Zurich International Life Limited
蘇黎世國際人壽保險有限公司

Customer guide for reinstatement request (For reference only)

復效申請參考指引（只供參考）

Please follow the steps below to complete the "Premium change/reinstatement form" and return the form with all applicable documents via email (registered email address) or post to apply reinstatement.
請按照以下步驟填妥「保費更改 / 復效申請表格」，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，即可申請復效申請。

1. **Please fill in "Policy number" on page 1 and tick applicable item(s) at the bottom.**
   請於第 1 頁填妥「保單編號」並於最下方剔選相關項目。

Policy number:
保單編號： 8765432

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

Note: If you wish to increase regular premium, please contact your broker for relevant information.
請注意：如 閣下欲增加定期保費，請聯絡 閣下的理財顧問索取相關資料。

Service request 要求服務
Please tick one or more item(s) 可選一項或多項 — Please tick 請以✓號確認

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

2. **Please complete section 1 "Policyholder(s) details" on page 2 to 3.**
   請於第 2-3 頁填妥第 1 項「保單持有人資料」。

a. Please fill in details of policyholder.
請填妥保單持有人資料。

1 Policyholder(s) details 保單持有人資料

This section is applicable to the below service request(s) with tick 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 give details*) 其他（*請說明*）

Family name 姓: Chan
Forename(s) 名: Tai Man

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 give details*) 其他（*請說明*）

Family name 姓:
Forename(s) 名:

a. (Continue) Please fill in details of policyholder.
（續）請填妥保單持有人資料。

Date of birth 出生日期 Day 日 Month 月 Year 年	15 10 1970
Country of birth 出生國家	China
Place of birth (town or city) 出生地點（城鎮或城市）	Hong Kong
Nationality 國籍	Chinese
Do you hold nationality in another country? 您有否持有多於一個國家的國籍？	☐ Yes 有 ☑ No 沒有
If 'Yes', please confirm the country. 如答案為「有」，請確認國家名稱。	
Occupation 職業	IT
Job title 職位	Engineer
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. 您的住址及／或通訊地址是否與您的保單所示的不同？如「是」，請提供現時的資料。	
Current residential address 現時住址	X/F, One Island East 18 Westlands Road Island East Hong Kong
Correspondence address *(if different)* **通訊地址** *(如與住址不同)*	

Please select "Yes" if you hold dual nationality. Further information maybe required if this is not match with our record.
如　閣下持有雙重國籍，請剔選「有」。如該記錄與本公司不乎，　閣下或須提供相關資料作更新。

Home telephone number (include international country code) **住宅電話號碼**（包括國家區號）	(852) 1234 5678
Country of home telephone number 住宅電話號碼的國家	Hong Kong
Mobile number (include international country code)* **手提電話號碼**（包括國家區號）*	(852) 7654 3210
Country of mobile telephone number 手提電話號碼的國家	Hong Kong
Is this a US* based telephone number? 這個是美國*電話號碼嗎？	☐ Yes 是 ☑ No 否
Email address 電郵地址*	samplechantaiman@zurich.com

Please provide your mobile number, email address and complete US taxpayers related questions.
請提供　閣下的手提電話號碼和電郵地址作日後通訊之用。
另外，請回答有關美國納稅人的問題，在適當方格內打剔。

b. Please fill in “Country/Countries of tax residence” and “Tax reference number(s)” on page 3. 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 3 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 稅務居留國家		Country/Countries of tax residence 稅務居留國家	
1	Hong Kong	1	
2	Australia		
3			
Tax reference number(s) ^ 稅務參考編號 ^		(s) ^ 稅務參考編號 ^	
1	A654321(0)	1	
2	123456781	2	
3		3	

Please declare the country of residence (including Hong Kong) where the policy owner is resident for tax purposes and tax reference number (TIN).
請 閣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)。

3. Please complete section 3 to 5 on page 4.
請於第 4 頁填妥第 3-5 項。

a. Tick the applicable item to answer the payor question in section 3.
請剔選相關項目以回答第 3 項有關付款人的問題。

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

b. Please complete the premium details on section 4.
請填妥第 4 項的供款資料。
Please note that the “New total premium amount to be paid” and the “Frequency of contribution” must be filled in.
請注意：「更新的保費總額」及「供款頻率」乃必須填寫。

Current premium amount and currency 現時的定期保費金額及貨幣	HKD 15,000.00
New total premium amount to be paid 更新的保費總額	HKD 15,000.00

