

Encashment/Surrender form for regular premium 定期保費提款／退保表格

Policy no.
保單號碼

Important notes 重要事項

1. Form submission 提交表格

Please complete and return the form to us by:
請將填妥的表格透過以下方式交回：

- sending it to your licensed insurance intermediary;
送交閣下的持牌保險中介人；
- emailing to helppoint.hk@hk.zurich.com with your registered email address; or
以閣下的登記電郵寄往 helppoint.hk@hk.zurich.com；或
- mailing it to 25-26/F, One Island East, 18 Westlands Road, Island East, Hong Kong
郵寄至香港港島東華蘭路18號港島東中心25-26樓
Telephone 電話：+852 3405 7150

2. Contact details 聯絡資料

We adhere to strict confidentiality procedures when we communicate with our clients. For security purposes, the details you provided will be considered as authorized contact details; it is therefore important that they are accurate and that you let us know if any of these details change. 我們於聯絡客戶時嚴格執行保密程序。為保障客戶私隱，閣下所提供的資料將被視為認可的聯絡資料，故此請務必提供準確的資料，如資料有變，請通知我們。

3. Policies written in trust 以信託形式承保的保單

We will make any payment payable to all the trustees. In some cases, trustees may authorize payment jointly to themselves or to their professional agent (e.g. a bank or solicitor).

我們的任何付款將以所有信託人為收款人。在若干情況下，信託人可授權付款予所有信託人或其專業代理（例如銀行或律師）。

It is the trustees' responsibility to ensure that the proceeds of the policy are used in accordance with the terms of the trust. Some trusts specifically exclude the settlor (the person(s) who declared the trust) from benefiting from the proceeds of the policy.

信託人有責任確保保單收益乃根據信託條款使用。部分信託特別訂明排除委託人（將資產轉移至信託的人士）受惠於保單收益。

4. Conditionally assigned policies 有條件地轉讓的保單

If your policy is assigned as security against a loan, you must send us the assignee's agreement or ask them to issue a notice of reassignment before we can process any changes or encashments/surrenders.

若閣下的保單被轉讓，作為貸款的抵押，閣下必須向我們寄發承讓人協議或要求承讓人向我們發出重新轉讓通知，我們才可處理任何變動或提款／退保。

5. Alternatives to encash/surrender your policy 從閣下的保單中提款／退保的方式

There are a number of alternatives to encash/surrender your policy. These will vary between each of our products and may also vary depending on when your policy was issued. Before you make a final decision on the option you wish to take, we recommend that you take advice from your licensed insurance intermediary. If you are in any doubt as to which options apply to your policy, please refer to your licensed insurance intermediary, your policy documentation or the Zurich International Life Limited ("Company", "Zurich", "we/us") office in Hong Kong.

閣下可以不同方式從閣下的保單中提款／退保。提款／退保方式因應各產品而有所不同，亦可能視乎閣下的保單簽發時間而不同。在閣下就有意挑選的選項作出最終決定前，我們建議閣下尋求閣下的持牌保險中介人的意見。若閣下對適用於閣下的保單的選項有任何疑問，請諮詢閣下的持牌保險中介人、參閱閣下的保單文件或詢問蘇黎世國際人壽保險有限公司（「本公司」、「蘇黎世」、「我們」）的香港辦事處。

Please remember that depending on the length of time that you have held your policy, any encashment/surrender may be subject to an encashment/surrender fee and your entitlement to the bonuses may also be affected. It is important to remember that should you choose any other options, the standard policy charges will continue. You should consider carefully the implications that this may have on your investments. Please refer to the terms of your policy for further details.

請注意，視乎閣下持有保單的時間長短，任何提款／退保或須繳付提款／退保費用及閣下的獎賞或會受到影響。請謹記，若閣下挑選任何其他選項，將須繼續支付已定的保單費用。閣下應審慎考慮這對閣下的投資可能造成的影響。其他詳情請參閱閣下的保單條款。

If you do decide to encash/surrender, partially encash/surrender or make regular withdrawals from your policy, our Customer Care Team will be able to confirm details of the maximum partial encashment/surrender you can take and the payment options for regular partial withdrawals.

