



Proposal/Policy no. 投保書/保單號碼:

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Method of payment form 付款表格

Private & confidential 私人及保密文件

Name of proposed insured/life insured:
準受保人/受保人姓名:

Name of proposer/policyholder:
投保人/保單持有人姓名:

Important notes 重要事項:

- This form should be filled in BLOCK LETTERS and ensure all signature boxes are duly signed.**
請以正楷填寫及確保已妥善簽署所有簽署位置。
- 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。
- Please ensure that you sign in the "Direct debit authorization" or "Credit card direct debit authorization" section AND at the end of this form to confirm the payment method.**
請確保閣下於「直接付款授權書」或「信用卡直接付款授權書」部分及本表格最後部分簽署，以確認付款方法。
- According to the Insurance (Levy) Order and the Insurance (Levy) Regulation under the Insurance Ordinance (Cap. 41), the Insurance Authority ("IA") is collecting a levy on insurance premiums from policyholders through insurance companies with effect from January 1, 2018. Levy shall be paid along with premium payment. If the policyholder does not pay the levy timely, the IA may impose on the policyholder a pecuniary penalty of up to HKD 5,000 and may recover it as a civil debt due to it.**
根據《保險業條例》(第41章)下的《保險業(徵費)令》及《保險業(徵費)規例》，保險業監管局(「保監局」)已由2018年1月1日起，透過保險公司向保單持有人收取保費徵費。保費徵費須於繳付保費時同時繳付。若保單持有人未有按規定依時繳付保費徵費，保監局可向其處以最高5,000港元的罰款，亦可循民事程序追討。

1. Direct debit authorization (Applicable to HKD account only) 直接付款授權書(只適用於港元賬戶)

Any additional charge imposed by your bank for collection of your premiums will be met by the payor.
因選用銀行直接付款而由銀行徵收的附加費用須由付款者支付。

Please pay 1 modal premium and levy installment (for non-monthly payment mode) or 2 months' premium and levy installment (for policy with monthly payment mode) in advance as it takes 4 to 6 weeks for the direct debit authorization to set up.
設立直接付款授權需時四至六星期，請預付一期保費及徵費(適用於非月繳保單)或兩期月繳保費及徵費(適用於月繳保單)。

Authorization 授權

- I/We hereby authorize my/our below named bank to effect transfers from my/our account to that of Zurich Life Insurance (Hong Kong) Limited ("Zurich", "Company") in accordance with such instructions as my/our bank may receive from the beneficiary from time to time.
本人/我們現授權本人/我們的下述銀行(根據收款人不時給予本人/我們銀行的指示)自本人/我們之賬戶內轉賬予蘇黎世人壽保險(香港)有限公司(「蘇黎世」、「本公司」)。
- I/We agree that my/our bank shall not be obliged to ascertain whether or not notice of any such transfer has been given to me/us.
本人/我們同意本人/我們的銀行無須證實該等轉賬通知是否已交予本人/我們。
- I/We jointly and severally accept full responsibility for any overdraft (or increase in existing overdraft) on my/our account which may arise as a result of any such transfer(s).
如因該等轉賬而令本人/我們的賬戶出現透支(或令現時的透支增加)，本人/我們願共同及個別承擔全部責任。
- I/We hereby authorize the Company to charge the renewal premium, levy and/or any statutory fees, if any, of the following policy/policies with the Company/Companies bearing the policy number(s) shown below to my account in accordance with instructions the Company/Companies may give to my/our bank from time to time. I understand that the amount of premium, if any, is subject to change in accordance with the provisions of the policy/policies.
本人/我們同意授權本公司，按其不時給予本人/我們銀行的指示，於本人/我們的銀行賬戶內，扣除在貴公司編有下列保單號碼之保單日後所需之續期保費、徵費及/或任何法定費用(如有)。本人/我們明白續期保費金額(如有)將根據保單條款而變更。
- I/We agree that should there be insufficient funds in my/our account to meet any transfer hereby authorized, my/our Bank shall be entitled, in its discretion, not to effect such transfer in which event the Bank may make the usual charge and it may cancel this authorization at any time on one week's written notice.
本人/我們同意若本人/我們的賬戶內無足夠款項支付該等授權轉賬，本人/我們的銀行有權不予轉賬，且銀行可收取慣常的收費，並可隨時以一星期書面通知取消本授權書。
- This authorization shall have effect until further notice or until the expiry date written below (whichever shall first occur). I/We agree that if no transaction is performed on my/our account under such authorization for a continuous period of two years, my/our Bank reserves the right to cancel the direct debit arrangement without prior notice to me/us, even though the authorization has not expired or there is no expiry date for the authorization.



