

Premium change/reinstatement form

保費更改／復效申請表格

Policy no.
保單號碼

Comments
備註

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

Please use this form if you wish to change your regular premiums or reinstate your policy. If you are unsure if this is applicable to your policy, please refer to your product documents or contact your licensed insurance intermediary for details.

請使用此表格以更改 閣下的定期保費或申請保單復效。若 閣下不確定 閣下的保單是否適用，請參閱產品文件或聯絡 閣下的持牌保險中介人。

Please note that restrictions to reinstatements apply and no change to regular premiums can be made where the policyholder(s) is resident in the United States including any United States federally controlled territory.

請注意，若保單持有人為美國（包括任何受美國聯邦管轄領土）的居民，則復效保單將受限制及不可更改定期保費。

Please read the principal product brochure(s) and supplementary notes before completing this application.

填寫本申請表格前請先閱讀主要產品介紹冊及補充頁註。

If your investment in the investment choices by way of redirection of regular premium and top-up premium does not match with your risk appetite, you may be exposed to higher risks and subject to greater investment loss.

如 閣下的投資選擇如轉換定期保費配置及額外保費投資與 閣下的風險類別不相符，閣下可能會承受更高的風險及受到更大的投資虧損。

Please read the information of the underlying investment choices as set out in the relevant investment choice brochure and principal brochure, as the case maybe, before you submit this request for investment choice change.

在提交投資選擇更改前，請 閣下閱讀相關投資選擇手冊和主要推銷刊物相關投資選擇的資訊。

For increase regular premium request 有關增加定期保費申請

Please make sure that you quote your existing policy number and provide details of the policyholder(s) so we can process your increase regular premium request quickly. Please also ensure you return the signed 'Financial Needs Analysis', 'Important facts statement' and 'Suitability Assessment Declaration', 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 閣下的增加定期保費申請。另外，遞交申請時請確保已夾附已簽署作實的「理財需要分析表」、「重要資料聲明書」及「適合性評估聲明書」。

How to complete this form 如何填寫本表格

Please complete this form in English, in blue or black ink and in **CAPITAL** letters. All policyholders/trust settlor should sign the form. Where policyholder is a company, the authorized signatory must sign. Once you have completed the form, remember to ensure you have included all the required documentation and information. Please note that if anything is missing, we will have to return the form to you for clarification.

請用藍色或黑色原子筆以**英文大楷**填寫本表格。所有保單持有人／信託委託人均須簽署本表格。若保單持有人為公司，獲授權簽署人必須簽署。填妥本表格後，務請確認 閣下已夾附所需的文件及資料。請注意，如有任何錯漏，本公司將會退回本表格，以釐清有關資料。

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，請通知本公司。

Service request 要求服務

Please ✓ to choose one or more item(s). 請以✓選一項或多項。

1. Increase regular premium 增加定期保費
2. Decrease regular premium 減少定期保費
3. Reinstatement policy 復效保單

1 Policyholder(s) details 保單持有人資料

This section is applicable to the below service request(s) with

only. 此部分只適用於以下有✓號的要求服務。

- Increase regular premium 增加定期保費
 Decrease regular premium 減少定期保費
 Reinstate policy 復效保單

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)

This section is applicable to the below service request(s) with

only. 此部分只適用於以下有✓號的要求服務。

- Increase regular premium 增加定期保費
 Decrease regular premium 減少定期保費
 Reinstate policy 復效保單

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)

Policyholder 1 第一保單持有人

This section is applicable to the below service request(s) with

only. 此部分只適用於以下有✓號的要求服務。

- Increase regular premium 增加定期保費
 Decrease regular premium 減少定期保費
 Reinstate policy 復效保單

Date of birth 出生日期
Day 日 Month 月 Year 年

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?

Yes 有 No 沒有

If 'Yes', please specify the country.
如答案為「有」, 請註明國家名稱。

Occupation 職業

Job title 職位

Contact details 聯絡資料

Is your residential address and/or correspondence address different
from that shown on your policy?

If 'Yes', please provide current details.

閣下的住址及/或通訊地址是否與閣下的保單所示的不同?
如「是」, 請提供現時的資料。

Current residential address 現時住址

Correspondence address (If different from residential address)

通訊地址(如與住址不同)

Policyholder 2 第二保單持有人

This section is applicable to the below service request(s) with

only. 此部分只適用於以下有✓號的要求服務。

- Increase regular premium 增加定期保費
 Decrease regular premium 減少定期保費
 Reinstate policy 復效保單

Date of birth 出生日期
Day 日 Month 月 Year 年

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?

