Zurich Life Insurance (Hong Kong) Limited
苏黎世人寿保险(香港)有限公司

ZURICH
苏黎世

Request for retirement income/ regular withdrawal
退休入息／定期提款／定期提取申请表

Private and confidential 私人及保密文件

Name of policyholder/Assignee
保单持有人／受让人姓名

Policy no.
保单号码

Contact telephone no.
联络电话号码

Please fill the circle in full when you select the answer.
当　阁下确认选项时，请将圆圈完全填满。

Section A 部分：Withdrawal instruction 提款指示

*Delete as appropriate. 请删除不适用者。

I/We, the undersigned, as policyholder*/assignee*/trustee*/executor*/administrator* hereby instruct that the amount below in section D be paid to me/us as the retirement income/regular withdrawal per month/year pursuant to the above policy ("Withdrawal"), and instruct Zurich Life Insurance (Hong Kong) Limited "the Company" to cancel the "units" based on the bid price as at the date stated in the policy terms and conditions. The investment choice units will be redeemed in proportion to the bid value of each investment choice. (If applicable) OR Deduct from the Terminal Bonus Lock-in Account (if any)/the Guaranteed Cash Value/Terminal Bonus (if any) as regular withdrawal amount and the notional amount may be reduced accordingly. (If applicable)
本人／我们确认，作为保单持有人*／受让人*／受托人*／遗产执行人*／遗产管理人*，现根据上述保单之条款并就D部所指示按月／年支取金额作为退休入息／定期提款／定期提取(「提款」)。本人／我们现指示苏黎世人寿保险(香港)有限公司(「贵公司」)于保单条款与规章内所订明的日期以买入价将「单位」取消。投资选项／投资选择单位将因应其买入值按比例赎回。(如适用)或从保单的终期红利锁定账户(如有)、保证现金价值或终期红利(如适用)中扣除相除相应金额作为定期提取，而保单名义金额可能会相应减少。(如适用)

In respect of my/our instructions herein, I/we agree that:
就于此作出的指示，本人／我们同意：

1. For certain products, if, after the regular withdrawal, the surrender value is less than the regular withdrawal amount, the remaining surrender value will be paid to you and the policy will be deemed to have been surrendered by you and automatically terminated.
对于指定产品，若在定期提取/ 定期提取后，退保价值低于定期提款／定期提取金额，剩余的退保价值将一次过支付，且保单状态将转「退保」，保单将自动终止。

2. For designated plan, once my/our instruction herein has taken effect, the basic death and critical illness coverage under the policy shall cease at the same time; whereas, the rider coverage can continue to be effective provided that rider contribution and levy is duly paid.
于指定计划，本人／我们在此列明的指示一经生效，基本人寿及危疾保障将同时终止。若本人／我们已缴付附加保险之供款及征费，附加保障将仍然生效。

3. I/We can always request to cease the Withdrawal by prior written request, and such request shall take effect from the next month following the Company's receipt of the request. I/We understand that any Withdrawal that has ceased upon my/our request cannot be reinstated, and any further request for Withdrawal shall be made afresh by submitting a new request.
本人／我们可随时发出事前书面通知以取消提款。此项申请将于　贵公司收妥通知后下一个月生效。本人／我们明白根据本人／我们要求所取消之提款不可复效，如本人／我们要再次提出任何提款要求，需重新申请。

4. All charges, e.g. remittance fee, shall be deducted from the total amount paid to me/us.
所有费用，如汇款收费，将从本人／我们所提取的款项全数中扣除。

5. I/We can select the amount of the Withdrawal, reviewable every year, but subject always to the applicable minimum Withdrawal amount(s) and minimum Withdrawal period(s) as specified by the Company. Each payment of the withdrawal will be paid to my/our bank account as specified below.
本人／我们可选择提款金额，并可每年作出调整，惟须受制于　贵公司列明所适用之最低提款金额及最短提款期。每月／年支取之提款将存入本人／我们于以下注明之银行账户。

6. I/We understand that upon my/our submission of a full surrender request, the Company shall immediately cease paying me/us the Withdrawal.
本人／我们明白当本人／我们提出完全退保申请，　贵公司将立即终止支付提款给本人／我们。

7. I/We can request for regular withdrawal and such request take effect from next month following the company's receipt and acceptance of the request.
本人/我们可以申请定期提款/定期提取，该申请将在 贵公司收妥并接纳后下一个月生效。

8. I/We understand that retirement income/ regular withdrawal may significantly reduce the policy value, death benefit, other benefits and surrender value.
本人/我们明白退休入息/定期提款/定期提取可能会显著减少保单价值、身故赔偿，其它赔偿及退保价值。