ZLI-SER-PAY-00002-ET-0921

Direct debit authorization (Applicable to HKD account only)(Continued)

直接付款授權書(只限港元賬戶)(續)

本授權書將繼續生效直至另行通知為止或直至下列到期日為止(以兩者中最早的日期為準)。本人/我們同意如本人/我們已設立之直接付款授權的賬戶連續兩年未有根據本授權而作出過賬的紀錄,本人/我們的銀行保留權利取消付款安排而無須另行通知本人/我們,即使本授權書並未到期或未有註明授權到期日。

7. I/We agree that any notice of cancellation or variation of this authorization which I/we may give to my/our bank shall be given at least two working days prior to the date on which such cancellation/variation is to take effect.

本人/我們同意,本人/我們取消或更改本授權書之內容,須於生效日最少兩個工作天之前通知本人/我們的銀行。

Proposal/Policy number (if known):

投保書/保單號碼(如已知悉):

Please complete the personal details section and the section appropriate to your intended method of payment and return the form to your relevant licensed insurance intermediary.

請填寫閣下的個人資料及所選擇的付款方法,並交予閣下的持牌保險中介人。

Please note that this form is specifically for Hong Kong and can be used for Hong Kong clearing banks only.

請注意,此表格只適用於香港及於香港結算系統內的銀行。

The completed form should not be submitted directly to your bank.

請勿將填妥的表格直接交回相關銀行。

Bank details 銀行資料

My/Our bank name and branch 本人/我們銀行及分行之名稱

Bank account no. 銀行賬戶號碼

Bank no. 銀行編號	Branch no. 分行編號	Account no. 賬戶號碼

Please provide details of **both** bank account holders if it is a joint bank account.

若銀行賬戶為聯名賬戶,請提供兩位賬戶持有人的資料。

Account holder 賬戶持有人	Other account holder 其他賬戶持有人
Name as recorded on statement or passbook (Please complete in English) 在結單/存摺上所紀錄之名稱(請以英文填寫)	Name as recorded on statement or passbook (Please complete in English) 在結單/存摺上所紀錄之名稱(請以英文填寫)
Account holder's identity document no. (identity document no. should correspond to the bank's record) 賬戶持有人的證件號碼(證件號碼必須與銀行紀錄相符)	Account holder's identity document no. (identity document no. should correspond to the bank's record) 賬戶持有人的證件號碼(證件號碼必須與銀行紀錄相符)
<input type="radio"/> HKID 香港身份證 <input type="radio"/> Passport 護照 <input type="radio"/> China travel permit 中國旅遊通行證 <input type="radio"/> Other (e.g. business registration certificate, certificate of incorporation, non-HKID) 其他(例如:商業登記證、公司註冊證書、非香港身份證) Please specify 請註明 Type: 類別: _____	<input type="radio"/> HKID 香港身份證 <input type="radio"/> Passport 護照 <input type="radio"/> China travel permit 中國旅遊通行證 <input type="radio"/> Other (e.g. business registration certificate, certificate of incorporation, non-HKID) 其他(例如:商業登記證、公司註冊證書、非香港身份證) Please specify 請註明 Type: 類別: _____
Identity document no. 證件號碼	Identity document no. 證件號碼
Relationship between account holder and policyholder 賬戶持有人與保單持有人之關係	Relationship between account holder and policyholder 賬戶持有人與保單持有人之關係
<input type="radio"/> Policyholder 保單持有人 <input type="radio"/> Life insured 受保人 <input type="radio"/> Other (i.e. Spouse, parents, children, siblings, grandparents or grandchildren, please complete Third Party Payment Form) 其他(如夫婦、父母、子女、兄弟姐妹、祖/外祖父母或孫/外孫子女,請填寫第三方付款表格)	<input type="radio"/> Policyholder 保單持有人 <input type="radio"/> Life insured 受保人 <input type="radio"/> Other (i.e. Spouse, parents, children, siblings, grandparents or grandchildren, please complete Third Party Payment Form) 其他(如夫婦、父母、子女、兄弟姐妹、祖/外祖父母或孫/外孫子女,請填寫第三方付款表格)
Signature of account holder 賬戶持有人簽署	Signature of other account holder 其他賬戶持有人簽署
Date signed 簽署日期	Date signed 簽署日期
Day日 Month月 Year年 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Day日 Month月 Year年 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

2. Credit card direct debit authorization (applicable to credit card issued in Hong Kong and Oversea except Mainland China)

信用卡直接付款授權書 (只適用於香港及海外發出之信用卡，中國內地發出的信用卡除外)

An additional charge will be imposed on premiums collected via credit card, and it will be paid by the company of licensed insurance intermediary. 因選用信用卡付款而產生的附加費用需由持牌保險中介人公司支付。

Authorization 授權

I authorize the Company, until further notice in writing, to charge my credit card account, as detailed below, in respect of the initial/renewal premium, levy and/or any statutory fees, if any, for my policy as and when they fall. Any changes will be communicated by the Company in advance.

