

Maturity and reinvestment form

保單期滿及再投資表格

Policy no.
保單號碼

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

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，請務必通知我們。

3. Now that your policy is reaching its full term, it is important that you tell Zurich International Life Limited ("Company", "Zurich", "we/us") what you want to do with your proceeds.

閣下的保單即將到達保單期滿日，務請通知蘇黎世國際人壽保險有限公司（「本公司」、「蘇黎世」、「我們」）閣下希望如何處理 閣下所得的款項。

4. The "Your maturity options" section outlines two potential choices. We strongly recommend that you consult your licensed insurance intermediary before coming to a decision. When the maturity/normal retirement date is reached, your policy comes to an end. At this point, we will hold the policy value securely, pending your instructions for payment. It is therefore in your interest to complete and return this form prior to the maturity/normal retirement date.

兩個選擇列載於「保單期滿選擇」一節。我們建議 閣下在作出決定之前，諮詢 閣下的持牌保險中介人。閣下的保單將於保單期滿日／正常退休日期終止，而在 閣下發出付款指示之前，我們將會妥當保管 閣下的保單價值。因此，務請在保單期滿日／正常退休日期之前填妥及交回本表格，以確保 閣下的權益。

5. If you are not satisfied with our handling of your claim, please refer to our complaint procedure.

如 閣下對我們處理索償的過程感到不滿，請參閱我們的投訴程序。

6. If your investment in the investment choices by way of redirection of 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保費配置與 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。

7. 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。

8. Please complete this form in English and ✓ the appropriate box. All policyholders/trustees should sign the form. 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.

請以英文填妥本表格及 ✓ 適用之方格。所有保單持有人／受託人均應簽署本表格。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，我們將會退回本表格，以釐清有關資料。

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

For completion by individual policyholder(s) 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 (if 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)

For completion by individual policyholder(s) only (continued) 由個人保單持有人填寫 (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?	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
Are you a US* tax-payer? 閣下是美國*納稅人嗎?	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
Are you a US* citizen? 閣下是美國*公民嗎?	<input type="checkbox"/> Yes 是 <input type="checkbox"/> 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 _____	
Origin of wealth 財富來源	
Premiums for this policy were paid from 本保單之保費財富來源	
<input type="checkbox"/> My salary 本人薪酬	<input type="checkbox"/> My business income 本人業務收入
<input type="checkbox"/> Other 其他_____	
Country of origin of wealth 財富來源國家	
Employer's/Company's name 僱主/公司名稱	
Nature of business 業務性質	

Policyholder 2 (if applicable) (continued) 第二保單持有人 (如適用) (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?	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
Are you a US* tax-payer? 閣下是美國*納稅人嗎?	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
Are you a US* citizen? 閣下是美國*公民嗎?	<input type="checkbox"/> Yes 是 <input type="checkbox"/> 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 _____	
Origin of wealth 財富來源	
Premiums for this policy were paid from 本保單之保費財富來源	
<input type="checkbox"/> My salary 本人薪酬	<input type="checkbox"/> My business income 本人業務收入
<input type="checkbox"/> Other 其他_____	
Country of origin of wealth 財富來源國家	
Employer's/Company's name 僱主/公司名稱	
Nature of business 業務性質	

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。

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)

公司註冊編號(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)?

Yes
是

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：Your maturity options 保單期滿選擇

Please note that if we do not receive an instruction from you before your maturity date, we will transfer your proceeds to our post maturity reserve.

請注意，若我們於保單期滿日前仍未接獲閣下的指示，我們將會把閣下所得的款項轉入我們的保單逾期儲備。

When your policy matures, you need to choose from one of the options below.

保單期滿時，閣下需要選擇以下其中一項。

Depending on your country of residence and your policy type, your choice of options may be limited.

視乎閣下所居住的國家及閣下的保單類別，閣下的選擇或會受到限制。

- **Cosmos policies are whole of life policies and the option to extend does not apply.**
Cosmos 保單為終身壽險保單，因此不能選擇延期。
- **If you hold a Growth Bond, you must take your investment account in full. Baby Lifestar restrictions are based on conditions of vesting age (please see original policy documentation).**
若持有增長債券 (Growth Bond)，則必須取回投資賬戶的全數款項。Baby Lifestar 的限制乃按照歸屬年齡條件而定 (請參閱保單文件正本)。
- **Zurich reserves the right to reject any application received.**
蘇黎世保留拒絕接納任何申請的權利。

I/We would like to select the maturity/retirement option (please select one option only)

本人/我們現選擇以下保單期滿到期/退休安排 (請只選擇其中一項)

Option 1 選擇一 – Surrender 退保 (Please complete section C 請填妥 C 部分)

You can take your proceeds in full or part, as a lump-sum.