Yes 有 No 沒有

If 'Yes', please specify the country.
如答案為「有」, 請註明國家名稱。

Occupation 職業

Job title 職位

Contact details 聯絡資料

Is your residential address and/or correspondence address different
from that shown on your policy?

If 'Yes', please provide current details.

閣下的住址及/或通訊地址是否與閣下的保單所示的不同?
如「是」, 請提供現時的資料。

Current residential address 現時住址

Correspondence address (If different from residential address)

通訊地址(如與住址不同)

Policyholder(s) details (continued) 保單持有人資料(續)

Policyholder 1 (continued) 第一保單持有人(續)

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。

Home telephone no. (include international region code)
住宅電話號碼(包括地區區號)

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

Mobile no. (include international region code)*
手提電話號碼(包括地區區號)*

Region of mobile telephone no.
手提電話號碼的地區

Is this a US* based telephone no.? Yes 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 number(s) ^ 稅務參考編號 ^

1

2

3

Policyholder 2 (continued) 第二保單持有人(續)

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。

Home telephone no. (include international region code)
住宅電話號碼(包括地區區號)

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

Mobile no. (include international region code)*
手提電話號碼(包括地區區號)*

Region of mobile telephone no.
手提電話號碼的地區

Is this a US* based telephone no.? Yes 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 number(s) ^ 稅務參考編號 ^

1

2

3

* For future communication with you on your policy, please do not leave mobile number 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 number.
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

This section is applicable to the below service request(s) with only. 此部分只適用於以下有 號的要求服務。

Increase regular premium 增加定期保費 Decrease regular premium 減少定期保費 Reinstate policy 復效保單

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

Correspondence address 通訊地址

Telephone 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 (payor) 作出付款的人士(付款人)

This section is applicable to the below service request(s) with only. 此部分只適用於以下有號的要求服務。

Increase regular premium 增加定期保費 Decrease regular premium 減少定期保費 Reinstatement policy 復效保單

Is the policyholder making the payments from their own funds?
付款是否由保單持有人以個人的資金付款?

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。

4 Premium details 供款資料

This section is applicable to the below service request(s) with only. 此部分只適用於以下有號的要求服務。

Increase regular premium 增加定期保費 Decrease regular premium 減少定期保費 Reinstatement policy 復效保單

Premium amount with currency 保費金額及貨幣

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。

Frequency of contribution 供款頻率 (one only 只可選擇其中一項)

Monthly 每月 Quarterly 每季* Half-yearly 每半年* Yearly 每年

* These frequencies are not available for Pacific.
有關頻率不適用於「翱翔人生」保單。

If there are any changes to the method of payments, please fill in the 'Method of payment form'. Any additional charge by your credit card company for collection of your premiums will be met by the payor. Details of current rates of charges are available on request.

如果付款方法有任何改變，請填妥「付款表格」。因選用信用卡付款而由信用卡公司徵收的附加費用需由付款者支付。我們可應要求向閣下提供有關收費詳情。

5 Date from which policy will be reinstated or premium will be increased or decreased 保單復效、增加或減少定期保費生效日

Month 月 Year 年

6 Your investment strategy - applicable to lapse reinstatement for investment-linked assurance scheme ('ILAS') 閣下的投資策略 — 只適用於失效的「投資相連保險計劃」保單復效申請

This section is applicable to the below service request(s) with only. 此部分只適用於以下有號的要求服務。

Increase regular premium 增加定期保費 Decrease regular premium 減少定期保費 Reinstatement policy 復效保單

When your policy lapsed, your funds were automatically moved to the money market funds.
若閣下的保單已失效，閣下的資金已轉移至貨幣市場基金。

To reinstate your policy, we need you to update your investment strategy. If a new investment instruction is not received, your funds will remain in the money market funds until you advise your investment strategy.

為使閣下的保單復效，我們需要閣下更新投資策略。若我們未接獲新的投資策略指示，閣下的資金將繼續存放於貨幣市場基金，直至我們收到閣下更新的投資策略。

Please give details of the investment choices you want to choose for your policy, along with the relevant percentage of your premium, in the box below. Use the investment choice names and investment choice codes listed in our website www.zurich.com.hk or if you need any advice, please refer to your licensed insurance intermediary for guidance.

