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

Request for policy encashment (Applicable to corporate policyholder)
提款申請表(適用於企業保單持有人)

Private and confidential 私人及保密文件

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

Policy no.
保單號碼

Contact telephone no.
聯絡電話號碼

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　貴公司選擇答案時，請填滿整個圓圈。

Section A 部：Type of withdrawal 提取類別

1. ◯ **Maturity encashment[2]**
約滿期提款[2]
I/We, the undersigned, as policyholder/assignee* hereby request for the encashment upon maturity of the above policy. Encashment will be **processed after maturity day**.
本人／我們(即簽署人)為保單持有人／受讓人*，現申請上述保單之約滿期提款。提款程序將於**保單約滿期之後辦理**。

[2] If there is no "maturity encashment" of the above policy, the type of surrender will be treated as "policy surrender".
若上述保單沒有「約滿期提款」選項，退保類別將被視為「全數退保」。

2. ◯ **Policy surrender**
保單退保
I/We, the undersigned, as policyholder/assignee* hereby request for a total surrender in respect of the above policy.
本人／我們(即簽署人)為保單持有人／受讓人*，現申請上述保單之保單退保。
The bank account for payment instruction of surrender will default as receiving remaining cash dividend (if any) if no current designated bank account of cash dividend receipt is located.
倘若沒有現有收取現金股息的銀行賬戶，收取剩餘的現金股息(如有)將會預設為退保付款指示所使用的銀行賬戶。

3. ◯ **Partial surrender (applicable to specified non-ILAS products)**
部分退保(只適用於指定的非投資相連壽險產品)
Reduce notional amount by _____ % (integer %)
將名義金額減少 _____ %(整數)。

4. ◯ **Partial withdrawal (applicable to non-ILAS products issued since 2023)**
部分提取(只適用於自2023年起發行的非投資相連壽險產品)
◯ Withdrawal amount _____ (please specify the currency otherwise will be treated as HKD) **or**
提取金額 _____(請註明貨幣，否則金額將被視為港元) **或**
◯ Maximum partial withdrawal amount
最高部分提款金額

2ZK-PAD-CSF-01619-ET-0326

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[1] The office of the company is at 25-26/F, One Island East, 18 Westlands Road, Island East, Hong Kong.
本公司之辦事處之地址為香港港島東華蘭路 18 號港島東中心 25-26 樓。

Type of withdrawal (continued) 提取類別(續)

5. ◯ **Partial withdrawal (applicable to ILAS products)**
部分提款(只適用於投資相連壽險產品)

◯ _____ % **or 或**

◯ Amount (please specify the currency, otherwise it will be treated as HKD) **or**
金額_____(請註明貨幣，否則金額將被視為港元)**或**

◯ Maximum partial withdrawal amount **or**
最高部分提款金額 **或**

◯ Withdrawal percentage (%) of specified investment choices
提取指定投資選項/投資選擇的百分比

Investment choice code 投資選項/投資選擇代碼	Percentage (%) 百分比 (%)

a. **Partial Withdrawal will significantly reduce the account value/policy value. If the account value/policy value of your plan becomes insufficient to cover all the ongoing fees and charges or drops below Minimum Surrender Value (if any), your plan may be terminated early, and you could lose all your contributions paid and all the relevant benefits under your plan.**
部分提款將大大降低賬戶價值/保單價值。如　貴公司保單的賬戶價值/保單價值不足以抵銷所有持續費用及收費或低於最低退保價值(如有)，貴公司保單可能會被提早終止，屆時　貴公司可能會失去保單的全部供款及一切相關利益。

6. ◯ **Policy loan (interest-bearing loan. For applicable products, please refer to policy provision.)**
保單貸款(須負擔貸款利息。有關適用之產品，請參閱保單條款。)

I/We, the undersigned, as policyholder/assignee* hereby apply to Zurich Assurance Ltd/Zurich Life Insurance (Hong Kong) Limited ("Zurich", "we/us" or "the Company") for a loan pursuant to the above policy.
本人/我們(即簽署人)為保單持有人/受讓人*，現向蘇黎世人壽/蘇黎世人壽保險(香港)有限公司(「蘇黎世」、「我們」、「本公司」或「貴公司」)申請借貸上述保單中的款項。

◯ Loan amount
貸款金額_____ **or 或** ◯ Maximum loan amount (90%)
最高貸款金額 (90%)

(please specify the currency, otherwise it will be treated as HKD)(請註明貨幣，否則金額將被視為港元)