閣下可以一筆過領取全部或部分所得款項。

Option 2 選擇二 – Extend 延期 (Please complete sections D and E 請填妥 D 及 E 部分)

Please note Option 2 is not available to US residents.

請注意，選擇二並不適用於美國居民。

Extend the term of your policy by deferring the maturity/normal retirement date by at least one year (or five years if you are invested in the Guaranteed Accumulation funds).

於保單期滿到期日/正常退休日期押後最少一年 (或五年，如投資於利息保證基金)，藉以延長閣下的保單年期。

- **Leave your investment fund to accumulate as a lump-sum, or elect to make regular contributions. One-off payments to your account can also be made.**
把整筆投資基金滾存，或選擇作出定期供款，另外亦可選擇一筆過付款，並存入你的賬戶。
- **Choose to maintain, extend or remove additional benefits from the policy.**
選擇維持、延長或剔除保單的額外保障。
- **To continue with any existing additional benefits on your policy, you may be required to complete a declaration including a continued good health questionnaire, and provide evidence of health.**
閣下或需填妥一份聲明，當中包括聲明持續擁有良好健康的問卷，並提供健康證明，才能繼續享有保單現有的任何額外保障。
- **Switch your investment to (an)other investment choice(s) from the Zurich investment choice range.**
把閣下的投資從蘇黎世投資選擇系列轉移至其他投資選擇。
- **The expense recoupment charge will no longer be deducted if you extend your policy and contributions continue at their current level or contributions are no longer made.**
若閣下延長保單並按照現時水平繼續供款或不再供款，均不會被收取開支彌補費用。
- **The policy fee and any charges for additional benefits will be deducted from your account as before.**
保單費用及任何額外保障費用將繼續從閣下的賬戶中扣除。

Section C 部：Surrender 退保

Please select one option among option A, B or C only. Please note that option C is not available for Vista policies issued on or after January 1, 2005. Holders of Vista policies issued on or after January 1, 2005 wishing to surrender must select option A to fully surrender, or option B to partially surrender.

請只選擇A、B或C其中一項。請注意，選擇C不適用於2005年1月1日或以後簽發的「豐盛人生」保單。在2005年1月1日或以後簽發的「豐盛人生」保單持有人如欲退保，必須透過選擇A進行完全退保，或透過選擇B進行部分退保。

If you do not select a payment currency, the payment will be made in the policy currency.

如閣下未有選擇付款貨幣，有關款項將以保單貨幣支付。

If selecting option B or C, please ensure you also fully complete section D – Extend, confirming how your remaining proceeds should be treated.

如選擇B或C，請確保閣下亦有填妥D部分 – [延期]，以確認選擇如何處理閣下剩餘的所得款項。

Option A 選擇A

Full surrender when we receive this instruction
於我們接獲本指示時完全退保

Payment currency
付款貨幣

Full surrender at maturity date
於保單期滿日完全退保

Or 或

Option B 選擇B

Partial surrender across all policies and investment choices
對所有保單及投資選擇進行部分退保

Amount
金額

Payment currency
付款貨幣

I have also completed section D to extend my policy.
本人亦已填妥第D部分以延長保單。

Or 或

Option C 選擇C

Maximum partial surrender across all policies and investment choices
按上限對所有保單及投資選擇進行部分退保

Payment currency
付款貨幣

I have also completed section D to extend my policy.
本人亦已填妥第D部分以延長保單。

Please note that UK residents are required to advise HM Revenue & Customs (HMRC) of any chargeable gains on their policies. In certain circumstances, Zurich is also required to provide information to HMRC regarding payments and/or gains made on offshore policies.

請注意，英國居民須就其保單的任何應課稅收益通知稅務海關總署。在部分情況下，蘇黎世亦須向稅務海關總署提供有關離岸保單付款及/或所得收益的資料。

Section D 部：Extend 延期

Extend the term of the policy by selecting a new maturity/retirement date (up to age 75 years) including the option to make contributions to the policy.

選擇新的保單期滿日／退休日期（最多至 75 歲），包括選擇向保單供款，藉以延長保單年期。

1. I/We would like to extend by a further _____ year(s) and I/we understand that if I am/we are invested in the Guaranteed Accumulation funds, this must be a minimum of five years.
If the money invested in the Guaranteed Accumulation funds is taken out at any time other than at a permitted withdrawal point (variable by product), the amount paid out may be reduced to reflect the current market value of the underlying assets. This is known as market level adjustment (MLA). The MLA therefore ensures that other investors reducing the size of their holdings early do not affect the value of your continuing investment in the Guaranteed Accumulation fund(s). The amount of the MLA depends on when you invested in the fund, the period you have invested and the investment market conditions over this period.