若閣下決定進行保單提款／退保、部分提款／退保或定期提款，我們的客戶服務部將可確定閣下可提取的部分款項金額的上限詳情，以及定期提取部分款項的付款選項。

6. Reduce your premium amount 減低閣下的保費額

Depending on the premium amount that you already paid, you may be able to decrease your premium amount and still keep the benefits that your policy has to offer.

視乎閣下已支付的保費額，閣下或能減低閣下的保費額，同時維持閣下的保單必須提供的賠償。

7. Suspension of premiums 暫停支付保費

Your policy may be flexible enough for you to take a break from paying your premiums for a period of months without charge. Any benefits that you have will be covered (provided that there is enough value in your policy to sustain them).

閣下的保單的靈活性可能足以讓閣下在數月內暫停支付保費，而無須繳付任何費用。閣下所享有的賠償將獲得保障（惟閣下的保單價值須足以維持有關賠償）。

8. Partial encashment/surrender or maximum partial encashment/surrender 部分提款／退保或部分提款／退保金額的上限

If you would like to release some money from your policy without incurring any fees, it may be possible to take a partial encashment/surrender. This amount is normally a percentage of the encashment/surrender value of your policy. A maximum partial encashment/surrender is the most you can take from your policy without fully encashing/surrendering it.

若閣下有意從保單中套現而不被收取任何費用，則可選擇部分提款／退保。部分提款／退保的金額一般是閣下的保單的退保價值的一個百分比。部分提款／退保金額的上限是指在並非完全退保的情況下可從保單提取的最高款項。

9. Regular withdrawals 定期提款

If you would like to release money from your policy on a regular basis without incurring any fees, it may be possible to take regular withdrawals. The minimum amount of regular withdrawals is normally determined by the method of payment you choose.

若閣下有意定期從保單提取款項，而不被收取任何費用，則可選擇定期提款。最低定期提款額一般取決於閣下選擇的付款方式。

All payments made will be subject to any applicable trade or economic sanctions.

所有支付的款項將受限於任何適用的貿易或經濟制裁。

10. Benefits* 保障*

If your policy offers additional benefit options, you may be able to add additional benefits; they can be added at any time but are subject to underwriting. For details of the benefit options available to your policy, please contact your licensed insurance intermediary or refer to your policy documentation.

若閣下的保單提供附加保障選項，閣下或可增加額外附加保障；有關附加保障可隨時增加，但受承保所規限。有關閣下的保單提供的附加保障選項詳情，請聯絡閣下的持牌保險中介人或參閱閣下的保單文件。

11. Switching your investment choices* 轉換閣下的投資選擇*

If you wish to change your investment choice, you can switch your investment choice whenever you choose to bring your policy more in line with your attitude to risk. There is a comprehensive range of investment choices available. We also offer investment strategies where your investment choices are automatically switched to more secure assets as you move closer to your policy maturity. Details of our investment choices and the investment strategies can be found on our website – www.zurich.com.hk.

若閣下有意改變閣下的投資選擇，閣下可轉換閣下的投資選擇，令保單更切合閣下對待風險的態度。我們提供一系列的投資選擇。我們亦提供多種投資策略，因此隨著閣下的保單到期日漸近，閣下的投資選擇可自動轉換至更安全的資產。我們的投資選擇及投資策略的詳情列載於我們的網站 – www.zurich.com.hk。

12. Loans* 貸款*

You may be able to take a loan from your policy. Please contact your local Zurich office for details.

閣下或可從閣下的保單獲取貸款，請聯絡閣下的本地蘇黎世辦事處，以獲取詳情。

* Please note that these options are not available if any policyholder(s) is resident of the United States.

請注意，若任何保單持有人是美國居民，將不獲提供有關選項。

13. If you are not satisfied with our handling of your claim (or "encashment"/"surrender" depending on the type of item), please refer to our complaints procedure.