請在以下空格提供閣下有意為閣下的保單所選的投資選擇詳情，以及閣下的保費的相關百分比。請使用本公司的網站www.zurich.com.hk所列的投資選擇名稱及投資選擇代號，若閣下需要諮詢意見，請諮詢閣下的持牌保險中介人。

- For Pacific and Vista policies (issued on or after January 1, 2005), you can choose a maximum of 30 investment choices. For all other policies, you can choose a maximum of ten investment choices.
閣下可為翱翔人生及2005年1月1日或之後簽發的豐盛人生保單揀選最多30項投資選擇，而所有其他保單閣下可揀選最多十項投資選擇。
- Minimum percentage allowed per investment choice is:
每項投資選擇所佔百分比的下限：

Product name 產品名稱	Minimum per investment choice 每項投資選擇的最低分配額
Futura III「樂安閑」III	10% of your premium 保費的10%
Pacific 翱翔人生	HKD 1,000/USD 125/GBP 80/EUR 100 1,000 港元 / 125 美元 / 80 英鎊 / 100 歐元
Other policies 其他保單	1% of your premium 保費的1%

- You must use whole percentages.
百分比必須為整數。
- For additional investment choices please use a separate piece of paper if necessary.
如有需要，請另紙書寫投資選擇資料。

Your investment strategy - applicable to lapse reinstatement for investment-linked assurance scheme ('ILAS') (continued)

閣下的投資策略 — 只適用於失效的「投資相連保險計劃」保單復效申請(續)

Investment choice code 投資選擇代號	Investment choice name 投資選擇名稱	%
Total – please make sure the total adds up to 100% 總數 — 請確保總百分比為 100%		100%

7 Suitability 適合性

Unless the following confirmation is specified, any request for investing in an investment choice that carries a risk level higher than your risk tolerance will not be accepted.

除非閣下作出以下的確認，否則任何投資於風險評級高於閣下的風險承擔能力的投資選擇之申請均不會被接納。

Despite the fact that the investment choice(s) that I intend to invest in may not be suitable for me based on my disclosed current needs and risk profile, etc. as indicated in my financial needs analysis and risk profile questionnaire, I confirm that it is my intention and desire to proceed with my request herein. I understand that I may be exposed to higher risks and subject to greater investment loss.

儘管根據本人於財務需要分析及風險承擔能力問卷所披露的現時需要及投資風險等概況，本人欲投資的投資選擇可能並不適合本人，但本人確認本人仍打算及意欲繼續本人於此提出的要求。本人明白本人可能會承受更高的風險及受到更大的投資虧損。

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

This section is applicable to the below service request(s) with only. 此部分只適用於以下有 號的要求服務。

Increase regular premium 增加定期保費 Decrease regular premium 減少定期保費 Reinstatement policy 復效保單

Policyholders should only complete this section if you are increasing your current regular premium by 50% or more. All third party payor(s) must complete this section for all increases.

若保單持有人增加現時的定期保費/保費 50% 或以上，方須填寫本節，但第三方付款人必須就增加的任何定期保費填寫本部分。

Proof of identity 身分證明

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

保單持有人及/或第三方付款人必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 政府簽發的身分證明文件	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Proof of residential address 住址證明

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

為核實保單持有人及／或第三方付款人的現時住址，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本公司接獲文件之前三個月內發出）。有關文件須以保單持有人及／或第三方付款人的姓名發出，所示地址亦須與本表格上或本公司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	Third party payor 第三方付款人
• Utility bill 公用服務賬單	<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"/>
• Letter from bank/employer 銀行／僱主發出的信件	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Tenancy contract* 租約*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* These documents **do not** need to be less than three months old – just valid and in date.

有關文件無須為三個月以內 – 只須為有效及具效力。

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 please contact our Customer Care Team 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，閣下的持牌保險中介人可參閱「Customer guide for anti-money laundering requirements」或請聯絡我們的客戶服務部。

Corporate policyholders 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 ✓ to confirm documents are attached):

請以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（請以✓號確認夾附的文件類別）：

- Certificate of Incorporation or equivalent document
公司註冊證書或同等文件
- Evidence of the registered office address 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
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 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），其中一人必須為執行董事（請參考上述的身分證明要求）
- 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賬目（如有）。如未能提供，請說明無法提供的理由
- A statement confirming that the company has not been, or is not in the process of being dissolved, struck off, wound up or terminated
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
- A list of the authorized signatories, specimen signatures and the required number 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. **Please provide evidence of identification of a shareholder who owns less than 25% but holds a controlling interest.**
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。**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 premium 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, additional documentation is required. Please contact our Customer Care Team for further details. 請注意，香港、新加坡和卡達的公司須提供額外文件，詳情請聯絡我們的客戶服務部。