7. ◯ **Free interest loan (ONLY available at any time after "maturity option date", or for policy(ies) attached with education fund schedule/ advance payment option.)**
免息貸款(只適用於「可延續保單約滿期」過後的貸款；或附有教育基金保單附表/預先提款選擇權的保單。)
I/We, the undersigned, as policyholder/assignee* hereby apply to the Company for a free interest loan pursuant to the above policy.
本人/我們(即簽署人)為保單持有人/受讓人*，現向　貴公司申請免息借貸上述保單中的款項。

◯ Loan amount
貸款金額_____ **or 或** ◯ Maximum loan amount (90%)
最高貸款金額 (90%)

(please specify the currency, otherwise it will be treated as HKD)(請註明貨幣，否則金額將被視為港元)

8. ◯ **Dividends or guaranteed cash coupons withdrawal (only available for Simply Life & Abundant Life)**
紅利或保證現金儲備提取(只適用於「豐盈人生」及「簡約人生」)

I/We, the undersigned, as policyholder/assignee* hereby apply to the Company for a withdrawal pursuant to the above policy.
本人/我們(即簽署人)為保單持有人/受讓人*，現向　貴公司申請提取上述保單中的款項。

◯ Withdrawal amount
提取金額_____ **or 或** ◯ All withdrawal
全部提取

(please specify the currency, otherwise it will be treated as HKD)(請註明貨幣，否則金額將被視為港元)

* Please delete as appropriate. 請刪去不適用者。

Section B 部：Surrender questionnaire 保單退保問卷

Being our valued customer, your concerns are very important to us. Therefore, we would like to ensure you are aware of the implications of surrendering your policy before maturity and also we are eager to understand the reason(s) of your request to surrender your policy.
貴公司是我們的尊貴客戶，我們十分關注　貴公司的需要。因此，我們希望確保　貴公司知道在保單期滿前取消保單對　貴公司的影響，並期望了解　貴公司要求退保的原因。

1. Please state the reason(s) for you to surrender this policy.(Can choose more than one option)
請說明　貴公司退保的原因。(可選多於一項)

◯ Financial reason
財務原因

◯ Emigrate to the other countries
移居其他國家

◯ Product features related
與產品特色有關

◯ Investment return related
與投資回報有關

◯ Claim results related
與索償結果有關

◯ Purchase another policy at the Company
投購本公司其他保單

◯ Purchase another policy in other companies
投購其他公司的保單

◯ Others (please specify)
其他 (請註明)
_____

Section C部：Policy details保單資料

For completion by corporate claimant only只供企業申請人填寫

1. Corporate name in English
企業英文名稱

2. Corporate name in Chinese
企業中文名稱

3. Date of incorporation
成立日期

4. HK Business Registration no.
香港商業登記證號碼

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

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

Contact details 聯絡資料

7. Principal place of business
主要營運地址

Flat/Room
室／單位

Floor
樓

Block
座

Name of building
大廈名稱

Name of street/road
街道名稱

District/City/Province
地區／城市／省

HK/KLN/NT
香港／九龍／新界

Country
國家

ZIP/Postal code
郵遞區號

8. Is the above address same as the address of registered office? ◯ Yes 是 ◯ No 否
上述地址是否與企業註冊地址相同？

9. If "No", please provide the address of registered office.
如「否」，請提供企業註冊地址。

10. Correspondence address (if different from above address)
聯絡地址(如與上述地址不同)

11. Please provide a reason why you are using a correspondence address that is different from your principal place of business. Depending on the answers given, we may ask for further information.
請說明為何　貴公司的聯絡地址有別於　貴公司的主要營運地址。視乎所提供的說明，我們或會詢問更多資料。

12. Office telephone no.
公司電話號碼
Country 國家 ( ) (Country code) Telephone no. (國家編號)電話號碼
Is this a US based telephone no.? ◯ Yes 是 ◯ No 否
這是美國電話號碼嗎？

13. Mobile telephone no.
流動電話號碼
Country 國家 ( ) (Country code) Telephone no. (國家編號)電話號碼
Is this a US based telephone no.? ◯ Yes 是 ◯ No 否
這是美國電話號碼嗎？

14. Office/personal (corporate trustee policy) email address
企業／個人(法團信託保單)電郵地址

Section D部：Payment instruction 付款指示

By signing this form and filling in the payment instruction below, I/we declare the following:
本人／我們現簽署此表格及填寫以下付款方法，並作以下聲明：