若閣下對我們處理索償（或「提款」／「退保」，視項目類別而定）的過程有任何不滿，可參考我們的投訴程序。

14. Please complete this form in English and the appropriate box.

請以英文填妥本表格及適用之方格。

Section A 部：Policyholders details 保單持有人資料

For completion by individual policyholders only 由個人保單持有人填寫

| |
|---|
| Policyholder 1 第一保單持有人 |
| Title 稱銜 <input type="checkbox"/> Mr. 先生 <input type="checkbox"/> Mrs. 太太 <input type="checkbox"/> Miss 小姐 <input type="checkbox"/> Ms. 女士 <input type="checkbox"/> Dr. 博士 <input type="checkbox"/> Other (please specify) 其他(請註明) |
| Family name 姓 |
| Given name 名 |
| Please give details of any previous name(s) or aliases used (including maiden name) 請詳述任何曾使用的姓名或別名(包括婚前姓氏) |
| Country of birth 出生國家 |
| Place of birth (town or city) 出生地點(城鎮或城市) |
| Nationality 國籍 |
| Do you hold nationality in another country? 閣下有否持有多於一個國家的國籍? <input type="checkbox"/> Yes 有 <input type="checkbox"/> No 沒有 If "Yes", please specify the country. 如答案為「有」, 請確認國家名稱。 |
| Contact details 聯絡資料 |
| Current residential address 現時住址 |
| Is the above address permanent or temporary? 上述地址是永久或暫時住址? <input type="checkbox"/> Permanent 永久 <input type="checkbox"/> Temporary 暫時 If temporary, please state the reason for this: 如屬暫時住址, 請說明理由: |
| Correspondence address (if different from residential address) 通訊地址(如與住址不同) |
| 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。 |

| |
|---|
| Policyholder 2 (where applicable) 第二保單持有人(如適用) |
| Title 稱銜 <input type="checkbox"/> Mr. 先生 <input type="checkbox"/> Mrs. 太太 <input type="checkbox"/> Miss 小姐 <input type="checkbox"/> Ms. 女士 <input type="checkbox"/> Dr. 博士 <input type="checkbox"/> Other (please specify) 其他(請註明) |
| Family name 姓 |
| Given name 名 |
| Please give details of any previous name(s) or aliases used (including maiden name) 請詳述任何曾使用的姓名或別名(包括婚前姓氏) |
| Country of birth 出生國家 |
| Place of birth (town or city) 出生地點(城鎮或城市) |
| Nationality 國籍 |
| Do you hold nationality in another country? 閣下有否持有多於一個國家的國籍? <input type="checkbox"/> Yes 有 <input type="checkbox"/> No 沒有 If "Yes", please specify the country. 如答案為「有」, 請確認國家名稱。 |
| Contact details 聯絡資料 |
| Current residential address 現時住址 |
| Is the above address permanent or temporary? 上述地址是永久或暫時住址? <input type="checkbox"/> Permanent 永久 <input type="checkbox"/> Temporary 暫時 If temporary, please state the reason for this: 如屬暫時住址, 請說明理由: |
| Correspondence address (if different from residential address) 通訊地址(如與住址不同) |
| 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。 |

Policyholders details (continued) 保單持有人資料 (續)

Policyholder 1 (continued) 第一保單持有人 (續)

Home telephone no.
(include international country code, e.g. +852)
住宅電話號碼 (包括國家區號, 例如 +852)

Region of home telephone no.
住宅電話號碼的地區

Mobile no.
(include international country code, e.g. +852)
手提電話號碼 (包括國家區號, 例如 +852)

Region of mobile no.
手提電話號碼的地區

Email address
電郵地址

Is this a US* based telephone no.? 這個是美國 * 電話號碼嗎?
 Yes 是 No 否
 Are you a US* tax-payer? 閣下是美國 * 納稅人嗎?
 Yes 是 No 否
 Are you a US* citizen? 閣下是美國 * 公民嗎?
 Yes 是 No 否

