

Request for retirement income/ regular withdrawal 退休入息/定期提款/定期提取申請表

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

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：Withdrawal instruction 提款指示

*Delete as appropriate. 請刪除不適用者。

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/我們確認，作為保單持有人*/受讓人*/受託人*/遺產執行人*/遺產管理人*，現根據上述保單之條款並就D部所指示按月/年支取金額作為退休入息/定期提款/定期提取(「提款」)。本人/我們現指示蘇黎世人壽保險(香港)有限公司(「貴公司」)於保單條款與規章內所訂明的日期以買入價將「單位」取消。投資選項/投資選擇單位將因應其買入值按比例贖回。(如適用)或從保單的終期紅利鎖定帳戶(如有)、保證現金價值或終期紅利(如適用)中扣除相應金額作為定期提取，而保單名義金額可能會相應減少。(如適用)

In respect of my/our instructions herein, I/we agree that:
就於此作出的指示，本人/我們同意：

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.
對於指定產品，若在定期提取/定期提取後，退保價值低於定期提款/定期提取金額，剩餘的退保價值將一次過支付，且保單狀態將轉「退保」，保單將自動終止。
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.
於指定計劃，本人/我們在此列明的指示一經生效，基本人壽及危疾保障將同時終止。若本人/我們已繳付附加保險之供款及徵費，附加保障將仍然生效。
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/我們可隨時發出事前書面通知以取消提款。此項申請將於貴公司收妥通知後下一個月生效。本人/我們明白根據本人/我們要求所取消之提款不可復效，如本人/我們要再次提出任何提款要求，需重新申請。
4. All charges, e.g. remittance fee, shall be deducted from the total amount paid to me/us.
所有費用，如匯款收費，將從本人/我們所提取的款項全數中扣除。
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/我們可選擇提款金額，並可每年作出調整，惟須受制於貴公司列明所適用之最低提款金額及最短提款期。每月/年支取之提款將存入本人/我們於以下註明之銀行賬戶。
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/我們明白當本人/我們提出完全退保申請，貴公司將立即終止支付提款給本人/我們。



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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/我們可以申請定期提款/定期提取，該申請將在貴公司收妥並接納後下一個月生效。
8. I/We understand that retirement income/ regular withdrawal may significantly reduce the policy value, death benefit, other benefits and surrender value.
本人/我們明白退休入息/定期提款/定期提取可能會顯著減少保單價值、身故賠償、其它賠償及退保價值。

Section B 部：Policy details 保單資料

For completion by individual policyholder/assignee only 只供個人保單持有人/受讓人填寫

Policyholder/assignee 保單持有人/受讓人

1. Place of birth
出生地點
2. Nationality ☐ Chinese (Hong Kong) ☐ Chinese (Chinese Mainland) ☐ Others
國籍 中國(香港) 中國(中國內地) 其他
3. Do you hold nationality in another country? ☐ Yes ☐ No If "Yes", please specify the country
閣下是否持有多於一個國家的國籍？ 是 否 如答案為「是」，請註明國家名稱

Please submit certified copy of identity document for all nationality and tax jurisdiction of residence.
請遞交所有國籍及稅務居留司法管轄區的已核實身分證明文件副本。

Contact details 聯絡資料

4. Current residential address
現時住址
- Flat/Room
室/單位

Floor
樓

Block
座
- Name of building/estate
大廈/屋邨名稱
- 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

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

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.
請說明為何 閣下的通訊地址有別於 閣下的住址。視乎所提供的說明，我們或會詢問更多資料。

7. Residential telephone no.
住宅電話號碼

Country
國家

(Country code) Telephone no.
(國家編號)電話號碼

Is this a US based telephone no.? ☐ Yes ☐ No
這是美國電話號碼嗎？ 是 否
8. 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 ☐ No
這是美國電話號碼嗎？ 是 否
9. 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 ☐ No
這是美國電話號碼嗎？ 是 否
10. Email address
電郵地址

Section C 部：Tax information of claimant 申請人的稅務資料

1. Do you currently file tax return in the USA?
If “Yes”, please complete and submit US tax form.
閣下現時有否於美國報稅？若「是」，請填妥及遞交美國稅表。

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.
請提供所有稅務居留司法管轄區及稅務編號。若未能提供稅務編號，必須填寫合適的理由。

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 閣下是香港稅務居民，請填上稅務居留司法管轄區為香港及稅務編號為 閣下的香港身份證號碼。

Tax Jurisdiction of Residence 稅務居留司法管轄區	TIN 稅務編號	Reason if TIN is unavailable* 理由(若未能提供稅務編號)*	Please explain why the Reason B is selected 若選擇理由B，請解釋原因
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.
申請人的稅務居留司法管轄區並沒有向其居民發出稅務編號。
- 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.
申請人未能取得稅務編號。若選取此理由，請解釋申請人未能取得稅務編號之原因。
- 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.
申請人毋須提供稅務編號。稅務居留司法管轄區的主管機關不需要申請人披露稅務編號。