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

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

c. Please fill in the commencement date (MM/YYYY) of reinstatement on section 5.
請於第 5 項填寫保單復效的生效日期（月月 / 年年年年）。

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**	0 2 2 0 1 8

4. Please complete section 8 "Original of wealth" on page 8 to 9.
請於第 8-9 頁填妥第 8 項「財富來源問卷」。

- If you currently are being employed, please complete (a). Other situation such as retired, please complete (b) and the filled details are examples for reference.
  如　閣下現時在職，請填妥(a)。其他情況如退休人士，請填妥(b)。下列已填妥的資料只作參考之用。

a. If you are currently employed, please tick the box for "Savings from income/salary/company profits/bonus" on page 8 and provide details under this part.
如　閣下為在職人士，請於第 8 頁剔選「來自收入 / 薪酬 / 公司利潤 / 花紅的儲蓄」及提供相關資料。

☑ **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: ABC International Limited

Employer's physical address 僱主地址: 1/F, Two Island East, Hong Kong

請注意：此部分請以英文填寫或在所提供的資料旁略作翻譯，如我們未能紀錄　閣下所提供的資料，或會影響是次復效申請的進度。

Employer's telephone no. (fixed line) 僱主電話（固網電話）: 3456 7890

Nature of company business 公司業務性質: Investment bank

Number of years employed with company 在該公司工作年期: 10 years

Annual income and currency* 每年收入金額及貨幣*: HKD 1,000,000.00

Bonus amount and currency 花紅金額及貨幣: HKD 1,000,000.00

Number of years you have been saving from work 閣下的儲蓄年期（來自工作的儲蓄）: 10

Country of origin of wealth 財富來源國家: Hong Kong

b. For other situation, such as retired, please tick the box for "Others" on page 8 and provide details under this part (This part is also applicable for any supplemental information).
如屬其他情況（如已退休），請於第 8 頁剔選「其他」及提供相關資料（此欄同時適用於任何資料補充）。

☑ **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.
若您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。

1. Current saving from my MPF and previous salaries as at January 1, 2018 is around HKD 2,000,000.00.

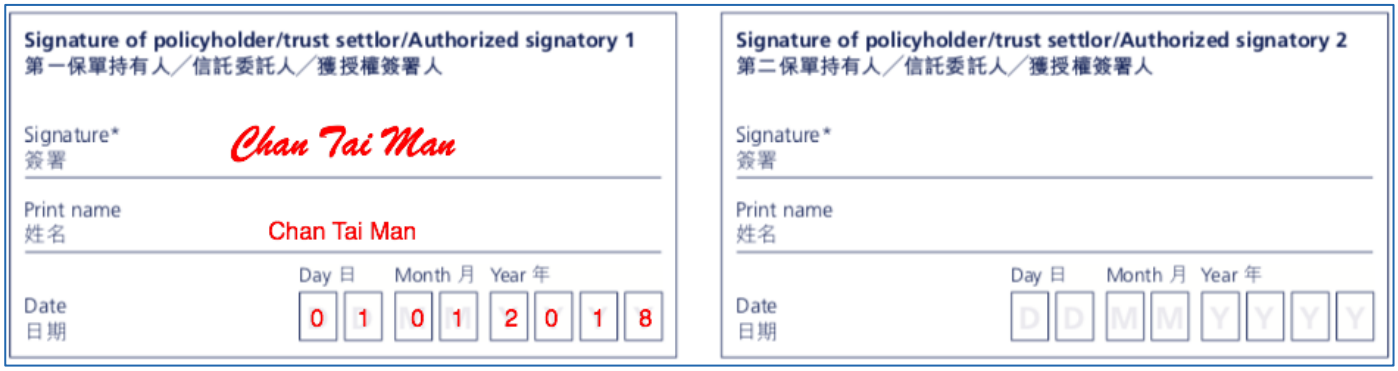
c. Please answer "Are you making any concurrent applicable to other life insurers?" on page 9.
請於第 9 頁回答「您是否正同時向其他人壽保險公司提交申請？」。

Are you making any concurrent applications to other life insurers? 您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。

5. Please sign and declare on page 14.
請於第 14 頁聲明部分簽署。

a. Please sign on "Signature of policyholder/authorized signatory 1" and fill in the signed date.
請於「第一保單持有人 / 授權簽署人簽署」位置簽署並在「日期」填寫簽署當日日期。



b. Please complete the "place where application was signed".
請填寫簽署「申請表格時的所在地」。

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 715 或電郵至 helppoint.hk@hk.zurich.com。