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

Proposal/Policy no. 投保书/保单号码：

ZURICH
苏黎世

Method of payment form
付款方式表格

Private & confidential 私人及保密文件

Name of proposed insured/life insured:
準受保人/受保人姓名：

Name of proposer/policyholder:
投保人/保单持有人姓名：

Important notes 重要事项：

1. **This form should be filled in BLOCK LETTERS and ensure all signature boxes are duly signed.**
   请以正楷填写及确保已妥善签署所有签署位置。
2. **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。
3. **Please ensure that you sign in the "Direct debit authorization" or "Credit card direct debit authorization" section AND at the end of this form to confirm the payment method.**
   请确保 阁下于「直接付款授权书」或「信用卡直接付款授权书」部分及本表格最后部分签署，以确认付款方法。
4. **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.**
   根据《保险业条例》(第 41 章)下的《保险业(征费)令》及《保险业(征费)规例》，保险业监管局(「保监局」)已由 2018 年 1 月 1 日起，通过保险公司向保单持有人收取保费征费。保费征费须于缴付保费时同时缴付。若保单持有人未有按规定按时缴付保费征费，保监局可向其处以最高 5,000 港元的罚款，亦可循民事程序追讨。

1. Direct debit authorization (Applicable to HKD account only) 直接付款授权书(只适用于港元账户)

Any additional charge imposed by your bank for collection of your premiums will be met by the payor.
因选用银行直接付款而由银行征收的附加费用须由付款者支付。

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.
设立直接付款授权需时四至六星期，请预付一期保费及征费(适用于非月缴保单)或两期月缴保费及征费(适用于月缴保单)。

Authorization 授权

1. I/We hereby authorize my/our below named bank to effect transfers from my/our account to that of Zurich Life Insurance (Hong Kong) Limited ("Zurich", "Company") in accordance with such instructions as my/our bank may receive from the beneficiary from time to time.
   本人/我们现授权本人/我们的下述银行(根据收款人不时给予本人/我们银行的指示)自本人/我们之账户内转账予苏黎世人寿保险(香港)有限公司(「苏黎世」、「本公司」)。
2. 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/我们同意本人/我们的银行无须证实该等转账通知是否已交予本人/我们。
3. 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).
   如因该等转账而令本人/我们的账户出现透支(或令现时的透支增加)，本人/我们愿共同及个别承担全部责任。
4. 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/我们同意授权本公司，按其不时给予本人/我们银行的指示，于本人/我们的银行账户内，扣除在 贵公司编有下列保单号码之保单日后所需之续期保费，征费及/或任何法定费用(如有)。本人/我们明白续期保费金额(如有)将根据保单条款而变更。
5. 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/我们同意若本人/我们的账户内无足够款项支付该等授权转账，本人/我们的银行有权不予转账，且银行可收取惯常的收费，并可随时提前一星期书面通知取消本授权书。

Direct debit authorization (Applicable to HKD account only)(Continued)
直接付款授权书(只限港元账户)(续)

6. 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.
本授权书将继续生效直至另行通知为止或直至下列到期日为止(以两者中最早的日期为准)。本人/我们同意如本人/我们已设立的直接付款授权的账户连续两年未有根据本授权而作出过账的纪录，本人/我们的银行保留权利取消付款安排而无须另行通知本人/我们，即使本授权书并未到期或未有注明授权到期日。

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/我们同意，本人/我们取消或更改本授权书之内容，须于生效日最少两个工作天之前通知本人/我们的银行。

Proposal/Policy number (if known):
投保书/保单号码(如已知悉):

Please complete the personal details section and the section appropriate to your intended method of payment and return the form to your relevant licensed insurance intermediary.
请填写　阁下的个人资料及所选择的付款方法，并交予　阁下的持牌保险中介人。

Please note that this form is specifically for Hong Kong and can be used for Hong Kong clearing banks only.
请注意，此表格只适用于香港及于香港结算系统内的银行。

The completed form should not be submitted directly to your bank.
请勿将填妥的表格直接交回相关银行。

Bank details 银行资料

My/Our bank name and branch 本人/我们银行及分行之名称

Bank account no. 银行账户号码

Bank no. 银行编号	Branch no. 分行编号	Account no. 账户号码

Please provide details of both bank account holders if it is a joint bank account.
若银行账户为联名账户，请提供两位账户持有人的资料。

Account holder 账户持有人

Name as recorded on statement or passbook (Please complete in English)
在结单/存折上所纪录之名称(请以英文填写)

Account holder's identity document no. (identity document no. should correspond to the bank's record)
账户持有人之证件号码(证件号码必须与银行纪录相符)

- ○ HKID 香港身份证
- ○ Passport 护照
- ○ China travel permit 中国旅游通行证
- ○ Other (e.g. business registration certificate, certificate of incorporation, non-HKID)
  其他(例如：商业登记证、公司注册证书、非香港身份证)
  Please specify 请注明
  Type:
  类别：

Identity document no.
证件号码

Relationship between account holder and policyholder
账户持有人与保单持有人之关系

- ○ Policyholder 保单持有人
- ○ Life insured 受保人
- ○ Other (i.e. Spouse, parents, children, siblings, grandparents or grandchildren, please complete Third Party Payment Form)
  其他(如夫妇、父母、子女、兄弟姐妹、祖/外祖父母或孙/外孙子女，请填写第三方付款表格)

