

Additional single contribution

額外整付供款

Application form

申請表格

Policy no.
保單編號

What was your reason for purchasing this policy?
您購買此保單的原因是甚麼？

Please read the principal product brochure(s) and supplementary notes before completing this application. **This form is only applicable to Futura II, Futura III, International Wealth Account, IWA and Vista policies (issued on or after January 1, 2005).**

填寫本申請表格前請先閱讀主要產品介紹冊及補充頁註。本表格只適用於「樂安閑」計劃、「樂安閑」III、「國際創富」計劃、「景緻人生」及 2005 年 1 月 1 日或之後簽發的「豐盛人生」保單。

Make sure that you quote your existing policy no. and provide details of the policyholder(s) so we can process your additional contribution quickly. Please also ensure you return a signed Important facts statement for top up application along with this application.

請確保閣下引述閣下的現有保單號碼，並提供保單持有人的資料，以便我們迅速處理閣下的額外供款申請。另外，遞交申請時請確保已夾附已簽署作實的重要資料聲明書（適用於增加供款之申請）。

Use blue or black ink and write clearly in **CAPITAL** letters. Please complete the form in English. All policyholder(s) must sign this form. Where an application is made by a trust or a company, the authorized signatory must sign.

請用藍色或黑色原子筆，用英文大楷清晰填寫資料。所有保單持有人必須簽署本表格。若申請由信託或公司提出，獲授權簽署人必須簽署。

Contact details 聯絡資料

We adhere to strict confidentiality procedures when we communicate with our clients. For security purposes, we will regard the details you provide as your 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，請務必通知本公司。

Please note that no additional single contributions can be made where the policyholder(s) is/are resident in the United States.

若保單持有人為美國的居民，則不可額外整付供款。

1. Personal details 個人資料

Policyholder 1 第一保單持有人

Title 稱銜

☐ Mr. 先生 ☐ Mrs. 太太 ☐ Miss 小姐 ☐ Ms. 女士
☐ Dr. 博士 ☐ Other (please specify)
其他(請註明)

Family name
姓

Forename(s)
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)

Date of birth
出生日期

Day 日 Month 月 Year 年

Country of birth
出生國家

Policyholder 2 第二保單持有人

Title 稱銜

☐ Mr. 先生 ☐ Mrs. 太太 ☐ Miss 小姐 ☐ Ms. 女士
☐ Dr. 博士 ☐ Other (please specify)
其他(請註明)

Family name
姓

Forename(s)
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)

Date of birth
出生日期

Day 日 Month 月 Year 年

Country of birth
出生國家

Personal details (continued) 個人資料 (續)

Place of birth (town or city)
出生地點 (城鎮或城市)

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

Gender 性別

☐ Male 男

☐ Female 女

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？

☐ Yes 有

☐ No 沒有

If “Yes”, please specify the country.
如「有」，請註明國家名稱。

Marital status 婚姻狀況

☐ Single 未婚

☐ Married 已婚

☐ Other (please specify)
其他 (請註明)

Occupation (such as Accountant, Nurse, Systems analyst)
職業 (例如會計師、護士、系統分析員)

Job title (such as Executive, Manager, Clerical)
職位 (例如行政人員、經理、文員)

Contact details 聯絡資料

Is your residential address and/or correspondence address different from that shown on your policy?
閣下的居住地址及／或通訊地址是否與閣下的保單所顯示的地址不同？

☐ Yes 有

☐ No 沒有

If “Yes”, please provide current details
如「是」，請提供現時資料。

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？

☐ Permanent 永久

☐ 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。

Place of birth (town or city)
出生地點 (城鎮或城市)

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

Gender 性別

☐ Male 男

☐ Female 女

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？

☐ Yes 有

☐ No 沒有

If “Yes”, please specify the country.
如「有」，請註明國家名稱。

Marital status 婚姻狀況

☐ Single 未婚

☐ Married 已婚

☐ Other (please specify)
其他 (請註明)

Occupation (such as Accountant, Nurse, Systems analyst)
職業 (例如會計師、護士、系統分析員)

Job title (such as Executive, Manager, Clerical)
職位 (例如行政人員、經理、文員)

Contact details 聯絡資料

Is your residential address and/or correspondence address different from that shown on your policy?
閣下的居住地址及／或通訊地址是否與閣下的保單所顯示的地址不同？