Please state all countries where you are currently deemed to be resident for tax purposes.
請註明所有目前視 閣下為稅收上居民的國家。

Country/Countries of tax residence
稅務居留國家

1

2

3

Tax reference no.(s)^
稅務參考編號 ^

1

2

3

Policyholder 2 (continued) 第二保單持有人 (續)

Home telephone no.
(include international country code, e.g. +852)
住宅電話號碼 (包括國家區號, 例如 +852)

Region of home telephone no.
住宅電話號碼的地區

Mobile no.
(include international country code, e.g. +852)
手提電話號碼 (包括國家區號, 例如 +852)

Region of mobile no.
手提電話號碼的地區

Email address*
電郵地址*

Is this a US* based telephone no.? 這個是美國 * 電話號碼嗎?
 Yes 是 No 否
 Are you a US* tax-payer? 閣下是美國 * 納稅人嗎?
 Yes 是 No 否
 Are you a US* citizen? 閣下是美國 * 公民嗎?
 Yes 是 No 否

Please state all countries where you are currently deemed to be resident for tax purposes.
請註明所有目前視 閣下為稅收上居民的國家。

Country/Countries of tax residence
稅務居留國家

1

2

3

Tax reference no.(s)^
稅務參考編號 ^

1

2

3

* The definition of US includes the 50 United States of America, the District of Columbia, Guam, Puerto Rico, US Virgin Islands, American Samoa and the Northern Mariana Islands.

美國的定義包括亞美利堅合眾國 50 個州、哥倫比亞特區、關島、波多黎各、美屬維爾京群島、美屬薩摩亞群島和北馬里亞納群島。

^ If you are currently tax resident in the United Kingdom, please provide your National Insurance no..

如果 閣下目前為英國的稅收居民, 請提供 閣下的國家社會保險號。

Policyholders details (continued) 保單持有人資料(續)

Corporate/Trust policyholders 企業/信託保單持有人

For completion by those policyholders signing on behalf of a company or a trust 由代表公司或信託簽署的保單持有人填寫

| |
|---|
| Name of company/trust (policyholder) 公司/信託(保單持有人)的名稱 |
| Registered company no. (if applicable) 註冊公司編號(如適用) |
| Country of incorporation (companies only) 註冊國家地點(只適用於公司) |
| Registered office address (companies only) 註冊辦事處地址(只適用於公司) |
| Name of trustee or company representative for correspondence 可通訊之信託或公司代表 |
| Please state all countries where the company is currently deemed to be resident for tax purposes. 請註明所有目前視 貴公司為稅收上居民的國家。 |
| Country/Countries of tax residence 稅務居留國家 |
| 1 |
| 2 |
| 3 |
| Tax reference no.(s) 稅務參考編號 |
| 1 |
| 2 |
| 3 |
| Is the company tax-exempt in the countries of tax residence listed above (e.g. charity or government organisation)? 貴公司是否於上述列出的稅務居留國家獲豁免繳稅(例如慈善機構或政府組織)? |
| <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否 |
| If "Yes", please provide evidence of the tax exemption status from the relevant authority. 如果「是」,請提供從有關當局的豁免繳稅的證據。 |

Section B 部 : Encashment/Surrender details 提款/退保資料

Reason for encashment/surrender

提款/退保原因

Please tick option A, B, C or D (tick one only) 請以 號選擇選項 A、B、C 或 D (只可選擇其中一項)

Please note, following a partial encashment/surrender, any sums insured on your policy may be reduced as detailed in your policy terms and conditions. The total sum insured on a joint life policy will be reduced by the value of the partial encashment/surrender, the amount being deducted from each life's sum insured will be in proportion to the amount of the respective sum insured.