Signature of account holder
账户持有人签署：

Date signed 签署日期　Day日　Month月　Year年

Other account holder 其他账户持有人

Name as recorded on statement or passbook (Please complete in English)
在结单/存折上所纪录之名称(请以英文填写)

Account holder's identity document no. (identity document no. should correspond to the bank's record)
账户持有人之证件号码(证件号码必须与银行纪录相符)

- ○ HKID 香港身份证
- ○ Passport 护照
- ○ China travel permit 中国旅游通行证
- ○ Other (e.g. business registration certificate, certificate of incorporation, non-HKID)
  其他(例如：商业登记证、公司注册证书、非香港身份证)
  Please specify 请注明
  Type:
  类别：

Identity document no.
证件号码

Relationship between account holder and policyholder
账户持有人与保单持有人之关系

- ○ Policyholder 保单持有人
- ○ Life insured 受保人
- ○ Other (i.e. Spouse, parents, children, siblings, grandparents or grandchildren, please complete Third Party Payment Form)
  其他(如夫妇、父母、子女、兄弟姐妹、祖/外祖父母或孙/外孙子女，请填写第三方付款表格)

Signature of account holder
其他账户持有人签署：

Date signed 签署日期　Day日　Month月　Year年

2. Credit card direct debit authorization (applicable to credit card issued in Hong Kong and Oversea except Mainland China)
信用卡直接付款授权书(只适用于香港及海外发出之信用卡，中国内地发出的信用卡除外)

An additional charge will be imposed on premiums collected via credit card, and it will be paid by the company of licensed insurance intermediary.
因选用信用卡付款而产生的附加费用需由持牌保险中介人公司支付。

Authorization 授权

I authorize the Company, until further notice in writing, to charge my credit card account, as detailed below, in respect of the initial/renewal premium, levy and/or any statutory fees, if any, for my policy as and when they fall. Any changes will be communicated by the Company in advance.
本人现授权　贵公司从本人下述之信用卡账户扣除本人保单之首期/续期应付保费、征费及/或任何法定费用(如有)，直至另行通知。如有任何更改，　贵公司将提前通知。

I understand that this authorization in favor of the Company will remain in force until cancel it in writing.
本人明白以上给予　贵公司之授权书将一直维持生效，直至本人以书面另行通知。

Details of current rates of charges are available on request. I understand that the Company is not liable for any losses arising out of any action taken by the cardholder's credit card company.
贵公司可应要求提供有关收费详情。若因信用卡公司采取之行动而令本人蒙受损失，　贵公司概不负责。

Proposal/Policy number (if known):
投保书/保单号码(如已知悉) :

Purpose 用途

◯ Initial premium only 只适用于首期保费

◯ Initial premium and renewal premium 首期保费及续期保费

◯ Renewal premium only 只适用于续期保费

Credit card details 信用卡资料

Credit card type
信用卡类别　◯ Visa　◯ Mastercard 万事达卡

Credit card number
信用卡号码　☐☐☐☐ – ☐☐☐☐ – ☐☐☐☐ – ☐☐☐☐

Credit card expiry date 信用卡到期日　Month月 ☐☐　Year年 ☐☐☐☐

Name of cardholder:
持卡人姓名 :

Relationship between cardholder and policyholder
信用卡持有人与保单持有人之关系

◯ Policyholder 保单持有人

◯ Life insured 受保人

◯ Other (i.e. spouse, parents, children, siblings, grandparents or grandchildren, please complete Third party payment form)
其他(如夫妇、父母、子女、兄弟姐妹、祖/外祖父母或孙/外孙子女，请填写第三方付款表格)

Signature of cardholder
信用卡持有人签署

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

I/We the undersigned, herewith accept to bear any additional charge due to collection of premiums by credit card.
本人/我们在下方签署以此同意支付因选用信用卡缴交保费而征收的附加费用。

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 (Please stamp with company chop)
持牌保险中介人公司名称(请盖上公司印)

Company code of licensed insurance intermediary
持牌保险中介人公司编号

3. 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 the **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。

4. Declaration for data protection 个人资料保障声明

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/我们确认本人/我们及付款人(如与保单持有人不同)同意 贵公司使用或向第三方提供本人/我们的个人资料作上述用途。

We may request you to provide additional documents apart from information listed above where necessary.
如有需要,除上列资料外,我们可能会要求 阁下提供额外之证明文件。

Signature of proposer/policyholder
投保人/保单持有人签署

Signature of payor(s) (If payor is not proposer/policyholder)
付款人签署(如付款人不是投保人/保单持有人)

Date signed 签署日期 Day日 Month月 Year年

( )

Full name of licensed insurance intermediary (IA license no.)
持牌保险中介人姓名(保监牌照号码)

Signature of licensed insurance intermediary
持牌保险中介人签署

Date signed 签署日期 Day日 Month月 Year年

Company name of licensed insurance intermediary
持牌保险中介人公司名称

Company code of licensed insurance intermediary
持牌保险中介人公司编号

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.
如此表格之中英文版本有任何歧异或不一致,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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