☐ Yes 有

☐ No 沒有

If “Yes”, please provide current details
如「是」，請提供現時資料。

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？

☐ Permanent 永久

☐ 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。

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Personal details (continued) 個人資料 (續)

Policyholder 1 (continued) 第一保單持有人 (續)	
Home phone no. (include international country code) 住宅電話號碼 (包括國家區號)	
Region of home phone no. 住宅電話號碼的地區	
Mobile no.* (include international country code) 手提電話號碼* (包括國家區號)	
Region of mobile no. 手提電話號碼的地區	
Is this a US** based phone no.? <input type="checkbox"/> Yes <input type="checkbox"/> No 這個是美國**電話號碼嗎? 是 否	
Email address* 電郵地址*	
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 phone no. (include international country code) 住宅電話號碼 (包括國家區號)	
Region of home phone no. 住宅電話號碼的地區	
Mobile no.* (include international country code) 手提電話號碼* (包括國家區號)	
Region of mobile no. 手提電話號碼的地區	
Is this a US** based phone no.? <input type="checkbox"/> Yes <input type="checkbox"/> No 這個是美國**電話號碼嗎? 是 否	
Email address* 電郵地址*	
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	

* For future communication with you on your policy, please do not leave mobile no. and email address blank. Please put N/A if such information is not available.
請填寫手提電話號碼及電郵地址，以便日後就有關保單事宜聯絡閣下。若未能提供此項資料，請填寫「N/A」。

** 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。

2 For completion by those acting on behalf of a company or a trust

由代表公司或信託行事的人士填寫

Name of the company/trust (policyholder)

公司／信託（保單持有人）的名稱

Incorporation no.

註冊成立號碼

Name of trustee or company representative for correspondence

信託或公司代表的通訊地址

Correspondence address

通訊地址

Phone no.

電話號碼

Mobile no.

手提電話號碼

Email address

電郵地址

Website address (if available)

網址（如有）

3 About the person making the payment 關於付款人資料

Is the policyholder making the payments from their own funds?

保單持有人是否以個人的資金付款？

☐ Yes
是

☐ No
否

If 'No', please complete the 'Third party payment form' which forms part of the policy contract. There are restrictions on who can make the payments, so please contact our Customer Care Team on + 852 3405 7150 for further details.

如「否」，請填妥「第三方付款表格」，此表格是保單合約的一部分。本公司對付款人設有限制，詳情請聯絡我們的客戶服務部，電話：+ 852 3405 7150。

For any acceptable third party payors, we will require full evidence of their identity and relationship to the policyholder/life insured.

本公司將要求合資格的第三方付款人提供可核實身分的證明文件及與保單持有人／受保人關係的證明。

4 Contribution details 供款資料

Policy currency (please tick one only) 保單貨幣（只可選擇其中一項）

☐ USD 美元

☐ GBP 英鎊

☐ EUR 歐元

☐ JPY 日圓*

☐ HKD 港元

☐ CHF 瑞士法郎*

* These currencies are not available for Futura III and IWA

有關貨幣不適用於「樂安閑」III及「景緻人生」

Contribution amount

供款金額

If your single contribution is in a different currency to the policy currency, we will convert the amount at the prevailing company exchange rate on the day that your contribution is received. We can only accept freely convertible currencies and we have built in exchange rate changes. We will deduct any transaction charges, including those made by your bank, from your contribution amount before adding it to your policy.

若閣下用作繳付整付供款的貨幣不同於保單貨幣，本公司將按照收到供款當日的現行公司匯率計算有關款項。本公司只接納自由兌換的貨幣，而匯率變動已計算在內。本公司將先從供款扣除任何交易費用（包括閣下的銀行所收取的費用），然後再把供款存入閣下的保單。

Unless otherwise specified, all amounts are assumed to be in Hong Kong dollar.