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 plan 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 為唯一信託人的決議案
- 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

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

- A company registry search is also required. This is undertaken by Boal & Co Pensions (Jersey) Limited
另須進行公司查冊，將交由 Boal & Co Pensions (Jersey) Limited 進行

Trustee policyholders only 只適用於信託人保單持有人

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 in accordance with the appropriate requirements for corporate or personal clients. 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。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)
- # 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。
- 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(s), which should include full name(s), date(s) of birth and residential address(es)
信託保護人的資料，包括其全名、出生日期及住址
- Details of the beneficiaries of the trust should be obtained and should include full name(s), dates of birth and current addresses 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

Information to be included on certified client documentation 經核證客戶文件上所需的資料

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 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 沒有照片之文件：

'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。」

- Signature of certifier 核證人簽署
- 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)
- Position/job title 職位／職銜
- Company name, address, telephone number and email address 公司名稱、地址、電話號碼及電郵地址
- Date 日期
- FSA/HKCIB/MAS/PIBA/QFCRA registration number (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)
- Zurich International Life Limited ("Company", "Zurich") appointed suitable certifier number (if applicable)
蘇黎世國際人壽保險有限公司 (「本公司」、「蘇黎世」) 委任的有效核證人號碼 (如適用)
- Details of the certifier's regulatory/affiliate body and their reference number 核證人的監管／聯屬機構的詳情及參考編號

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:
文件核證 – 所有文件副本必須由有效核證人核證為文件正本的真實副本，並附有以上之句語，否則本公司或會要求按照上述指引重新填寫有關文件。有效核證人須為以下其中一類別之人士：

- A regulated introducer or authorized employee of a regulated introducer. Confirmation of the introducer's regulatory reference number 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；

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

- 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)；
- 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)；
- French maire (mayor) 市長；
- 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)；
- 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)；
- 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會員的會計師，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；
- 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。

9 Origin of wealth (Mandatory) 財富來源問卷 (必須填寫)

This section is applicable to the below service request(s) with only. 此部分只適用於以下有 號的要求服務。

- Increase regular premium 增加定期保費 Decrease regular premium 減少定期保費 Reinstatement policy 復效保單

Important information 重要資料

Before completing this section, please read 'Origin of wealth guidelines' carefully and discuss with your licensed insurance intermediary. If both policyholders are joint payors, we require origin of wealth for both. If the second policyholder has completed a separate 'Origin of wealth guidelines and questionnaire', please here.

填寫本部分前請先細閱「財富來源指引」及諮詢閣下的持牌保險中介人。若兩個保單持有人為聯名付款人，兩人均需要提供財富來源。若第二名保單持有人已完成「財富來源指引及問卷」，請 此方格。

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.

若閣下是現有的保單持有人，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 policyholder acquired the funds 保單持有人如何獲得資金

- 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

Employer's physical address 僱主地址

Employer's telephone no. (fixed line) 僱主電話(固網電話)

Nature of company business 公司業務性質

Number of years employed with company 在該公司工作年期

Annual income and currency*
每年收入金額及貨幣*

Bonus amount and currency
花紅金額及貨幣

Number of years you have been saving from work 閣下的儲蓄年期(來自工作的儲蓄)

Country of origin of wealth 財富來源國家

- * For a company, details of their profits should be entered instead.
若為公司，請填寫公司利潤。

- 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
銷售總值或總金額及貨幣

Date of sale
銷售日期

Day 日	Month 月	Year 年
<input type="text"/>	<input type="text"/>	<input type="text"/>

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

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 those 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。

Are you making any concurrent applications to other life insurers?

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。

How the payor acquired the funds – 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 ✓ to confirm which documents are attached.