本人／我們現將保單延期 _____ 年，而本人／我們明白，若本人／我們投資於利息保證基金，則必須最少延期五年。
如在許可提款時間（因應不同產品而有所不同）以外的任何時間提取利息保證基金的投資款項，可能要扣除所得金額，以反映相關資產的現時市值，並稱為市值調整。因此，即使其他投資者提早減持基金，市值調整亦可確保閣下繼續投資於利息保證基金的價值不受影響。市值調整金額視乎閣下何時投資於有關基金、投資年期以及期內的投資市況而定。

2. Please select one of the following options only. 請只選擇以下其中一項。

I/We would like to continue paying premiums of _____ until my/our new maturity/retirement date.*
本人／我們繼續繳交保費 _____，直至新的保單期滿日／退休日期為止。*

Or 或

I/We would like to cease paying premiums of _____ until my/our new maturity/retirement date.
本人／我們停止繳交保費 _____，直至新的保單期滿日／退休日期為止。

3. Please select one of the following options only. 請只選擇以下其中一項。

I/We would like to maintain the current levels of benefits on this policy in accordance with the policy terms and conditions.
本人／我們按照保單條款與規章，維持本保單的現有保障水平。

Or 或

I/We would like to remove the benefits from this policy.
本人／我們取消本保單的保障。

4. If your policy has already matured, it is currently invested in the post maturity reserve and we require a new investment strategy from you. Please provide new investment details below.*

若閣下的保單已經到達保單期滿日，而現正投資於保單期滿後儲備，閣下便要向我們提交新的投資策略。請於以下空格填上新的投資分佈。*

Investment choice code 投資選擇代碼	Investment choice name 投資選擇名稱	%

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

100%

- * 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. For request of investing in an investment choice that carries a risk level higher than your risk tolerance, please complete section F. Your request will be **REJECTED** if you do not have a valid risk profile questionnaire and do not confirm the suitability declaration (if applicable).

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。若閣下申請投資於風險評級高於閣下的風險承擔能力的投資選擇，請填妥 F 部分。若閣下沒有有效的風險承擔能力問卷和沒有填妥適合性聲明（如適用），閣下的申請將會被拒絕。

Section E 部：Fund investment adviser 基金投資顧問

If you had an active fund investment adviser (FIA), the appointment ended at the time of maturity. You now need to confirm if you want to reactivate your FIA, appoint another FIA or continue without an FIA.

如果你現在有委任基金投資顧問，委任期於保單期滿日結束。現在，閣下需要確認是否要重新委任現委任的基金投資顧問、委任另一位基金投資顧問或繼續不作任何委任。

I want to reactivate my existing FIA and continue with the existing remuneration agreement with/without discretionary power.
我需要跟我現委任的基金投資顧問（不論有否酌情權）之作重新委任，並繼續有現有的薪酬協議。

Or 或

I want to appoint a new FIA or amend the remuneration agreement with my exiting FIA and enclose a completed "Appointment of Investment Adviser Company form".

我需要委任另一位基金投資顧問或跟我現委任的基金投資顧問修改現有的薪酬協議，並附上已填寫的「個別基金投資顧問委任表格」。

Or 或

I do not want an FIA.
我不需要委任基金投資顧問。

Section F 部：Suitability 適合性

Individual policyholder(s) only 只限個人保單持有人

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。

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

Individual policyholder(s) only 只限個人保單持有人

I/We declare that there are no changes to the details provided in the original/latest application.
本人／我們謹此聲明，申請表格正本／最近的申請表格內提供的資料並無任何變動。

Please note that identification documentation may be needed in order to process your request if you are resident in Bahrain or Qatar. Please contact your usual licensed insurance intermediary or the Customer Care Team in Dubai on +971 4363 4567 or in Bahrain on +973 1756 3321 for the current requirements, or refer to the "Anti-money laundering checklist for personal business".

請注意，巴林或卡達的居民或需提交身分證明文件，以辦理有關手續。如欲瞭解現行規定，請聯絡閣下的持牌保險中介人或客戶服務部（杜拜辦事處：+971 4363 4567 或巴林辦事處：+973 1756 3321），或參閱「個人業務反洗黑錢清單」。

Section H 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：

1. 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；
2. 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
3. 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。

- 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）

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):

銀行分行地點（必須填寫）：

Hong Kong
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

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 I 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 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。

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 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/我們明白如本人在此選擇的投資選擇與本人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未能處理。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。

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。

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/身分證上的簽署不同，或若您的簽署已更改一段時間，您須填妥「核證簽名表格」。

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	
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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