Section B 部分：Policy details 保单资料

For completion by individual policyholder/assignee only 只供个人保单持有人/受让人填写

Policyholder/assignee 保单持有人/受让人

1. Place of birth
出生地点

2. Nationality 国籍 ◯ Chinese (Hong Kong) 中国(香港) ◯ Chinese (Chinese Mainland) 中国(中国内地) ◯ Others 其他(请注明) _____

3. Do you hold nationality in another country? 阁下是否持有多于一个国家的国籍？？ ◯ Yes 是 ◯ No 否 If "Yes", please specify the country 如答案为「是」，请注明国家名称 _____

Please submit certified copy of identity document for all nationality and tax jurisdiction of residence.
请递交所有国籍及税务居留司法管辖区的已核实身分证明文件副本。

Contact details 联络资料

4. Current residential address
现时住址

Flat/Room 室/单位 | Floor 楼 | Block 座

Name of building/estate
大厦/小区名称

Name of street/road
街道名称

District/City/Province
地区/城市/省

HK/KLN/NT
香港/九龙/新界

Country
国家

ZIP/Postal code
邮递区号

5. Correspondence address (if different from above address)
联系地址(如与上述地址不同)

6. Please provide a reason why you are using a correspondence address that is different from your residential address. Depending on the answers given, we may ask for further information.
请说明为何 阁下的通讯地址有别于 阁下的住址。视乎所提供的说明，我们或会询问更多资料。

7. Residential telephone no.
住宅电话号码
_____ Country 国家 (_____) (Country code) Telephone no. (国家编号)电话号码
Is this a US based telephone no.? 这是美国电话号码吗？ ◯ Yes 是 ◯ No 否

8. Office telephone no.
公司电话号码
_____ Country 国家 (_____) (Country code) Telephone no. (国家编号)电话号码
Is this a US based telephone no.? 这是美国电话号码吗？ ◯ Yes 是 ◯ No 否

9. Mobile telephone no.
流動电话号码
_____ Country 国家 (_____) (Country code) Telephone no. (国家编号)电话号码
Is this a US based telephone no.? 这是美国电话号码吗？ ◯ Yes 是 ◯ No 否

10. Email address
电邮地址

Section C 部分：Tax information of claimant 申请人的税务资料

1. Do you currently file tax return in the USA?
   If "Yes", please complete and submit US tax form.
   阁下现时有否于美国报税？若「是」，请填妥及递交美国税表。
   ◯ Yes 是 ◯ No 否

2. Please provide all the Tax Jurisdiction of Residence and TIN. If the TIN is unavailable, should provide the appropriate reason A, B or C.
   请提供所有税务居留司法管辖区及税务编号。若未能提供税务编号，必须填写合适的理由。

If you are a Hong Kong tax resident, please fill in "Hong Kong" as Tax jurisdiction of residence and your HKID card no. as TIN
如　阁下是香港税务居民，请填上税务居留司法管辖辖区为香港及税务编号为　阁下的香港身份证号码。

Tax Jurisdiction of Residence 税务居留司法管辖区	TIN 税务编号	Reason if TIN is unavailable* 理由(若未能提供税务编号)*	Please explain why the Reason B is selected 若选择理由B，请解释原因
i		◯ A ◯ B ◯ C	
ii		◯ A ◯ B ◯ C	
iii		◯ A ◯ B ◯ C	
iv		◯ A ◯ B ◯ C	
v		◯ A ◯ B ◯ C	

* Reason 理由 A: The jurisdiction where the claimant is a resident for tax purposes does not issue TINs to its residents.
申请人的税务居留司法管辖区并没有向其居民发出税务编号。

Reason 理由 B: The claimant is unable to obtain a TIN. Please explain why the claimant is unable to obtain a TIN if you have selected this reason.
申请人未能取得税务编号。若选取此理由，请解释申请人未能取得税务编号之原因。

Reason 理由 C: TIN is not required. Select this reason only if the authorities of the Tax Jurisdiction of Residence do not require the TIN to be disclosed.
申请人毋须提供税务编号。税务居留司法管辖区的主管机关不需要申请人披露税务编号。

Note: For those acting on behalf of a company or a trust, please complete the "Automatic Exchange of Information - Self Certification for Entity" form.
注：如代表公司或信托，请填妥「自动交换资料实体自行核证」表格。