若閣下的供款金額超過「財富來源指引」所載的限額，請以✓號確認夾附的文件。

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。

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

來自收入/薪酬/公司利潤/花紅的儲蓄

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)

An original letter on company letterhead from my employer confirming my income
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

來股票/控股投資/物業銷售所得款項證明

Investment holdings/savings 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

My 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 '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。

10 Notes 附註

For policy reinstatement request 有關保單復效申請

- 1 Any policy made lapsed will only be reinstated if the requirements of the Zurich business acceptance policy are met.
只有當任何失效保單符合蘇黎世的業務接受保單的規定，才可復效。
- 2 Any Futura II/Futura III/International Term Assurance (ITA) or Preferred Choice policy that have lapsed will only be reinstated subject to:
只有在以下條件規限下，任何失效的「樂安閑」、「樂安閑」III、國際定期壽險(ITA)或「智選人生」保單才可復效：
 - i) the policy terms and conditions allow reinstatement from lapsed;
容許失效保單復效的保單條款及條件；
 - ii) the reinstatement application is received within 36 months for Futura II or within 12 months for Futura III, ITA or Preferred Choice;
「樂安閑」的復效申請須在 36 個月內接獲；「樂安閑」III、ITA 及「智選人生」則須在 12 個月內接獲；
 - iii) payment being received for all outstanding premiums for ITA and payment being received for all outstanding premiums within the nil allocation period for Futura II;
收取 ITA 的所有未支付的保費，及在「樂安閑」的不作分配期收取「樂安閑」的所有未支付的保費；
 - iv) underwriting acceptance. Please complete the 'Reinstatement Health and Lifestyle Questionnaire' and submit this along with your reinstatement request.
承保決定。請遞交復效申請表格時請夾附已填寫的「健康狀況及生活習慣問卷」一同遞交。
- 3 Any Pacific policy that has been suspended will only be reinstated subject to:
只有在以下條件規限下，任何暫停的「翱翔人生」保障才可重新開始：
 - i) the policy terms and conditions allow reinstatement from suspended policies;
允許保單復效的條款及條件；
 - ii) payment being received for all outstanding premiums within the initial contribution period;
收取在最初供款期所有未支付的保費；
 - iii) underwriting acceptance if your policy has Waiver of Premium benefit. Please complete the 'Reinstatement Health and Lifestyle Questionnaire' and submit this along with your reinstatement request.
豁免供款保障的承保決定。請遞交復效申請表格時請夾附已填寫的「健康狀況及生活習慣問卷」一同遞交。
- 4 Any Vista policy that has been lapsed will only be reinstated subject to the following criteria:
只有在以下條件規限下，才可復效任何失效的「豐盛人生」保單：
 - i) the policy terms and conditions allow reinstatement from lapsed;
允許保單復效的條款及條件；
 - ii) the reinstatement application is received within 12 months.
在 12 個月內接獲復效申請。
- 5 Please note that we will only reinstate the policy provided suitable proof of identity, proof of address and origin of wealth have been received.
請注意，只有在接獲適當身分證明、地址證明及財富來源後，我們才會把保單復效。

For decrease regular premium request 有關減少定期保費申請

- 1 Where the regular premiums on a policy are decreased, previous illustrations of benefits (illustrative maturity values) will no longer be applicable.
若保單的定期保費減少，過往的保障說明文件(到期價值說明)將不再適用。
- 2 Reduced premiums are expected to continue, at the same frequency and by the same payment method as before the decrease.
減少的供款將繼續按減少供款前的頻率和付款方法支付。
- 3 The company will assess whether the proposed decrease in regular premiums will affect the ability of the policy to sustain the desired level of benefits for the full term of the policy.
本公司將評估建議減少定期保費會否影響保單在整段有效期內維持所需保障水平的能力。
- 4 For Vista, if you decrease your contributions within an initial contribution period, there will be a charge – please refer to your Policy Terms and Conditions.
若「豐盛人生」保單在最初供款期內減少供款，本公司將收取費用。請參閱相關保單條款及規章。
- 5 For Vista issued before January 1, 2005, if you decrease your contributions within 18 months of any bonus units being applied, then these units will be removed – please refer to your Policy Terms and Conditions.
若於 2005 年 1 月 1 日前簽發的「豐盛人生」保單在領取獎賞的 18 個月內減少供款，有關獎賞單位將被扣除。請參閱相關保單條款及規章。
- 6 For Pacific, decrease in contribution is not allowed within the initial contribution period (36 months). If you decrease your contribution before the loyalty bonus payment date, you will not be entitled to the loyalty bonus for the relevant period.
「翱翔人生」保單不可在最初供款期內(36 個月內)減少供款。若閣下在長期客戶獎賞發放日前減少供款，則無法獲得該段時期的獎賞。