除非另有說明，所有金額均以港元計算。

5 Investment details for lump sum contributions 整付供款的投資詳情

For Futura III - A maximum of 10 investment choices at any one time and subject to a minimum allocation of 10% of your premium for each investment choice.
「樂安閑」III 客戶 — 每次可揀選最多 10 種投資選擇，而任何一項投資選擇必須最少佔保費的 10%。

Please give full name(s) of the investment choice(s) and the investment choice code(s). Investment choice codes and names are required to be written in full and in CAPITAL letters.
請填寫投資選擇全名及投資選擇代碼。請以大楷填寫全部基金代號及基金名稱。

For other policies, a maximum choice of 30 investment choices at any one time.
其他保單，每次可選擇最多 30 種投資選擇。

Please select from the following:
請選擇下列任何一項：

Invest my additional contribution equally across my existing investments. ☐
請把本人的額外供款平均分配至本人現有的投資項目。

Invest my additional contribution across my investment funds following the existing percentage allocation. ☐
請按照本人現有的投資選擇百分比分配投資。

Invest my additional contribution in the investment choices specified below. ☐
請把本人的額外供款投資於下表所列的投資選擇。

Investment choice code 投資選擇代碼	Investment choice name (including name of fund management company) 投資選擇名稱 (包括基金管理公司名稱)	%

Total – please make sure the total adds up to 100%.
總數 – 請確保總百分比為 100%

100%

6 Origin of wealth 財富來源問卷

Important information 重要資料

Before completing this section, please read the 'Origin of wealth guidelines' carefully and discuss with your relevant financial professional. If both policyholders are joint payors, we require origin of wealth for both. If the second planholder has completed a separate 'Origin of wealth guidelines and questionnaire' please tick here. ☐

填寫本部分前請先細閱「財富來源指引」及諮詢閣下的理財。若兩名計劃持有人為聯名付款人，則須各自申報財富來源。若第二計劃持有人已填妥「財富來源指引及問卷」，請加上✓號。☐

If you are an existing policyholder, your existing premium levels will be included for the purposes of calculating the limits for which documentary evidence is required.

若閣下是蘇黎世國際人壽保險的現有客戶，所有現行供款均會一併計算，以決定所需呈交的證明文件。

Unless otherwise specified, all amounts are assumed to be in Hong Kong dollar.

除非另有說明，所有金額均以港元計算。

How the payor acquired the money 付款人如何獲得資金

☐ Savings from income/salary/company profits/bonus
來自收入／薪酬／公司利潤／花紅的儲蓄

Employer's name 僱主名稱	Annual income amount 每年收入金額	Currency 貨幣
Employer's physical address 僱主地址		
	Bonus amount 花紅金額	Currency 貨幣
	No. of years you have been saving from work 閣下的儲蓄年期（來自工作的儲蓄）	
Employer's phone no. (fixed line) 僱主電話（固網電話）		
Nature of company business 公司業務性質	Total disposable income amount 可支配收入總額	Currency 貨幣
No. of years employed with company 在該公司工作年期		
Country of origin of wealth 財富來源國家		

☐ Proceeds from shares/investment holdings/property sale
股票／控股投資／物業銷售所得款項

Details of shares/investment holdings/property sale
股票／控股投資／物業銷售詳情。

Total value or amount of sale and currency 銷售總值或總額及貨幣	Date of sale 售出日期	Day 日 <input type="text"/>	Month 月 <input type="text"/>	Year 年 <input type="text"/>
Details/address of property 物業資料／地址				

☐ Other
其他

Please provide details here if your premium is from a source other than that listed above. Please include full details of where funds are from, dates, currency and amount.

若閣下的供款資金來源並非來自以上所列，請呈交所有相關資料，包括資金來源、日期、貨幣和金額。

Origin of wealth (continued) 財富來源問卷 (續)

Are you making any concurrent applications to other life offices?

閣下是否正同時向其他人壽保險公司提交申請？

☐ Yes
是

☐ No
否

If "yes" please give details.

如「是」，請提供詳情。

Name of company 公司名稱	Type of plan 計劃類別	Amount of cover and currency 保額和貨幣	Contribution amount 供款金額	Plan term 計劃年期

How the payor acquired the money – documentary evidence

付款人如何獲得資金 – 證明文件

If your payment exceeds the limits in the origin of wealth guidelines, please tick the relevant boxes to confirm documents attached.