Declaration and acknowledgment 声明及确认

I/We acknowledge and agree that (a) the information contained in this section is collected and may be kept by the Zurich Life Insurance (Hong Kong) Limited ("the Company") for the purpose of automatic exchange of financial account information, and (b) such information and information regarding the account holder and any reportable account(s) may be reported by the Company to the Inland Revenue Department of the Government of the Hong Kong Special Administrative Region and exchanged with the tax authorities of another jurisdiction or jurisdictions in which the account holder may be resident for tax purposes, pursuant to the legal provisions for exchange of financial account information provided under the Inland Revenue Ordinance (Cap.112).
本人／我们知悉及同意苏黎世人寿保险(香港)有限公司(「贵公司」)可根据《税务条例》(第 112 章)有关交换财务账户资料的法律条文，(a) 收集本部分所载资料并可备存作自动交换财务账户资料用途及(b)把该等资料和关于账户持有人及任何须申报账户的资料向香港特别行政区政府税务局申报，从而把资料转交到账户持有人的税务居留司法管辖区的税务当局。

I/We undertake to advise the Company of any change in circumstances which affects the tax residency status of the individual identified in of this section or causes the information contained herein to become incorrect, and to provide the Company with a suitably updated self-certification form within 30 days of such change in circumstances.
本人／我们承诺如情况有所改变，以致影响本部分所述的个人的税务居民身分，或引致本部分所载的资料不正确，本人／我们会通知　贵公司，并会在情况发生改变后 30 日内，向　贵公司提交一份已适当更新的自我证明表格。

I/We declare that the given information and statements made in this section are, to the best of my/our knowledge and belief, true, correct and complete.
本人／我们声明就本人／我们所知所信，本部分所填报的所有资料和声明均属真实、正确和完备。

WARNING and ATTENTION 警告及注意

It is an offence under section 80(2E) of the Inland Revenue Ordinance if any person, in making a self-certification, makes a statement that is misleading, false or incorrect in a material particular AND knows, or is reckless as to whether, the statement is misleading, false or incorrect in a material particular. A person who commits the offence is liable on conviction to a fine at level 3 (i.e. HKD 10,000).
根据《税务条例》第 80(2E) 条，如任何人在作出自我证明时，在明知一项陈述在要项上属具误导性、虚假或不正确，或罔顾一项陈述是否在要项上属具误导性、虚假或不正确下，作出该项陈述，即属犯罪。一经定罪，可处第 3 级罚款(即 10,000 港元)。

If there is any uncertainty about tax residency status, please consult your own tax advisor.
如　阁下对税务居住地有任何疑问，请征询　阁下的税务顾问。

Section D 部分：Payment instruction 付款指示

By signing this form and filling in the payment instruction below, I/we declare the following:
本人/我们现签署此表格及填写以下付款方法，并作以下声明：

a) 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/我们明白本人/我们可能受到适用于本人/我们的任何司法管辖区，就此表格的任何付款或建议付款，所施加的潜在税项义务，特别是有关香港和中国的税项义务；

b) I/We confirm that I/we have complied with my/our tax obligations, and
本人/我们确认遵守了本人/我们的税项义务；及

c) I/We understand that I/we shall obtain independent tax advice in relation to the policy.
本人/我们明白本人/我们应就保单寻求独立税务建议。

(Please fill the circle in full when you select the answer. 当 ◯ 阁下选择答案时，请填满整个圆圈。)

Note: It is available after designated period and the applicable minimum withdraw amount, please refer to relevant policy's product brochure. The minimum withdrawal period is six months. The withdrawal will cease when the investment account is exhausted or the subsequent regular withdrawal does not meet the criteria set out in the policy provision or on the end date specified by you, whichever is the earlier.
注：只适用于指定期限后申请及其适用之每月/年最低提款金额，请参阅相关保单的产品小册子，而最短提款期为六个月。当 ◯ 阁下的投资账户已没有任何结余或 ◯ 阁下的定期提取不符合保单条款中要求；或于 ◯ 阁下指定的终止日时(以较早者为准)，有关提款指示将终止。

I/We request that subject to proof of title, the retirement income/regular withdrawal shall be of policy currency
如本人/我们能提供上文所指的身分证明，本人/我们要求提取保单货币 _____ 作为退休入息/定期提款/定期提取：

1. Withdrawal frequency 提取方式:

◯ Monthly 每月 ◯ Annually (Applicable to designated plan only) 每年 (仅适用于指定计划)

2. Duration 为期

◯ _____ months/years 月/年

◯ Until further notice or the investment account is exhausted or the subsequent regular withdrawal does not meet the criteria set out in the policy provision
直至另行通知或当投资账户已没有任何结余或定期提取不符合保单条款中要求