1. I/We am/are aware of the potential tax obligations imposed by any jurisdiction, to which I/we may be subject, as applicable to me/us for any payment made or proposed to be made herein, in particular, in relation to tax obligations in Hong Kong and China;
本人／我們明白本人／我們可能受到適用於本人／我們的任何司法管轄區，就此表格的任何付款或建議付款，所施加的潛在稅項義務，特別是有關香港和中國的稅項義務；
2. I/We confirm that I/we have complied with my/our tax obligations, and
本人／我們確認遵守了本人／我們的稅項義務；及
3. I/We understand that I/we shall obtain independent tax advice in relation to the policy.
本人／我們明白本人／我們應就保單尋求獨立稅務建議。

Collection method 收款方式

1. ◯ Credit to designated local bank account[3] (for corporate registered in HK only): 轉賬至指定本地銀行賬戶[3]（只限香港註冊之企業）：
The payment requested above shall be converted into below currency. 本人／我們要求將上述款項折算為下列貨幣。

◯ HKD 港元 ◯ USD 美元 ◯ GBP 英鎊 ◯ AUD 澳元 ◯ EUR 歐元 ◯ RMB 人民幣 ◯ JPY 日元

Account holder name (English name)
賬戶持有人名稱（英文名稱）_____

Name of bank
銀行名稱 _____

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

2. ◯ Credit to overseas bank account[4] (located in the region where the policyholder/assignee's (if policy assigned) place of registration, no cross-border payments is allowed)
轉賬至海外銀行賬戶[4]（只可轉賬至保單持有人或受讓人（如保單已轉讓）的企業註冊地區，不允許跨境支付）
The payment requested above shall be converted into below currency. 本人／我們要求將上述款項折算為下列貨幣。

◯ USD 美元 ◯ GBP 英鎊 ◯ AUD 澳元 ◯ EUR 歐元 ◯ RMB 人民幣 ◯ JPY 日元

Account holder name (English name)
賬戶持有人名稱（英文名稱）_____
Name of bank
銀行名稱_____
Account number
賬戶號碼_____ Swift BIC_____
Bank address
銀行地址_____

[3] Please provide the bank account proof such as bank statement or bank passbook.
請提供銀行賬戶證明，例如銀行結算單或銀行存摺。

[4] Please provide account holder name, bank name, account no., bank address, and Swift BIC.
請提供賬戶持有人名稱、銀行名稱、賬戶號碼、銀行地址及Swift BIC。

Section E部：Documents required 所需遞交文件

1. Bank account proof such as bank statement or bank passbook copy.
銀行賬戶證明，例如銀行結單或銀行存摺副本。
2. Please refer to "Corporate policyholder requirement checklist" to submit relevant document.
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。

We may request you to provide additional documents apart from documents listed above where necessary. If you have any questions 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　貴公司提供額外之證明文件。倘若　貴公司在填寫此表格時有任何疑問，請致電我們的客戶服務熱線 +852 2968 2383。

Section F部：Important notes and declaration 重要事項及聲明

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 policy surrender, partial surrender, partial withdrawal, policy loan and dividend withdrawal, 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保單退保、部分退保、部分提款、保單貸款或紅利提取，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 閣下極為重要，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」。

Important notes and declaration (continued) 重要事項及聲明(續)

(2) Please note that partial withdrawal/dividend withdrawal/policy loan may significantly reduce the death benefit and surrender value.
請留意部分退保/部分提款 / 部分提取/紅利提取/保單貸款金額可能會顯著減少 閣下保單可支付之身故賠償及退保價值。

(3) Please note that when the total amount of outstanding policy loans and interest (if applicable) exceed the surrender value before indebtedness, the policy may terminate automatically subject to respective policy terms and conditions. You may contact us for a re-projection of the policy loan amount and expected timeline (in years) leading to policy lapsation based on the current assumptions for the policy loan if needed.
請留意當未償還之保單貸款及利息(如適用)超過保單未計貸款之退保價值，保單將根據保單條款與規章而自動終止。如有需要， 閣下可聯絡我們以提供保單貸款預期金額及根據保單貸款的現時假設而導致保單失效的預計時間(以年為單位)。

(4) For the condition of withdrawal and consequences after withdrawal , please refer to the respective policy provision and product brochure.
關於提取的條件以及提取後的影響，請參閱相應的保單條款和產品小冊子。

(5) Please read carefully the other important notes of encashment which is made by available on our website at https://www.zurich.com.hk/-/media/Project/ZWP/HongKong/Docs/policy-encashment-form-notes/ccm-02801-et-0326.pdf or by scanning the QR code. You may also contact our Customer Care Hotlines at +852 2968 2383 or insurance intermediaries for enquiries.
有關提款的其他重要事項已詳載於 https://www.zurich.com.hk/-/media/Project/ZWP/HongKong/Docs/policy-encashment-form-notes/ccm-02801-et-0326.pdf 或可透過掃描 QR 碼細閱， 閣下亦可致電 +852 29682383 與我們的客戶服務部聯絡或向保險中介人查詢。