若閣下的供款金額超過或相等於財富來源指引所載的限額，請以✓號確認已夾附的文件。

☐ Evidence of savings from income/salary/company profits/bonus

來自收入／薪酬／公司利潤／花紅的儲蓄證明

- A copy of my recent financial accounts (I am self-employed)
最近之財務賬目副本（本人為自僱人士） ☐
- A letter on company letterhead from my employer confirming my income - this must be an original
由僱主簽發並以公司信紙發出的收入證明信件 — 必須為正本 ☐
- Bank statements clearly showing receipt of my most recent regular salary payments from my employer
銀行月結單 — 清楚列明僱主最近存入的定期薪金 ☐

☐ Evidence of proceeds from shares/investment holdings/property sale

股票／控股投資／物業銷售所得款項證明

- Investment holdings/Saving certificates, contract notes or statements showing sale of my shares
控股投資／存款證明、成交單據或顯示本人售出股票的結單 ☐
- Confirmation of sale from my investment company
由本人的投資公司發出的銷售確認 ☐
- Bank statement showing receipt of my sale proceeds
證明已收到本人的銷售所得款項的銀行結單 ☐
- Shares/investment holdings only – signed letter from my accountant
只供股票／控股投資 — 由本人的會計師簽發的信件 ☐
- Property sale only – signed letter from my solicitor/estate agent
只供物業銷售 — 由本人的律師／物業代理簽發的信件 ☐
- Chargeable event certificate for my matured investment
已期滿投資的應課稅事項證明 ☐
- Sale contract
銷售合約 ☐

☐ Other – please provide the appropriate documentary evidence as defined in the 'Origin of wealth guidelines'.

其他 — 請提供適當證明文件，其定義已列明於「財富來源指引」。

Please note: All documents submitted should be original or a copy certified by a suitable certifier.

請注意：所有呈交的文件必須為正本或有效核證副本。

7 Proof of identity and proof of residential address 身分證明及住址證明

Proof of identity 身分證明

Policyholders and/or third party payors must provide one of the following valid primary documents that has been suitably certified: (please tick to confirm document is attached).

保單持有人或第三方付款人必須提供以下其中一項經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	Third party payor 第三方付款人
• Passport 護照	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Government issued ID card 政府簽發之身分證	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Proof of residential address 住址證明

In order to verify the policyholder's and/or third party payor'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 or third party payor and show the address appearing on the application or held in our records as the current residence (please tick to confirm document is attached).

為核實保單持有人或第三方付款人的現時住址，請夾附以下其中一項文件的正本或經有效核證的副本(任何此等文件必須在本公司接獲文件之前三個月內發出)。文件必須印有保單持有人或第三方付款人的姓名，並列有與本申請表格所述或與本公司紀錄相同之現時住址。

	Policyholder 1 第一保單持有人	Policyholder 2 第二保單持有人	Third party payor 第三方付款人
• Utility bill 公用服務收費單	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• 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"/>	<input type="checkbox"/>
• Tenancy contract* 租約*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Letter from employer 僱主發出的信件	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* This document **does not** need to be less than three months old – just valid and currently in force.

該文件無需於三個月內發出，只要是現行有效文件即可。

Note: In certain circumstances, other forms of ID and/or address verification may be accepted; your relevant financial professional should refer to the 'Anti-money laundering chequelist for personal business', if you require further guidance.

註：在某些情況下，本公司或會接受其他身分證明文件及/或其他地址證明。如需其他指引，閣下的理財顧問應參閱「個人業務反洗黑錢清單」。

Corporate policyholder(s) only 只供公司保單持有人

Please attach either an original or a suitably certified true copy of all the following documents and additional information where requested – all additional information should be on company headed stationery and signed by an authorized official(s), as per the signing mandate (please tick to confirm documents are attached):

請夾附以下所有文件及所需附加資料的正本或經有效核證的副本文件。所有附加資料均應以公司信紙發出，並按照簽署權限由獲授權的高級職員簽署(請於格內加✓號確認已呈交該文件)：

