial needs analysis form" 「財務需要分析表」 2. The relevant "Important facts statement and applicant's declarations" 相關的「《重要資料聲明書》及《申請人聲明書》」

Reinstatement 申請復效保單	1. Certified copy* of Hong Kong permanent identity card 已核實的香港永久性居民身份證副本* 2. Certified copy* of valid passport if the policyholder/assignee holds foreign nationality已核實的有效護照副本*，如保單持有人或受讓人持有外國國籍 3. For Zurich Assurance Ltd - Certified copy*/Original of recent three months proof of permanent residential address such as utility bills, bank statements, tax returns, etc.蘇黎世人壽 — 已核實的最近三個月永久居民地址證明副本*／正本，如公營業務單據、銀行結單、稅單等 4. "Health and lifestyle questionnaire" 「健康及生活習慣問卷」 5. Policyholder/ assignee completes "IFS-MP" if residential country is China or nationality is Chinese and without HKID (Mainland China does not include HKSAR) 若居住國家或國籍為中國而並非持有香港身分證， 保單持有人/受讓人須填妥「重要資料聲明書 - 內地人士在港投購人身/壽險保單」(中國不包括香港) 6. All policy loan, interest and unpaid/overdue premium and levy must be paid back 須繳交所有保單貸款、利息、所有未付保費及徵費 7. For individual policyholder, please submit "Automatic exchange of information - Self-certification for individuals" 個人保單持有人，請遞交「自動交換資料 - 個人自行核證」 8. For Corporate policyholder, please refer to "Corporate policyholder requirement checklist" to submit relevant document 企業保單持有人，請根據「企業保單持有人所需遞交文件檢查表」遞交所需文件
Payment instruction for cash dividend receipt 現金股息收款指示	Bank account proof such as bank passbook showing the name of account holder and account number 銀行賬戶證明，例如列有賬戶持有人之姓名及賬戶號碼之銀行存摺

* Suitable certifier:
合適核實人：

a. a licensed insurance intermediary in Hong Kong
香港持牌保險中介人

b. a member of the judiciary in an equivalent jurisdiction
在對等司法管轄區的司法人員

c. an officer of an embassy, consulate or high commission of the country of issue of documentary verification of identity
發出身分核實文件的國家的大使館、領事館或高級專員公署的人員

d. a Justice of the Peace
太平紳士

e. a solicitor practicing in Hong Kong
在香港執業的律師

f. a certified public accountant practicing in Hong Kong
在香港執業的執業會計師

g. a trust company registered under Part VIII of the Trustee Ordinance (Cap.s29) carrying on trust business in Hong Kong
根據《受託人條例》(第s29章)第VIII部註冊並在香港經營信託業務的信託公司

h. overseas intermediary carrying on business or practicing in an equivalent jurisdiction, including a lawyer, a notary public, an auditor, a professional accountant, a tax advisor, a trust or company service provider; or a trust company carrying on trust business
在對等司法管轄區經營業務或執業的律師、公證人、核數師、專業會計師、稅務顧問、信託或公司服務提供者；或經營信託業務的信託公司

We may request you to provide additional documents apart from documents listed above where necessary. If you have any question on how to complete this form, please call our Customer Care Hotline at +852 2968 2383.
如有需要，除上述文件外，我們可能會要求 閣下提供額外之證明文件。倘若 閣下在填寫此表格時有任何疑問，請致電本公司客戶服務熱線 +852 2968 2383。

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)
網址：www.zurich.com.hk

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