Note: For those acting on behalf of a company or a trust, please complete the “Automatic Exchange of Information - Self Certification for Entity” form.
註：如代表公司或信託，請填妥「自動交換資料實體自行核證」表格。

Declaration and acknowledgment 聲明及確認

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／我們知悉及同意蘇黎世人壽保險(香港)有限公司(「貴公司」)可根據《稅務條例》(第 112 章)有關交換財務賬戶資料的法律條文，(a) 收集本部分所載資料並可備存作自動交換財務賬戶資料用途及 (b) 把該等資料和關於賬戶持有人及任何須申報賬戶的資料向香港特別行政區政府稅務局申報，從而把資料轉交到賬戶持有人的稅務居留司法管轄區的稅務當局。

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／我們承諾如情況有所改變，以致影響本部分所述的個人的稅務居民身分，或引致本部分所載的資料不正確，本人／我們會通知 貴公司，並會在情況發生改變後 30 日內，向 貴公司提交一份已適當更新的自我證明表格。

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／我們聲明就本人／我們所知所信，本部分所填報的所有資料和聲明均屬真實、正確和完備。

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).
根據《稅務條例》第 80(2E) 條，如任何人在作出自我證明時，在明知一項陳述在要項上屬具誤導性、虛假或不正確，或罔顧一項陳述是否在要項上屬具誤導性、虛假或不正確下，作出該項陳述，即屬犯罪。一經定罪，可處第 3 級罰款(即 10,000 港元)。

If there is any uncertainty about tax residency status, please consult your own tax advisor.
如 閣下對稅務居住地有任何疑問，請徵詢 閣下的稅務顧問。

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：

- 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；
- b) 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
- c) 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。

(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。)

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.

註：只適用於指定期限後申請及其適用之每月/年最低提款金額，請參閱相關保單的產品小冊子，而最短提款期為六個月。當 閣下的投資賬戶已沒有任何結餘或 閣下的定期提取不符合保單條款中要求；或於 閣下指定的終止日時(以較早者為準)，有關提款指示將終止。

I/We request that subject to proof of title, the retirement income/regular withdrawal shall be of policy currency
如本人/我們能提供上文所指的身分證明，本人/我們要求提取保單貨幣 _____ 作為退休入息/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 (只適用於指定計劃)

2. Duration 為期

- ☐ _____ 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
直至另行通知或當投資賬戶已沒有任何結餘或定期提取不符合保單條款中要求

3. The payment requested above shall be converted into
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

The amount payable will be based on the daily exchange rate determined by the Company.
匯率將按 貴公司當時釐定的匯率折算。

All charges, e.g. remittance fee, shall be deducted from the total amount paid to me/us.
所有費用，如匯款收費，將從本人/我們所提取的款項全數中扣除。

4. Collection method 收款方式

- ☐ Credit to designated local bank account¹ (HK and Mainland China resident only):
轉賬至指定本地銀行賬戶¹ (只限香港及中國內地居民)：

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

- ☐ Credit to overseas bank account² (located in the region where the policyholder/assignee (if policy assigned) resides, no cross-border payments is allowed)
轉賬至海外銀行賬戶² (只可轉賬至保單持有人或受讓人(如保單已轉讓)所居住的地區)

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

Name of bank
銀行名稱 _____

Account no.
賬戶號碼 _____ Swift BIC _____

Bank address
銀行地址 _____

¹ 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。

² 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. **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. **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
- * **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 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。

Section F 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

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).

由蘇黎世人壽保險(香港)有限公司(「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：

Notice to customers relating to the Personal Data (Privacy) Ordinance ("Ordinance")(continued) 個人資料(私隱)條例(「私隱條例」)的客戶通知(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。

Section G 部：Declaration 聲明

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。

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 from the investment account.

本人/我們確認投資賬戶之價值將於退休入息/定期提款/定期提取後相應調整。本人/我們同意退休入息/定期提款將從投資賬戶內扣減。

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 warrant that I/we am/are legally and beneficially entitled to the amount received according to the above amount net of any charges owing to the Company.

本人/我們保證本人/我們可合法及享有實益權利，按上述價值領取款項，惟需扣除本人/我們應付予 貴公司的所有費用。

Name of claimant 申請人姓名	HKID card/Passport no. of claimant 申請人之香港身份證或護照號碼
Signature of claimant 申請人簽署	Date signed 簽署日期
	Day日 Month月 Year年
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)

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

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.

註：保險業監管局已向相關保單按照適用的徵費率收取保費徵費。因此，保單持有人於繳付保費/供款時，須同時繳付徵費。更多有關保費徵費資料，請瀏覽 www.zurich.com.hk/ia-levy。

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

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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