- ☐ Certificate of Incorporation or equivalent document
法團註冊證書或同等文件
- ☐ Evidence of the registered office address of the contracting party, and if this is not the address being used, evidence that the applicant is using the different address and the reasons for that address being used
訂約方的註冊辦事處的地址證明；如該地址並非現時使用的地址，須提供申請人所用的不同地址的證明，以及使用該地址的原因
- ☐ A list of all the directors; and verification of the identity (including proof of address) of at least two directors (please refer to the above ID requirements) one of whom must be an executive director
全體董事名單；及最少兩名董事的身分證明(包括地址證明要求)，其中一人必須為執行董事
- ☐ Where possible a set of the latest annual report and accounts. If these are not available, please provide a reason why you are unable to supply a copy
一套最近期的年報及帳目(如有)。如未能提供，請說明無法提供的理由
- ☐ Confirmation that the company has not been, or is not in the process of being dissolved, struck off, wound up or terminated (should be dated within three months of receipt)
就公司過去未曾而現時亦沒有解散、被除名、清盤或結業而發出的確認(須為遞交申請表格前三個月內發出)
- ☐ A list of the authorized signatories, specimen signatures, and the required no. of signatories who can sign on behalf of the company at any one time
獲授權簽署人名單、簽名式樣以及可於任何一段時間代表公司簽署所需的簽署人數目
- ☐ ID verification of all shareholders holding 25%* or more of the issued share capital. Where the 25%* holder is a holding company or trust, or nominee, further verification of ID of its ultimate beneficial owner must also be provided. Where there are numerous companies in the structure, we may need full ID for each one.
所有持有已發行股本25%*或以上的股東的身分證明。如持有25%*股權的股東為控股公司或信託或代名人，另須提供最終實益擁有人的進一步身分證明。如架構內有多間公司，本公司或會要求提供每間公司的詳細身分證明

Please provide evidence of identification of a shareholder who owns less than 25% but holds a controlling interest

如股東擁有少於25%股權但持有控股權益，請提供身分證明

* This is 10% or more for high-risk business. (High risk is a case above the contribution limit for its relevant country category as per our origin of wealth guidelines.)

* 高風險業務為10%或以上。(高風險個案指超逾財富來源指引所載的相關國家類別的供款上限。)

Please note for Hong Kong, Singapore and Qatar companies and Boal & Co Pensions (Jersey) Limited additional documentation is required; please contact our Customer Care Team for further details.

請注意，香港、新加坡和卡達公司以及Boal & Co Pensions (Jersey) Limited須提供額外文件，詳情請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)

Additionally for corporate business:

公司業務須額外提供：

- ☐ The Memorandum and Articles of Association
組織章程大綱及章程細則
- ☐ A resolution of the Board of Directors authorizing the company to enter into a policy with Boal & Co Pensions (Jersey) Limited appointed as the sole trustee
董事會授權公司與 Boal & Co Pensions (Jersey) Limited 訂立保單並委任 Boal & Co Pensions (Jersey) Limited 為唯一受託人的決議案
- ☐ If there is only one director, verification of the identity of one other company official i.e. company secretary and two authorized signatories if not any of those mentioned
如只有一名董事，須提供另一名公司人員（即公司秘書及兩名獲授權簽署人（如非上述任何人士））的身分證明
- ☐ A company registry search is also required. This is undertaken by Boal & Co Pensions (Jersey) Limited
另須進行公司查冊，將交 Boal & Co Pensions (Jersey) Limited 進行

Depending on the jurisdiction of the Company there may be additional requirements.

本公司或會因應公司所在的司法管轄區而施加額外的規定

Boal & Co Pensions (Jersey) Limited is regulated by the Jersey Financial Services Commission for the conduct of Trust Company Business under the Financial Services (Jersey) Law 1998 and is registered in Jersey under no. 84679. Registered Office: 12 Castle Street, St Helier, Jersey, JE2 3RT Channel Islands.

Boal & Co Pensions (Jersey) Limited 受澤西島金融服務監管委員會監管，根據 1998 年《金融服務（澤西）法》從事信託公司業務。註冊辦事處：12 Castle Street, St Helier, Jersey, JE2 3RT Channel Islands.

Trust policyholders only 只適用於信託保單持有人

Please attach a suitably certified true copy of the following:

請夾附以下文件的經有效認證的真實副本：

- ☐ * Evidence of proper appointment of the trustees e.g. the relevant pages of the extracts of the Deed of Trust that show this
* 妥為委任信託人的證明，例如信託契據中顯示有關證明的相關頁數
- ☐ The identity of the trustees must be verified (please refer to the ID requirements on page 9). Where there is more than one individual trustee, identification must be obtained for each in accordance with the relevant ID requirements
信託人的身分必須根據適用於公司或個人客戶的適當規定核實（請參閱第 9 頁之身分證明要求）。若有超過一名個人信託人，則須根據相關身分證明規定從每名信託人獲取身分證明文件

The following information/documentation should be provided by the trustees:

以下資料／文件必須由信託人提供：

- ☐ The source and origin of the assets under the trust
根據信託持有的資產的來源
 - ☐ * The nature of the trust (this means the type of trust e.g. discretionary, blind, charitable, etc.)
* 信託性質（這是指信託類別，例如全權信託、不加說明的信託、慈善信託等）
 - ☐ * The purpose of the trust (this means the reason why the trust has been set up e.g. inheritance planning, wealth preservation etc.)
* 信託目的（這是指設立信託的原因，例如遺產規劃、財富保障等）
 - ☐ Details of the settlor(s), which should include full name(s), date(s) of birth and if they are still living current residential address(es). If deceased the date(s) of death should be given
委託人的資料，包括其全名、出生日期及（若其仍然在世）現時住址。若委託人已身故，亦須提供其身故日期
 - ☐ * Details of any protector, which should include full name, date of birth and residential address (not applicable for Boal & Co Pensions (Jersey) Limited cases)
* 信託保護人的資料，包括其全名、出生日期及住址（不適用於 Boal & Co Pensions (Jersey) Limited 個案）
 - ☐ Details of the beneficiaries of the trust should be obtained and should include full name(s), date(s) of birth and current address(es) of any individuals, and sufficient information to identify any other class, corporate entity, charity or other beneficiary
須獲取信託受益人的資料，包括任何人士的全名、出生日期及現時住址，以及識別任何其他類別、公司實體、慈善或其他受益人的充份資料
 - ☐ Details of whom we are to take instructions from and copies of their specimen signatures. It is usual for all trustees to be required to give instruction. Where the trustee is a company, the authorized signatories of the company must sign for the company in addition to any other trustee(s)
我們須向其獲取指示的人士的資料及其簽名式樣副本。一般來說，所有信託人均會被要求發出指示。若信託人為一家公司，則除任何其他信託人的簽署外，該公司的獲授權簽署人必須代表公司簽署
- * These are not required where our product is the trust.
* 若我們的產品是信託，則無須提供有關資料。

8 Policyholder(s) declaration 保單持有人聲明

General matters 一般事項

I/We request the additional contribution to be applied to my/our original policy in accordance with Zurich International Life Limited's standard terms and conditions. Full plan terms and conditions are available on request from Zurich International Life Limited ("Company", "Zurich").

本人／我們要求根據蘇黎世國際人壽保險有限公司的標準條款與規章，本人／我們的原保單的額外供款。閣下可向蘇黎世國際人壽保險有限公司（「本公司」、「蘇黎世」）索取計劃的全部條款及規章。

I/We declare that the answers given in this application, whether in my/our handwriting or not, are true and complete to the best of my/our knowledge and belief and will form the basis of this application.

本人／我們聲明，據本人／我們所知及相信，本人／我們提供本申請的資料，不論是否本人／我們親筆書寫，均屬真實及完整，並會構成本申請的依據。

I/We give the necessary authority for you to contact the certifier(s) of my/our documents directly if it is necessary to seek clarification regarding any part of the certification.

若需就認證的任何部分尋求澄清，本人／我們向閣下提供所需授權，以便閣下直接聯絡本人／我們的文件的認證人。

I/We understand that failure to disclose any material fact may invalidate the contract resulting in the loss of benefits. **A material fact is one that may influence the assessment or acceptance of your application for insurance. If you are in any doubt as to the relevance of any information, please give details.**

本人／我們明白，若本人／我們隱瞞任何重大事實，這份保險合約便會失效，導致失去有關保障。**重大事實是指可能影響本公司評估或接納閣下的投保申請的事項，若閣下對任何資料的相關性存疑，敬請詳述。**

I/We agree to immediately inform the Company in writing of any change to the information that I/we have provided on this application form. I/We also agree to inform the Company of any change of name, address, etc. that may occur during the life of this policy.

本人／我們在本申請表格內提供的資料有任何變動，本人／我們同意即時以書面通知貴公司。若姓名、地址等資料在本保單生效期間有任何變動，本人／我們亦同意通知貴公司。

I/We consent to the Company seeking independent verification (if considered necessary) of any of the information given in this application.

本人／我們明白及同意貴公司在認為必要時請獨立人士核證本申請表所載的資料（如認為必要者）。

I/We declare that I/we am/are at least 18 years of age.

本人／我們謹聲明本人／我們已年滿18歲。

I/We declare that I/we am/are not a resident or national of the United States including any United States federally controlled territory.

本人／我們謹聲明本人／我們並非美國包括任何受美國聯邦管轄領土的居民或國民。

I/We confirm that I/we understand that making an additional contribution is solely my/our own choice, and/or that of my/our adviser and that the acceptance of the asset link by the Company does not constitute a warranty or representation of the suitability of the asset for investment purposes.