11 Declaration 聲明

I/We declare that the answers I/we have given, 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 certifiers(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 inform the Company in writing of any change to the information provided in this application. 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/我們同意，若在本申請提供的資料有任何變動，即以書面通知貴公司。本人/我們亦同意，若在受保期間有任何轉名、更改地址之事宜，將會通知貴公司。

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

本人/我們同意及明白，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。

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

本人/我們聲明，本人/我們已最少年滿18歲。

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。

For increase regular premium request 有關增加定期保費申請

I/We confirm that I/we understand that making an increased contribution/premium 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，增加定期保費/保費只是本人/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。

Cancellation rights and refund of increase regular premium(s)

取消及發還新增定期保費的權益

I/We understand that I/we have the right to cancel the regular premium increase and obtain a refund of increment premium paid (subject to market value adjustment) by giving written notice. 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 regular premium increment confirmation.

本人/我們明白本人/我們有權以書面通知要求取消新增定期保費及取回已繳新增保費(但須按市值調整計算)。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樓的辦事處於收到增加供款確認後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 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



Declaration (continued) 聲明(續)

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。

I/We request that the change in contributions/premiums 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(「本公司」、「蘇黎世」)的標準條款與規章，更改本人／我們的原保單的定期保費／保費。本人／我們可向蘇黎世索取計劃的全部條款及規章。

Declaration for commission disclosure (Applicable if commission payment to broker is relevant to this policy)

佣金披露聲明(適用於需支付佣金予經紀的保單)

I/We understand, acknowledge and agree that, as a result of my/our purchasing and taking up the policy to be issued by Zurich, Zurich 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 Zurich that he/she is authorized to do so.

本人／我們明白、確知及同意，蘇黎世會就本人／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蘇黎世確認他／她已獲法人團體授權簽署。

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

本人／我們亦明白蘇黎世必須取得申請人以上的同意，才可以處理有關申請。

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/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。

I/We understand you will not be able to process my/our request for investment choice change if I/We do not have a valid risk profile questionnaire. I/We further understand and agree that you will not be liable for any loss which I/we may suffer as a result of your not being able to process my/our request as such.

本人／我們明白如果本人／我們沒有有效的風險承擔問卷，本人／我們的投資選擇更改有可能不被接納。本人／我們亦明白及同意對於無法進行投資選擇更改以致本人／我們可能遭受的任何損失，貴公司概不承擔任何責任。

I/We understand you may not be able to process my/our instructions for investment choice change if the investment choice(s) selected by me/us herein does not match my/our risk appetite indicated in my/our latest risk profiling questionnaire. I/We understand and agree that you will not be liable for any loss which I/We may suffer as a result of such delay.

本人／我們明白如本人／我們在此選擇的投資選擇與本人／我們最新的投資承擔風險問卷中所顯示的風險程度有所不符，有關的投資選擇更改有可能不能處理。本人／我們明白及同意因該延遲以致本人／我們可能遭受的任何損失，貴公司概不承擔任何責任。

Declaration (continued) 聲明(續)

Please make sure you have a valid risk profile questionnaire, which will be valid for one year from the completion date of the risk profile questionnaire. Your request will be **REJECTED** if you do not have a valid risk profile questionnaire.

請確保閣下持有有效的風險承擔能力問卷，有關問卷的有效期為完成日起計一年。如閣下沒有有效的風險承擔能力問卷，閣下的申請將會被拒絕。

Please ensure that instructions for joint policies are signed by both parties. 請確保聯名保單的書面指示由雙方簽署。

Please note that for joint policies, both parties are required to complete the risk profile questionnaire and the lower risk appetite will be used for the suitability check. 請注意，若保單為聯名保單，雙方均需填寫風險承擔能力問卷，而較低的風險類別將會用於合適性檢查。

Signature of policyholder/trust settlor/Authorized signatory 1 第一保單持有人/信託委託人/獲授權簽署人	
Signature* 簽署	
Full name 姓名	
Day 日 Month 月 Year 年	
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"/>

Signature of policyholder/trust settlor/Authorized signatory 2 第二保單持有人/信託委託人/獲授權簽署人	
Signature* 簽署	
Full name 姓名	
Day 日 Month 月 Year 年	
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"/>

Place where application was signed 簽署申請表格時的所在地

* 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/身分證上的簽署不同，或若閣下的簽署已更改一段時間，閣下須填妥「核證簽名表格」。

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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