請注意,在提取部分提款/退保後,閣下的保單的任何人壽保障額可能根據閣下的保單條款與規章而減低。聯名人壽保險保單的人壽保障額將會減少,減值相等於部分提款/退保的價值,各人保障額的減幅將與各自的保障額成正比。

Option A – Partial encashment/surrender

選項 A – 部分提款/退保

Amount and currency 金額和貨幣

Option B – Maximum partial encashment/surrender

選項 B – 部分提款/退保金額的上限

Option C – Regular partial encashment/surrender (only available for Pacific and Vista policies issued after January 1, 2005)

選項 C – 定期部分提款/退保(只適用於「翱翔人生」及2005年1月1日後簽發的「豐盛人生」保單)

Amount and currency 金額和貨幣

First regular withdrawal date
首次定期提款日

Day 日 Month 月 Year 年

Frequency of withdrawal (please select one option only)

提款頻率(請只選擇其中一項)

Monthly
每月

Quarterly*
每季*

Half-yearly*
每半年*

Yearly
每年

* These frequencies are not available for Pacific policy.

有關頻率不適用於「翱翔人生」保單。

Option D – Full encashment/surrender

選項 D – 完全提款/退保

To fully encash/surrender your policy, we must terminate it by selling all its investment choice holdings and deduct any outstanding charges to obtain the final encashment/surrender value. Once we have received a full encashment/surrender instruction, you will not be able to reverse this decision, which will constitute a full and final settlement of your policy with no further liability to the Company.

為了能讓閣下的保單能完全提款/退保,我們必須出售保單所持的全部投資選擇,以終止閣下的保單,並扣除任何尚未支付的費用,以獲取最終提款/退保價值。當我們接獲完全提款/退保指示,閣下將不可改變有關決定,該決定將構成閣下的保單的足額及最終結算,而本公司無須就保單承擔進一步責任。

Section C 部：Payment method 付款方法

By signing this form and filling in the payment instruction below, I declare the following:

本人現簽署此表格及填寫以下付款方法，並作以下聲明：

- I am aware of the potential tax obligations imposed by any jurisdiction, to which I may be subject, as applicable to me for any payment made or proposed to be made herein, in particular, in relation to tax obligations in Hong Kong and Mainland China;
本人明白本人可能受到適用於本人的任何司法管轄區，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內地的稅項義務；
- I confirm that I have complied with my tax obligations, and
本人確認遵守了本人的稅項義務；及
- I understand that I shall obtain independent tax advice in relation to the policy.
本人明白本人應就保單尋求獨立稅務建議。

Please select one of the following options only.

請只選擇以下其中一項。

Please note that if you do not specify a payment currency, this will automatically default to the currency that your policy is denominated.

請注意，若閣下並無指定一種付款貨幣，則會自動設定為閣下的保單的計值貨幣。

Telegraphic transfer (bank charges apply and borne by beneficiary account holder)

電匯（銀行將收取手續費，並由受益人賬戶持有人支付）

Autopay (Hong Kong dollar in Hong Kong only)

自動轉賬（只限於在香港以港元付款）

BACS (Sterling in UK only)

BACS（只限於在英國以英鎊付款）

Payment currency
付款貨幣

Residents of Mainland China must provide bank details of a Hong Kong bank account.

中國內地的居民必須提供香港銀行賬戶的詳情。

For payments by telegraphic transfer/autopay/BACS, your application will be delayed if you do not complete all of these details.

如選擇電匯／自動轉賬／BACS 付款而未能提供全部資料，將會延誤我們處理閣下的申請。

Please note: To make the payment, we are obliged to disclose the beneficiary details to the relevant banks or bank service providers involved such as correspondent banks, SWIFT and BACS. Personal information may therefore be transferred to countries which may not necessarily provide an equivalent level of data protection. We wish to make this payment as quickly as possible. In order to avoid potential delay, please provide a bank account with an address that is in the same place of residence of the bank account owner, apart from resident in Mainland China.