本人／我們確認，本人／我們明白額外供款只是本人／我們本身的選擇，及／或本人／我們的顧問的選擇，而貴公司接受資產連繫，並不構成資產適合作投資用途的保證或陳述。

I/We declare that any contributions that I/we make to the policy will not contravene any applicable exchange controls regulations.

本人／我們謹聲明本人／我們於計劃內的供款不會抵觸任何適用的外匯管制條例。

I/We agree that you reserve the right to ask for additional information.

本人／我們同意，貴公司保留要求本人／我們提供額外資料的權利。

I/We confirm that I/we have reviewed the information that I/we have given in this application and it is correct.

本人／我們確認本人／我們已檢視本人／我們在本申請表格所提供的資料，而該等資料均為正確無誤。

I/We declare that any premiums that I/we pay to the policy will not contravene any applicable exchange control regulations or trade or economic sanctions.

本人／我們聲明，本人／我們就保單支付的任何保費將不會違反任何適用的外匯管制法規或貿易或經濟制裁。

I/We declare that any premium paid to the Company is not of criminal origin or directly or indirectly related to criminal activities or any actual or attempted money laundering or tax evasion.

本人／我們聲明，向貴公司支付的任何保費並非來自刑事源頭，亦非直接或間接與刑事活動或任何實際進行或企圖進行的洗黑錢或逃稅相關。

Cancellation rights and refund of premium(s) for additional single contribution 取消及發還額外整付供款保費的權益

I/We understand that, by giving written notice, I/we have the right to cancel and obtain a refund of the additional single contribution paid (subject to market value adjustment). Such notice must be signed by me/us and received directly by Zurich International Life Limited, 25-26/F, One Island East, 18 Westlands Road, Island East, Hong Kong within 30 days of receipt of the confirmation for the additional single contribution.

本人／我們明白本人／我們有權以書面通知要求取消及取回已繳額外保費（須按市值調整）。而本人／我們必須簽署該通知，並確保貴公司位於香港港島東華蘭路18號港島東中心25-26樓的辦事處於收到額外供款確認後30天內直接收到該通知。

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 3405 7150 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 3405 7150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



Policyholder(s) declaration (continued) 保單持有人聲明 (續)

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。

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。

Policyholder(s) declaration (continued) 保單持有人聲明 (續)

Declaration for commission disclosure 佣金披露聲明

I/We understand, acknowledge and agree that, as a result of my/our purchasing and taking up the policy to be issued by the Company, the Company will pay the authorized insurance broker commission during the continuance of the policy including renewals, for arranging the said policy. Where the applicant is a body corporate, the authorized person who signs on behalf of the applicant further confirms to the Company that he or she is authorized to do so.

本人／我們明白、確知及同意，貴公司會就本人／我們購買及接受保險公司簽發的保單，於保單有效期內（包括續保期），向負責安排有關保單的獲授權保險經紀支付佣金。假如申請人為法人團體，代表申請人簽署的獲授權人員須向本公司確認他／她已獲法人團體授權簽署。

I/We further understand that the above agreement is necessary for the Company to proceed with the application.

本人／我們亦明白 貴公司必須取得申請人以上的同意，才可以處理有關申請。

I/We note that you may record or monitor my/our calls in order to offer additional security, resolve complaints and for training, administrative and quality purposes.

電話內容可能會被錄音及監察，以作強化保安、處理投訴、訓練、行政和提昇服務質素之用。

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／我們確認此／此等簽署為本人／我們作為保單持有人的簽署，或本人／我們指定之合法代表的簽署。

I/We confirm that I/we agree to my/our personal data being collected and used as set out above. I/We understand that I/we am/are entitled to receive a copy of my/our personal data held by you (and you may charge the statutory fee for this) and to correct any errors.

本人／我們謹此同意 貴公司可收集本人／我們的個人資料及作上述用途。本人／我們明白本人／我們有權索取 貴公司所持有關本人／我們個人資料的副本（而 貴公司可能就此收取法定費用）及更正任何錯誤。

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

如 閣下的簽署跟護照／身分證明上的簽署不同，或簽署已更改，請填妥「核證簽名表格」。

Signature of policyholder/authorized signatory 1 第一保單持有人／授權簽署人簽署		Signature of policyholder/authorized signatory 2 第二保單持有人／授權簽署人簽署	
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	
Place where application was signed 簽署申請表格時的所在地			

9 Payment method (Telegraphic transfer only) – Authorization to arrange a telegraphic transfer 付款方法(只限電匯)–安排電匯授權書

To: **The Manager** (Name and address of bank). Please complete in CAPITAL letters.