本人現授權 貴公司從本人下述之信用卡賬戶扣除本人保單之首期/續期應付保費、徵費及/或任何法定費用(如有)，直至另行通知。如有任何更改， 貴公司將提前通知。

I understand that this authorization in favor of the Company will remain in force until cancel it in writing.

本人明白以上給予 貴公司之授權書將一直維持生效，直至本人以書面另行通知。

Details of current rates of charges are available on request. I understand that the Company is not liable for any losses arising out of any action taken by the cardholder's credit card company.

貴公司可應要求提供有關收費詳情。若因信用卡公司採取之行動而令本人蒙受損失， 貴公司概不負責。

Proposal/Policy number (if known):

投保書/保單號碼(如已知悉):

Purpose 用途

- Initial premium only 只適用於首期保費
- Initial premium and renewal premium 首期保費及續期保費
- Renewal premium only 只適用於續期保費

Credit card details 信用卡資料

Credit card type Visa Mastercard
信用卡類別 萬事達卡

Credit card number - - -
信用卡號碼

Credit card expiry date
Month 月 Year 年 信用卡到期日

Name of cardholder:
持卡人姓名:

Relationship between cardholder and policyholder

信用卡持有人與保單持有人之關係

- Policyholder 保單持有人
- Life insured 受保人
- Other (i.e. spouse, parents, children, siblings, grandparents or grandchildren, please complete Third party payment form)
其他(如夫婦、父母、子女、兄弟姐妹、祖/外祖父母或孫/外孫子女，請填寫第三方付款表格)

Signature of cardholder
信用卡持有人簽署

Date signed
Day 日 Month 月 Year 年 簽署日期

I/We the undersigned, herewith accept to bear any additional charge due to collection of premiums by credit card.

本人/我們在下方簽署以此同意支付因選用信用卡繳交保費而徵收的附加費用。

Signature of licensed insurance intermediary
持牌保險中介人簽署

Full name of licensed insurance intermediary (IA license no.)
持牌保險中介人姓名(保監牌照號碼)

Company name of licensed insurance intermediary (Please stamp with company chop)
持牌保險中介人公司名稱(請蓋上公司印)

Company code of licensed insurance intermediary
持牌保險中介人公司編號

3. Notice to customers relating to the Personal Data (Privacy) Ordinance (“Ordinance”) 有關個人資料(私隱)條例(「私隱條例」)的客戶通知

The personal information of customers (including policyholders, insured persons, beneficiaries, premium payors, trustees, policy assignees and claimants) collected or held by **Zurich Life Insurance (Hong Kong) Limited (“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).

由蘇黎世人壽保險(香港)有限公司(「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 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 2968 2383 or insurance intermediaries for enquires.

本公司之私隱政策詳載於 www.zurich.com.hk/pics 或可透過掃描QR碼細閱。閣下亦可致電2968 2383與我們的客戶服務部聯絡或向保險中介人查詢。



4. Declaration for data protection 個人資料保障聲明

I/We confirm that I/we, and the payor (if different from the policyholder) agree to the use or transfer of my/our personal data for the purposes as set out above.

本人/我們確認本人/我們及付款人(如與保單持有人不同)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述用途。

We may request you to provide additional documents apart from information listed above where necessary.

如有需要,除上列資料外,我們可能會要求 閣下提供額外之證明文件。

Signature of proposer/policyholder 投保人/保單持有人簽署		Signature of payor(s) (If payor is not proposer/policyholder) 付款人簽署(如付款人不是投保人/保單持有人)		Date signed 簽署日期	
_____ ()		_____ _____		Day日 Month月 Year年 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Full name of licensed insurance intermediary (IA license no.) 持牌保險中介人姓名(保監牌照號碼)		Signature of licensed insurance intermediary 持牌保險中介人簽署		Date signed 簽署日期	
_____ _____		_____ _____		Day日 Month月 Year年 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Company name of licensed insurance intermediary 持牌保險中介人公司名稱		Company code of licensed insurance intermediary 持牌保險中介人公司編號			
_____ _____		_____ _____			

PLEASE DO NOT SIGN ON BLANK FORM. 請勿於空白表格簽署。

In the event of any discrepancy or inconsistencies between the English and Chinese versions of this form, the English version shall prevail.

如此表格之中英文版本有任何歧異或不一致,概以英文版為準。