3. The payment requested above shall be converted into
本人/我们要求将上述款项折算为下列货币

◯ HKD 港元 ◯ USD 美元 ◯ GBP 英镑 ◯ AUD 澳元 ◯ EUR 欧元 ◯ RMB 人民币 ◯ JPY 日元

The amount payable will be based on the daily exchange rate determined by the Company.
汇率将按 贵公司当时釐定的汇率折算。

All charges, e.g. remittance fee, shall be deducted from the total amount paid to me/us.
所有费用，如汇款收费，将从本人/我们所提取的款项全数中扣除。

4. Collection method 收款方式

◯ Credit to designated local bank account[1] (HK and Mainland China resident only):
转账至指定本地银行账户[1](只限香港及中国内地居民):

Account holder name (English name)
账户持有人名称 (英文名称) _____

Bank no. 银行号码	Branch no. 分行号码	Account no. 账户号码

Name of bank
银行名称 _____

◯ Credit to overseas bank account[2] (located in the region where the policyholder/assignee (if policy assigned) resides, no cross-border payments is allowed)
转账至海外银行账户[2](只可转账至保单持有人或受让人(如保单已转让)所居住的地区)

Account holder name (English name)
账户持有人名称 (英文名称) _____

Name of bank
银行名称 _____

Account no.
账户号码 _____ Swift BIC _____

Bank address
银行地址 _____

[1] Please provide the bank account proof such as bank statement or bank passbook.
请提供银行账户证明，例如银行结算单或银行存折。

[2] Please provide account holder name, bank name, account no., bank address, and Swift BIC.
请提供账户持有人名称、银行名称、账户号码、银行地址及 Swift BIC。

Section E 部分：Documents required 所需递交文件

1. Certified copy* of Hong Kong permanent identity card
   已核实的香港永久性居民身份证副本*
2. Certified copy *of valid passport if the policyholder/assignee holds foreign nationality
   已核实的有效护照副本*，如保单持有人或受让人持有外国国籍
3. Bank account proof such as bank statement or bank passbook copy
   银行账户证明，例如银行结单或银行存折副本

* Suitable certifier:
合适核实人：

(a) a licensed insurance intermediary in Hong Kong
香港持牌保险中介人

(b) a member of the judiciary in an equivalent jurisdiction
在对等司法管辖区的司法人员

(c) an officer of an embassy, consulate or high commission of the country of issue of documentary verification of identity
发出身分核实文件的国家的大使馆、领事馆或高级专员公署的人员

(d) a Justice of the Peace
太平绅士

(e) a solicitor practicing in Hong Kong
在香港执业的律师

(f) a certified public accountant practicing in Hong Kong
在香港执业的执业会计师

(g) a trust company registered under Part VIII of the Trustee Ordinance (Cap.s29) carrying on trust business in Hong Kong
根据《受托人条例》(第 s29 章)第VIII部注册并在香港经营信托业务的信托公司

(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
在对等司法管辖区经营业务或执业的律师、公证人、核数师、专业会计师、税务顾问、信托或公司服务提供商; 或经营信托业务的信托公司

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，我们可能会要求　阁下提供额外之证明文件。倘若　阁下在填写此表格时有任何疑问，请致电本公司客户服务热线 +852 2968 2383。

Section F 部分：Notice to customers relating to the Personal Data (Privacy) Ordinance ("Ordinance") 有关个人资料(私隐)条例(「私隐条例」)的客户通知

The personal information of customers (including policyholders, insured persons, beneficiaries, premium payors, trustees, policy assignees and claimants) collected or held by **Zurich Life Insurance (Hong Kong) Limited ("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**苏黎世人寿保险(香港)有限公司(「本公司」)**不时收集或持有的客户(包括保单持有人、受保人、受益人、保费付款人、信托人、保单受让人及索偿人) 个人资料，其中亦包括在公司日常业务过程中以及就持续与客户的关系而收集或产生的资料(例如从第三方收到的索偿资料和病历)，均可供本公司及/或其所属集团(「**苏黎世保险集团**」)内的公司使用作为向客户提供服务而**必须**的用途(否则本公司将无法为未能提供所需资料的客户提供服务)。

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.
本公司之私隐政策详载于www.zurich.com.hk/pics 或可透过扫描QR码细阅。 阁下亦可致电+852 2968 2383与我们的客户服务部联络或向保险中介人查询。

