Zurich Assurance Ltd
Zurich Life Insurance (Hong Kong) Limited
蘇黎世人壽
蘇黎世人壽保險(香港)有限公司

ZURICH
蘇黎世

Authorization for renewal premium and levy payment by credit card
以信用卡支付續保保費及徵費授權書

Private and confidential 私人及保密文件

Please fill the circle in full when you select the answer. 當　閣下選擇答案時，請填滿整個圓圈。

Credit card information 信用卡資料

Name of cardholder 持卡人姓名

Credit card no. 信用卡號碼　□□□□ – □□□□ – □□□□ – □□□□

Card expiry date 信用卡有效日期　M M Y Y　◯ Master Card　◯ Visa

Payee 收款人　**Zurich Assurance Ltd[1]/Zurich Life Insurance (Hong Kong) Limited[2]**

[1] For policies of Zurich Assurance Ltd only. 只適用於蘇黎世人壽的保單。
[2] For policies of Zurich Life Insurance (Hong Kong) Limited only. 只適用於蘇黎世人壽保險(香港)有限公司的保單。

Policy no. 保單號碼	Signature of policyholder/assignee* 保單持有人／受讓人簽署*	Policy no. 保單號碼	Signature of policyholder/assignee* 保單持有人／受讓人簽署*

* Please sign in the box(es) above if the signature specimen you maintain with us under your policy is different from the signature on the back of your credit card.
如　閣下予本公司就保單之簽名式樣與信用卡背之簽名不相同，請在上格簽署如保單簽名。

I, the abovenamed cardholder, authorize the card issuer to pay the amount through the above-specified credit card to the payee upon proper presentation of this authorization form, and to verify information (including my personal data) with the payee ("Zurich Life") as necessary for the payment. I agree to pay the total amount (including but not limited to premium and levy, together with any other changes due thereon) subject to and in accordance with the agreement governing the use of such card.

本人為上述信用卡持有人，特此授權發卡機構，於收到本授權書時，透過上述指定信用卡向收款人繳付款項，並可就繳付款項所需與收款人(「Zurich Life」)核證資料(包括本人之個人資料)。本人同意按照使用該信用卡的協議支付總金額(包括但不限於保費及徵費，以及其他有關費用)。

I understand and agree that 本人明白及同意：

1. I am the principal cardholder of the above credit card and am eligible to only settle premium and levy due under the policy(ies) under my own and/or my spouse's name.
   本人必須為以上信用卡的主卡持有人，並只可以此信用卡繳付本人及／或配偶名下保單的保費及徵費。
2. I have ensured the above credit card to have sufficient credit limit available on the transaction date(s) to meet the authorized transfer herein.
   本人已確保上述信用卡賬戶於轉賬當日有足夠的信用額支付以上授權之轉賬。
3. This authorization is subject to the successful processing of it by Zurich Life and the card issuer, and shall take effect only upon my receipt of the confirmation letter from Zurich Life. Meanwhile, I shall continue settling premium and levy by the present method before receiving such confirmation.
   此授權書須經Zurich Life及發卡機構成功處理，及於本人收到Zurich Life發出之書面確認通知方為生效。於此之前，本人必須繼續以現時之方法支付保費及徵費直至收到有關通知。
4. I confirm that all information provided above is complete and correct.
   本人確認以上所有資料完整及正確。

Signature of cardholder
持卡人簽名

Date signed 簽署日期　Day日 □□　Month月 □□　Year年 □□□□

Remark: Levy collected by the Insurance Authority has been imposed on relevant policy at the applicable rate. Therefore, the policyholder is required to pay the prescribed levy along with the premium/contribution. For further information, please visit www.zurich.com.hk/ia-levy.
註：　保險業監管局已向相關保單按照適用的徵費率收取保費徵費。因此，保單持有人於繳付保費／供款時，須同時繳付徵費。更多有關保費徵費資料，請瀏覽www.zurich.com.hk/ia-levy。

Zurich Assurance Ltd (a company incorporated in England and Wales with limited liability)
Zurich Life Insurance (Hong Kong) Limited (a company incorporated in Hong Kong with limited liability)
Website: www.zurich.com.hk

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