

Customer guide for partial, maximum partial or regular partial encashment request (For reference only)

申請部分提款、部分提款的上限或定期部分提款

參考指引 (只供參考)

Please follow the steps below to complete the "Encashment/Surrender form for regular premium" and return the form with all applicable documents via email (registered email address) or post to apply partial encashment. For fields not applicable to you please input N/A.

請按照以下步驟填妥「定期保費提款 / 退保表格」·並連同所需文件以電郵(已登記電郵地址)或郵寄方式交回本公司·以辦理部分提款申請。如不適用·請填寫 N/A.

1. Please fill in "Policy number" on page 1.

請於第1頁填寫「保單編號」。

Policy number: 保單編號:	8765432	Note: Policy number must be 7 digits, usually started with 8 or 9. 請注意:保單編號為7個位數字,常見的首位數字為8或9。
What was your reason for purchasing this policy? 您購買此保單的原因是甚麼?		例子/example: 人壽保障及投資/ Life protection/investment 為應付不時之需提供財務保障/Financial protection against adversities, and investment

2. Please complete section 1 "Policy details" on page 2 to 4.

請於第2-4頁填妥第1項「保單資料」。

a. Please fill in policyholder(s) details (page 2 and 3).

請填妥保單持有人資料(第2-3頁)。

Policyholder 1 第一保單持有人 Title 稱銜	Policyholder 2 第二保單持有人 Title 稱銜
I'ttle	Mr. 先生 Mrs. 太太 Miss 小姐 Ms. 女士
Other (please give details)	Cther (please give details)
Dr. 博士 其他 (請説明)	Dr. 博士 其他 (請說明)
Family name 姓 Chan	Family name 姓
Forename(s) 名 Tai Man	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)	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)	Country of birth 出生國家 Place of birth (town or city)
出生地點(城鎮或城市) Hong Kong	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?
	Permanent 永久
	If temporary, please state the reason for this: ne reason here. * : 請説明理由:
9	SS.
	5
	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. 請説明為何 閣下的通訊地址有別於 閣下的住址。視乎所提供的説明,我們或會詢問更多資料。

Home telephone number

Nationality

(include international country code)

住宅電話號碼(包括國家區號) (852) 1234 5678

Region of home telephone number

住宅電話號碼的地區 Hong Kong

Mobile number

(include international country code)

手提電話號碼(包括國家區號) (852) 7654 3210

Region of mobile number

Email address 電郵地址

手提電話號碼的地區 Hong Kong

samplechantaiman@zurich.com

Home telephone number

(include international country code)

住宅電話號碼(包括國家區號)

Region of home telephone number

Please DO NOT leave Mobile number and Email address blank

for easier communication with you on your policy in future.

Please put N/A if such information is not available.

請注意:手提電話及電郵地址必須提供以作日後之用途。

如 閣下未能提供相關資料,請填寫「N/A」。

丁疋电印加河印地巴

Email address 電郵地址

b.

Policyholder 1 (continued) 第一保單持有人(續)	Policyholder 2 (continued) 第二保單持有人(續)
Are you a US* tax-payer? 您是美國*納税人嗎?	Are you a US* tax-payer? 您是美國*納税人嗎?
── Yes 是 ✓ No 否	Yes 是 No 否
Are you a US* citizen? 您是美國*公民嗎?	Are you a US* citizen? 您是美國*公民嗎?
☑ Yes 是 ✓ No 否	── Yes 是
Is this a US* based telephone number? 這個是美國*電話號碼嗎?	Is this a US* based telephone number? 這個是美國*電話號碼嗎?
Yes 是 No 否 Please complete the US tax-pay 請填妥有關美國納稅人的問題。	yer related question. No 否

d. Please fill in "Country/Countries of tax residence" and "Tax reference number(s)" on page 4. If you are a tax resident of Hong Kong, please fill in "Hong Kong" for "Country of tax residence" and HKID number for "Tax reference number(s)". 請於第 4 頁填寫「稅務居留國家」及「稅務參考編號」。如 閣下是香港稅務居民,請於「稅務居留國家」填寫「Hong Kong」並於「稅務參考編號」填寫 閣下身分證號碼。

Country/Countries of tax residence 税務居留國家	Country/Countries of tax residence 税務居留國家
1 Hong Kong	1
2 Australia Please ensure the country of tax residence (i	ncluding Hong Kong) and tax
reference number (TIN) are filled in. 請权可能的 關下確認已填寫所有稅務居留國家(包括	香港)及其稅務參考編號(TIN)。
Tax reference number(s) ^ 税務參考編號 ^	Tax reference number(s) ^ 税務參考編號 ^
1 A654321(0)	1
2 123456781	2
3	3

e. Please fill in "Origin of Wealth" on page 4 of your employment details. Please described how your premium for this policy were paid.