Consent for marketing purposes - Voluntary:
就市场推广用途之同意 – 自愿性：

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单持有人及受保人的某些个人资料(其中亦包括在本公司日常业务过程中以及就持续与客户的关系收集或产生的资料)，特别是姓名、联络资料、年龄、性别、身分证明文件资料、婚姻状况、经济背景、人口统计数据、交易模式和行为、保单资料、索偿资料及医疗纪录等，**于获该保单持有人或受保人同意或作不反对指示后**，均可供本公司使用作为苏黎世保险集团及/或与本公司维持业务引荐关系或其他安排之其他金融服务供应商的保险及/或金融产品及服务，及/或其他商业合作伙伴之相关服务，提供市场推广资料及进行直接市场推广活动。(例如奖赏、忠诚奖励、合作品牌或优惠计划以及相关服务和产品，由本公司商业合作伙伴或合作品牌伙伴提供的服务和产品，出于慈善及/或非牟利目的的捐赠或捐款)。为免生疑问，就本公司不时收集或持有的所有客户个人资料，本公司将会以从客户收到的最新指示(例如同意或表示不反对的指示，或提出反对要求)。

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:
于获保单持有人及受保人书面同意后，本公司方可就以下人士本身及/或就本公司的**市场推广用途**，向以下于香港境内或境外的人士提供其某些个人资料 (并可能收到金钱或其他财产作为回报)，特别是姓名、联络资料、年龄、性别、保单持有人及受保人的保单资料等，以供其使用：

Notice to customers relating to the Personal Data (Privacy) Ordinance ("Ordinance")(continued)
个人资料(私隐)条例(「私隐条例」)的客户通知(续)

(1) companies within the Zurich Insurance Group;
苏黎世保险集团成员公司；

(2) other banking/financial institutions, commercial or charitable organizations with whom the Company maintains business referral or other arrangements;
与本公司维持业务引荐关系或其他安排的其他银行/金融机构、商业或慈善组织；

(3) third party reward, loyalty, co-branding or privileges program providers;
第三方奖赏、忠诚奖励、合作品牌或优惠计划提供者；

(4) third party marketing service providers and insurance intermediaries.
第三方市场推广相关服务供应商及保险中介人。

I/We understand that I/we can withdraw any consent provided for marketing purposes anytime by notice to the Company.
本人/我们明白可随时通知 贵公司以撤回任何就市场推广用途所给予之同意。

Section G 部：Declaration 声明

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/我们声明及同意(1)申请表内的一切资料，无论是否本人/我们所填写，均属完全及确实无讹；(2)若保单的有关人士未能提供此申请所需资料，贵公司有权拒绝或延迟处理此申请。

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/我们声明，本人/我们为保单之实益拥有人并非代表其他人行事，其他人包括自然人，法人或信托。

I/We acknowledge that the investment account value will be adjusted to take account of the retirement income/regular withdrawal. I/We agree that retirement income/regular withdrawal amount will be deducted form the investment account.
本人/我们确认投资账户之价值将于退休入息/定期提款/定期提取后相应调整。本人/我们同意退休入息/定期提款将从投资账户内扣减。

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.
在适用的情况下，本人/我们现确认及声明从保单所收到的任何款项将于任何时候遵守所有及任何有关资本转移及外汇管制的法律。

I/We warrant that I/we am/are legally and beneficially entitled to the amount received according to the above amount net of any charges owning to the Company.
本人/我们保证本人/我们可合法及享有实益权利，按上述价值领取款项，惟需扣除本人/我们应付予 贵公司的所有费用。

Name of claimant 申请人姓名	HKID card/Passport no. of claimant 申请人之香港身份证或护照号码
Signature of claimant 申请人签署	Date signed (Day日 Month月 Year年) 签署日期
Signature of licensed insurance intermediary 持牌保险中介人签署	Full name of licensed insurance intermediary (IA license no.) 持牌保险中介人姓名(保监牌照号码)
Company name of licensed insurance intermediary (if applicable) 持牌保险中介人公司名称(如适用)	Company code of licensed insurance intermediary (if applicable) 持牌保险中介人公司编号 (如适用)

Only applicable for Active Insurance Series Policy(ies). 只適用於自主理財保障系列之保单。

Remark: Levy collected by the Insurance Authority has been imposed on relevant policy at the applicable rate. Therefore, the policyholder is required to pay the prescribed levy along with the premium/contribution. For further information, please visit www.zurich.com.hk/ia-levy.
注：保险业监管局已向相关保单按照适用的征费率收取保费征费。因此，保单持有人于缴付保费/供款时，须同时缴付征费。更多有关保费征费资料，请浏览 www.zurich.com.hk/ia-levy 。

PLEASE DO NOT SIGN ON BLANK FORM. 请勿于空白表格签署。

In the event of any discrepancies or inconsistencies between the English and Chinese versions of this form, the English version shall prevail.
若本表格的中英文版本有任何歧义或不一致， 概以英文版为准。

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

苏黎世人寿保险(香港)有限公司(于香港注册成立之有限公司)
网址：www.zurich.com.hk

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