請注意：進行付款手續時，我們須向有關銀行或所涉及的銀行服務供應商（如關係銀行、SWIFT 及 BACS）披露受益人的資料。因此，個人資料或會被傳送至其他國家，而這些國家未必有同等程度的個人資料保障。為避免延誤及以便我們儘快付款，請提供與賬戶持有人位於同一居住地的銀行賬戶（中國內地居民除外）。

Bank name

銀行名稱

Bank branch location (mandatory field): Hong Kong

銀行分行地點（必須填寫）：

香港

Non-Hong Kong (please specify address: _____)

非香港

（請註明銀行地址：_____）

Bank number (Hong Kong only)

銀行編號（僅限香港）

Branch number (Hong Kong only)

分行編號（僅限香港）

Account holder's name(s)

賬戶持有人姓名／名稱

Account number

賬戶號碼

Sort code (for UK banks only)

Sort 代碼（僅限英國銀行）

SWIFT code (if applicable)

SWIFT 代碼（如適用）

IBAN (if applicable 如適用)

ABA number (not required for UK banks)

ABA 號碼（英國銀行無須填寫此欄）

Building society roll number (if applicable)

住房共建委員會註冊號（如適用）

Reference to be quoted (if applicable)

所須引述的備考（如適用）

Additional information for further credit (if applicable)

最終收款人的其他資料（如適用）

For payments requested outside your country of residence (apart from resident in Mainland China), please provide the reason you are unable to receive the payment to a bank account in your current country of residence.

有關居住國家以外的地方付款要求（中國內地居民除外），請提供閣下無法通過現在居住國家的銀行賬戶收取款項的原因。

Section D 部：Proof of identity and proof of residential address 身分證明及住址證明

Proof of identity for individual policyholders 個人保單持有人的身分證明

Policyholders must provide one of the following valid primary documents that has been suitably certified (please ✓ to confirm which document is attached).

保單持有人須提供以下其中一項有效及獲有效核證的主要文件（請以 ✓ 號確認已夾附的文件類別）。

- | | Policyholder 1
第一保單持有人 | Policyholder 2
第二保單持有人 |
|--|---------------------------|---------------------------|
| 1. Passport 護照 | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Government issued ID card 政府發出的身分證明文件 | <input type="checkbox"/> | <input type="checkbox"/> |

Proof of residential address for individual policyholders 個人保單持有人的住址證明

In order to verify the policyholder's current residential address, please attach either an original or suitably certified copy of one of the following documents (the document seen must be **less than three months old** upon receipt by us). The document must be issued in the name of the policyholder and show the address appearing on the application or held in our records as the current residence (please tick to confirm which document is attached).

為核實保單持有人的現時住址，請隨附以下其中一項文件的正本或獲有效核證的副本（任何此等文件必須在我們接獲文件之前三個月內發出）。有關文件須以保單持有人的姓名發出，所示地址亦須與申請表上或我們所持的現時住址紀錄相同（請以 ✓ 號確認已夾附的文件類別）。

- | | Policyholder 1
第一保單持有人 | Policyholder 2
第二保單持有人 |
|---|---------------------------|---------------------------|
| 1. Utility bill 公用服務賬單 | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Bank statement/Bank credit card statement 銀行月結單／銀行信用卡月結單 | <input type="checkbox"/> | <input type="checkbox"/> |

If you have a PO Box address, we will need either (please ✓ to confirm which document is attached):

若閣下的地址為一個郵政信箱，我們將需要（請以 ✓ 號確認已夾附的文件類別）：

Proof of payment for the PO Box address (this must reference your physical residential address)
為郵政信箱付款的證明（必須提述閣下的住址）

OR 或

A utility bill referencing your physical residential address
提述閣下的住址的公用服務賬單

Note: In certain circumstances, other forms of ID and/or address verification may be accepted. Your licensed insurance intermediary should refer to the "Customer guide for anti-money laundering requirements", or you can contact our Customer Care Team for further guidance.