Origin of wealth 財富來源		Origin of wealth 財富來源	
Premiums for this policy were paid 本保單之保費財富來源	from	Premiums for this policy were paid from 本保單之保費財富來源	
✓ My salary 本人薪酬 ★人業務收入	ncome Other 其他	My salary My business income Other	
Country of origin of wealth 財富來源國家	Hong Kong	cour.請注意:此部分請以英文填寫或不 ^{財富} 所提供的資料旁略作翻譯,如我们	
Employer's/Company's name 僱主/公司名稱	ABC International	Empl 未能紀錄 閣下所提供的資料,或	
Nature of business 業務性質	Investment bank	Natu 影響是次復效申請的進度。	

3. Please complete section 2 "Encashment/surrender details" on page 5.

請於第5頁填妥第2項「提款/退保資料」。

a. Please provide the "Reason for encashment/surrender".

請提供「提款/退保原因」。

b. Please tick an applicable option A, B or C (remarks as below) and fill in relevant details for your partial encashment request on page 5.

請於第5頁剔選選項 A, B 或 C 以確認部分提款指示(註釋如下)·並填妥相關資料以作申請。

~	Option A – Partial encashment/surrender 選項A ─ 部分提款 /退保			
	Amount and currency	金額和貨幣	HKD 100,0	000
	Option B – Maximum	Please tick to select ONE applicable option and fill in relevant information.	提款/退保金	額的上限
	Option C – Regular pa 選項C — 定期部分提款	請從以下提款選項選取其中適用的一項, 並在該選項前打剔及填寫相關資料。 - Option A		d Vista policies issued after 1 January 2005) 豐盛人生」保單)
	Amount and currency	With specific amount 提取指定金額 - Option B Without specific amount as long as the		Day日 Month月 Year年 首次提款日期 Day日 Month月 Year年
	Frequency of withdrawa	partial surrender payable 沒有指定金額,提取最高部分提款價值		Note: Your instruction generally takes 10 working days
	Monthly 每月	- Option C	early 每半年*	for process. Please spare sufficient time for the First Withdrawal Date (Option C only).
	* These frequencies are 有關頻率不適用於「	With specific amount and frequency 以指定金額作定期提款		請注意:上述申請一般需要10個工作天辦理,請預留 足夠時間作「首次提款日期」。(只適用於選項C)

4. Please complete section 3 "Payment method" on page 6.

請於第6頁填妥第3項「付款方法」。

a. Please tick an applicable box for payment method and fill in the "Payment currency".

請剔選適用的付款方法並填寫「付款貨幣」。

門	明则 进 迎用的17款//公业填稿					
	Telegraphic transfer (bank charges app 電匯(銀行將收取手續費,並由受益人	ly and borne by beneficiary account holder) 、賬戶持有人支付)	٦.			
•	Autopay (Hong Kong dollar in Hong Kole) 自動轉賬(只限於在香港以港元付款)		nt method	Payment currency 付款貨幣	HKD	
L		請剔選一項付款方式。				

b. Please complete all necessary fields regarding your selected payment method, below is a sample for Autopay. 根據所選的付款方法填妥所有相關資料,以下為選用自動轉帳方式付款之範例。

Note: If you wish to receive the payment in currency other than Hong Kong dollar, the payment will need to send via telegraphic transfer and bank charges maybe apply.

請注意:如 閣下欲收取港元以外之付款貨幣,該付款需以電匯形式轉帳而銀行亦將收取手續費。

	Bank name 銀行名稱	HSBC		_
- 1	Bank branch location (mandatory field): 銀行分行地點(必須填寫):	Hong Kong 香港		
		Non-Hong Kong (please spe 非香港 (請註明銀行		_)
	Bank number (Hong Kong only) 銀行編號(僅阿	限香港) 004		
	Branch number (Hong Kong only) 分行編號(值	堇 限香港) 123	Note: English name is required for 'Account holder's name(s)'. 請注意:「戶口持有人姓名/名稱」需要填寫英文姓名。	_
	Account holder's name(s) 賬戶持有人姓名/名	稱 Chan Tai Man		
	Account number 賬戶號碼	876543 211		

5. Please sign on "Signature of policy owner/trustee/authorized signatory 1" and fill in the "Date Signed" under declaration on page 11.

請於 第 11 頁聲明部分的「第一保單持有人/信託人/授權簽署人簽署」位置簽署,並在「簽署日期」填寫簽署當日日期。

		Signature of policyholder/trustee/ authorized signatory 2 第二保單持有人/信託人/ —The signature must be the same as our record. 簽署樣式須與本公司相乎。
Print name 姓名	Chan Tai Man	Print name 姓名
Day Date signed 簽署日期	日 Month月 Year年 1 0 1 1 2 0 1 9	Day 日 Month月 Year年 Date signed 簽署日期

If you have any questions, please contact our Customer Care Hotline at +852 3405 7150 or email us at helppoint.hk@hk.zurich.com.

如 閣下有任何疑問·請致電本公司客戶服務熱線+852 3405 7150 或電郵至 helppoint.hk@hk.zurich.com。

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於人島的註冊號碼為 20126C。

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