致經理(銀行名稱和地址)請以英文大楷填寫。

Country 國家

SWIFT code SWIFT 代碼

Sort code (for UK banks only) Sort 代碼(只適用於英國銀行)

IBAN

Account details 賬戶資料

Account name 賬戶名稱

Account no. 賬戶號碼

On receipt of this form, please transfer the exact amount detailed below (and debit my account with this amount and all charges).

請於收到此表格，請轉移以下的指定金額(並於本人賬戶扣除此金額及所需費用)。

Amount in figures 以數字填寫金額

Amount in words 以文字填寫金額

Credit 轉賬予: Zurich International Life Limited

☐ **Australian dollars 澳元**

To: HSBC Bank plc, International Division, P.O. Box 181, 27-32 Poultry, London.
SWIFT/BIC code: MIDLGB22 Sort code: 40-05-15

In favour of: Zurich International Life Limited Account no: 36089396
IBAN: GB98MIDL40051536089396

☐ **Euros 歐元**

To: HSBC Bank plc, International Division, P.O. Box 181, 27-32 Poultry, London.
SWIFT/BIC code: MIDLGB22 Sort code: 40-05-15

In favour of: Zurich International Life Limited Account no: 39143348
IBAN: GB87MIDL40051539143348

☐ **HK dollars 港元**

To: HSBC Bank plc, International Division, P.O. Box 181, 27-32 Poultry, London.
SWIFT/BIC code: MIDLGB22 Sort code: 40-05-15

In favour of: Zurich International Life Limited Account no: 35307087
IBAN: GB12MIDL40051535307087

☐ **Japanese yen 日圓**

To: HSBC Bank plc, International Division, P.O. Box 181, 27-32 Poultry, London.
SWIFT/BIC code: MIDLGB22 Sort code: 40-05-15

In favour of: Zurich International Life Limited Account no: 68769608
IBAN: GB15MIDL40051568769608

☐ **Sterling 英鎊**

To: HSBC Bank plc, HSBC House, Ridgeway Street, Douglas, Isle of Man IM99
1AU, British Isles. SWIFT code: MIDLGB22 Sort code: 40-19-38

In favour of: Zurich International Life Limited Account no: 81058312
IBAN: GB53MIDL40193881058312

☐ **Swedish krona 瑞典克朗**

To: HSBC Bank plc, International Division, P.O. Box 181, 27-32 Poultry, London.
SWIFT/BIC code: MIDLGB22 Sort code: 40-05-15

In favour of: Zurich International Life Limited Account no: 59089068
IBAN: GB44MIDL40051559089068

☐ **Swiss francs 瑞士法郎**

To: HSBC Bank plc, International Division, P.O. Box 181, 27-32 Poultry, London.
SWIFT/BIC code: MIDLGB22 Sort code: 40-05-15

In favour of: Zurich International Life Limited Account no: 36354240
IBAN: GB53MIDL40051536354240

☐ **US dollars 美元**

To: HSBC Bank plc, International Division, P.O. Box 181, 27-32 Poultry, London.
SWIFT/BIC code: MIDLGB22 Sort code: 40-05-15

In favour of: Zurich International Life Limited Account no: 68770522
IBAN: GB72MIDL40051568770522

Note to remitting bank 匯款銀行通知

Please ensure that the standard SWIFT format, line 50 'ordering customer' is fully completed. Also, please ensure that the standard SWIFT format, line 70 'Details of Payment' is completed quoting the:

請確保標準 SWIFT 格式中的第 50 欄「付款人」已完整填寫。同時，請確保標準 SWIFT 格式中的第 70 欄「付款詳情」已填寫，並註明：

Policy no.* 保單編號*

Client name* 客戶名稱*

(*to be completed by Zurich International Life)(*由蘇黎世國際人壽保險填寫)

	Day 日	Month 月	Year 年
Date signed 簽署日期	<input type="text"/>	<input type="text"/>	<input type="text"/>
Signature(s) of account holder(s) 賬戶持有人簽署			

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

www.zurich.com.hk