註：在某些情況下，我們或會接受其他身分證明文件及／或地址證明。如需其他指引，閣下的持牌保險中介人可參閱「Customer guide for anti-money laundering requirements」或閣下可聯絡我們的客戶服務部。

Proof of identity and proof of residential address (continued) 身分證明及住址證明 (續)

Information to be included on certified customer documentation 經核證客戶文件的所需資料

The suitable certifier (see definitions below) should write the following relevant phrase including all information below on all certified documents: 有效核證人(見以下定義)應在所有認證文件上包含以下相關句子及提供以下所有資料:

For photographic documents 附有照片之文件

"I certify that this document is to be a true copy of the original and that the photograph is a true likeness of the holder."
「本人謹此聲明，本文件為正本的真實副本，而文件上之相片與正本相似。」

For non photographic documents 並無照片之文件

"I certify that this document is a true copy of the original."「本人謹此聲明，本文件為正本的真實副本。」

1. **Signature of certifier**
核證人簽署
2. **Full name of certifier (in CAPITAL letters underneath the certifier's signature)**
核證人全名(在核證人簽署下方以英文大楷填寫)
3. **Position/Job title**
職位/職銜
4. **Company name, address, telephone no. and email address**
公司名稱、地址、電話號碼及電郵地址
5. **Date**
日期
6. **FSA/HKCIB/MAS/PIBA/QFCRA registration no. (if applicable)**
英國金融服務管理局/香港保險顧問聯會/新加坡金融管理局/香港專業保險經紀協會/卡達金融中心管理局註冊編號(如適用)
7. **Zurich appointed suitable certifier no. (where applicable)**
蘇黎世委任的有效核證人編號(如適用)
8. **Details of the certifier's regulatory/affiliate body and their reference no.**
核證人的監管機構/聯營機構的詳細資料及其參考編號

Document certification – all copy documents must be certified as true copies of the originals by a suitable certifier and must be certified with the wording above or we may require a new document completed in line with this guidance. Suitable certifiers will fall into one of the following categories:

文件認證 – 所有文件副本須由有效核證人確認為真確副本，而且必須包含上述句子，否則我們可要求閣下重新遞交符合有關指引的文件。有效核證人須屬以下其中一個類別：

1. **A regulated introducer or authorized employee of a regulated introducer. Confirmation of the introducer's regulatory reference no. or documentary evidence of their regulatory status must be provided;** 受監管介紹人，或受監管介紹人的獲授權僱員。閣下須提交有關介紹人的受監管參考編號的確認文件或其受監管地位的文件證明；
2. **An individual introducer who has been accepted as a suitable certifier by the Company (including introducers registered by the FSA, HKCIB, MAS, PIBA and QFCRA);** 獲本公司接受為有效核證人的獨立中介人(包括於英國金融服務管理局、香港保險顧問聯會、新加坡金融管理局、香港專業保險經紀協會及卡達金融中心管理局註冊的中介人)；
3. **A notary public, lawyer, advocate or an embassy official (from the embassy of the country who issued the ID document);** 國家公證人、律師、代表律師或大使館官員(發出身分證明文件的國家之所屬大使館)；
4. **French maire (mayor);** 市長；
5. **Commissioner of oaths within a "recognized jurisdiction" (verification of their professional status must be obtained);** 「認可司法管轄區」內的監誓員(須提交核實其專業地位的文件)；
6. **A formally appointed member of the judiciary (excluding Justice of the Peace);** 獲正式委任的司法機構成員(不包括太平紳士)；
7. **An accountant who is a member of an institute or professional organization, whose members are required to abide by anti-money laundering regulations, or who is regulated by a regulatory organization;** 專屬協會或專業組織成員的會計師，有關組織成員須遵守反洗黑錢規例，或受規管機構規管的會計師；
8. **A director/manager of an authorized credit or financial institute in a "recognized jurisdiction".** 在「認可司法管轄區」獲授權的信貸或金融機構的董事/經理。

Section E 部：Declaration 聲明

Personal Information Collection Statement for Zurich International Life Limited

蘇黎世國際人壽保險有限公司之收集個人資料聲明

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, together with its Addendum that applies if you are located in Mainland China, 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.

本公司之私隱政策及其附錄(附錄適用於身處於中國內地的客戶)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**, 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 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。

I/We agree to the use or transfer of my/our personal data for marketing purposes as set out above.