1. Declaration of policy status 保單狀況聲明

I/We hereby warrant and agree that 本人/我們現保證及同意：

(1) I/We have not assigned, pledged or in any other way dealt with the policy or any interest in the policy or the moneys insured by the policy;
本人/我們從未轉讓、抵押或以任何其他方式處置本保單或其任何權益或承保款項；

(2) In the event of my death, this declaration shall be binding on my personal representatives as it is binding on me;
如本人不幸身故，本人的個人代表將猶如本人受本項賠償聲明約束；

(3) This declaration shall be governed in all respect by laws of Hong Kong and I/we hereby submit to the non-exclusive jurisdiction of the courts of Hong Kong.
本項賠償將全面受香港法律管轄。本人/我們服從香港法院之非專有司法裁判權。

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

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 Hotline at +852 2968 2383 or insurance intermediaries for enquiries.
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、 身分證明文件資料、 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：

Important notes and declaration (continued) 重要事項及聲明(續)

(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。

3. General declarations 一般聲明

I/We acknowledge that the amount received (net of any sums owing to the Company) will be full and final settlement and discharge of all claims under the policy and agree to give or procure all such further receipts therefor as may be required.
本人/我們確認將收到之款項(扣除所欠　貴公司的款項)為完全及最後，和免除　貴公司在此保單的責任，本人/我們將會在要求下提供有關收據。

I/We warrant that I/we am/are legally and beneficially entitled to the amount received according to the above percentage of the fund value of the investment account net of any charges owing to the Company. I/We also understand that this amount is subject to the fluctuation of the unit price from time to time.
本人/我們保證本人/我們可合法及享有實益權利，按上述投資賬戶基金價值的百分比領取款項，惟需扣除本人/我們應付予　貴公司的所有費用。本人/我們明白付款金額將隨著每日單位價格的浮動而增減。

I/We hereby declare and agree that (1) all information in this form whether or not written by my/our own hand is to the best of my/our knowledge and belief complete and true; (2) if the relevant persons of the policy fail to provide any information requested in this application, the Company shall have the right to reject or delay such application.
本人/我們聲明及同意 (1) 申請表內的一切資料，無論是否本人/我們所填寫，均屬完全及確實無訛；(2) 若保單的有關人士未能提供此申請所需資料，　貴公司有權拒絕或延遲處理此申請。

I/We declare that I/we am/are the beneficial owner of the policy and not acting on behalf of another person including natural person, legal person or trust.
本人/我們聲明，本人/我們為保單之實益擁有人並非代表其他人行事，其他人包括自然人、法人或信託。

Where applicable, I/we hereby expressly acknowledge and declare that any proceeds I/we may receive from this policy will at all times comply with all and any relevant laws pertaining to or relating to capital transfers and foreign exchange control.
在適用的情況下，本人/我們現確認及聲明從保單所收到的任何款項將於任何時候遵守所有及任何有關資本轉移及外匯管制的法律。

I/We declare that I/we have read and understood the Important notes for encashment which is available on the website at https://www.zurich.com.hk/-/media/Project/ZWP/HongKong/Docs/policy-encashment-form-notes/ccm-02801-et-0326.pdf or by scanning the QR code.
本人/我們聲明並確認，本人/我們已閱讀並理解詳載於 https://www.zurich.com.hk/-/media/Project/ZWP/HongKong/Docs/policy-encashment-form-notes/ccm-02801-et-0326 網站上或掃描二維碼有關提款的其他重要事項。

Important notes and declaration (continued) 重要事項及聲明(續)

Name of life insured
受保人姓名

Date signed 簽署日期 Day 日 Month 月 Year 年

Signature of life insured (Only applicable to designated plan)
受保人簽署(只適用於指定計劃)

Name of claimant/authorized signor
申請人／獲授權簽署人姓名

HKID card/Passport no. of claimant/authorized signor
申請人／獲授權簽署人之香港身份證或護照號碼

Date signed 簽署日期 Day 日 Month 月 Year 年

Signature of claimant/authorized signor
申請人／獲授權簽署人簽署

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 (if applicable)
持牌保險中介人公司名稱(如適用)

Company code of licensed insurance intermediary (if applicable)
持牌保險中介人公司編號(如適用)

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。

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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