本人/我們同意 貴公司使用或向第三方提供本人/我們的個人資料作上列市場推廣用途。

I/We understand that the Company will only communicate with me/us using the contact details that I/we have supplied. Where I/we have provided more than one form of contact details, the most appropriate method of communication will be used depending on the urgency and sensitivity of the information.

本人/我們明白 貴公司只會以本人/我們提供的聯絡資料與本人/我們通訊。若本人/我們提供多過一種聯絡資料，貴公司會因應資訊的緊急及敏感程度，而採用最合適的聯絡方法。

I/We note that my/our telephone calls may be recorded or monitored in order to offer additional security, resolve complaints and for training, administrative and quality purposes.

本人/我們知道 貴公司或會將本人/我們的電話對話作錄音或監察，以作強化保安、處理投訴、訓練、行政和提升服務質素之用。

I/We understand that my/our personal information may be passed outside Hong Kong to countries that do not have equivalent levels of data protection; however the Company would be responsible for ensuring that equivalent levels of protection are maintained.

本人/我們明白本人/我們的個人資料可能被傳送至香港以外的國家，而這些國家並沒有同等程度的個人資料保障，但 貴公司有責任確保本人/我們的個人資料受到同等程度的保障。

Declaration (continued) 聲明 (續)

I/We confirm that I/we agree to my/our personal data being collected, used and transferred as set out above in the Personal Information Collection Statement and Declaration.

本人/我們謹此同意可收集、使用及傳送本人/我們的個人資料作上述收集個人資料聲明之用途。

I/We further confirm that I/we agree with the Company's use and transfer of my/our sensitive personal data as set out in the "Addendum to Personal Information Collection Statement" (www.zurich.com.hk/en/services/privacy).

本人/我們進一步同意 貴公司按照「收集個人資料聲明之附錄」(www.zurich.com.hk/zh-hk/services/privacy) 中列明的方式使用及傳送本人/我們的敏感個人資料。

I/We confirm that this/these signature(s) is/are mine/ours as policyholder(s) or that/those of my/our appointed legal representative(s).

本人/我們確認，有關簽名為本人/我們(身為保單持有人)的簽名，或本人/我們委任的法律代表的簽名。

All policyholders, trustees or authorized signatories must sign this form.

所有保單持有人、信託人或獲授權簽署人須於本表格上簽署。

If your signature is different from the signature in your passport/ID provided or if your signature has changed over a period of time, you will need to complete a 'Certifying signature form'.

若您的簽署與護照/身份證明上的簽署不同，或若您的簽署已更改一段時間，您須填妥「核證簽名表格」。

| | | | |
|---|--|---|--|
| <hr/> | | | |
| Signature of policyholder/trustee/authorized signatory 1 第一保單持有人/信託人/獲授權簽署人簽署 | | | |
| Signature of policyholder/trustee/authorized signatory 2 第二保單持有人/信託人/獲授權簽署人簽署 | | | |
| <hr/> | | | |
| Full name 姓名 | | Full name 姓名 | |
| Day日 Month月 Year年 | | Day日 Month月 Year年 | |
| Date signed 簽署日期 | | Date signed 簽署日期 | |
| <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | |

Zurich International Life is a business name of Zurich International Life Limited (a company incorporated in the Isle of Man with limited liability) which provides life assurance, investment and protection products and is authorized by the Isle of Man Financial Services Authority.

Registered in the Isle of Man number 20126C.

Registered office: Zurich House, Isle of Man Business Park, Douglas, Isle of Man, IM2 2QZ, British Isles

Telephone: +44 1624 662266 Telefax: +44 1624 662038

www.zurich.com.hk

蘇黎世國際人壽保險是蘇黎世國際人壽保險有限公司(於人島註冊成立之有限公司)的商業名稱。蘇黎世國際人壽保險有限公司為人島 Financial Services Authority 所認可，提供人壽保險、投資及保障產品。

於人島的註冊號碼為20126C。

註冊辦事處：Zurich House, Isle of Man Business Park, Douglas, Isle of Man, IM2 2QZ, British Isles

電話：+44 1624 662266 傳真：+44 1624 662038

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