

Request for Value Withdrawal Form – Traditional Policy

提取保單款項申請書 – 傳統人壽保險保單

CONSULTANT INFORMATION 顧問資料					
Name 姓名		District/Branch 區域 / 分行		Code 編號	Contact Phone no. 聯絡電話

CUSTOMER INFORMATION 客戶資料			
Policy No. 保單號碼		Name of Policy Owner 保單主權人姓名	Name of Life Insured 受保人姓名

WITHDRAWAL 提取保單款項	
*Please delete where inappropriate 請將不適用者刪去	
<input type="checkbox"/> * Dividend / Cash Bonus Account / Paid-up Additions Cash Value * 紅利 / 額外現金戶口 / 增購繳清壽險現金價值	<input type="checkbox"/> Others 其他 _____ (please specify) (請註明)
Amount 金額 _____	

LOAN 貸款	
I, the policy owner, hereby request the Company, to make a loan in accordance with the Policy details and Loan Provision of my Life Insurance Policy numbered above. I, understand that interest applied on any loan balance will be changed from time to time without prior notice by the Company. 本人為保單主權人，現根據保單契約之保單細節及貸款條款向公司申請貸款。本人明白公司將就貸款額收取利息，貸款利息亦將不時調整，恕不另行通知。	
Amount 金額 _____	OR 或 <input type="checkbox"/> Maximum Amount Available 最高貸款額

PAYMENT INSTRUCTION 付款指示	
Please make cheque in 請按所選貨幣簽發支票	<input type="checkbox"/> HK Currency 港幣 (HKD cheque will be made in accordance with the Company exchange rate.) (港元支付外幣保單將以公司當時之兌換率計算。)
	<input type="checkbox"/> Policy Currency 保單貨幣 (For USD currency policy, a local USD cheque will be issued, unless otherwise specify.) (如無其他指示，美元保單將開發本港結算支票。)
Cheque to be 支票將	<input type="checkbox"/> Posted to my correspondence address 寄往本人通訊地址
	<input type="checkbox"/> Delivered through my consultant 轉交本人顧問
	<input type="checkbox"/> Collected at Financial Cafe (please specify) _____ 親臨理財軒提取 (請註明) Contact Tel. No. 聯絡電話 _____
Amount to be 金額將	<input type="checkbox"/> Transfer to pay for the * premium / change deposit / contribution / lump sum investment / policy loan / others _____ of Policy No. / Application No. _____ of the policy owner. Premium / contribution due on _____ (* Please delete where inappropriate.)
	<input type="checkbox"/> 轉移至由本保單主權人持有的保單，以繳付 * 保費 / 保單更改按金 / 供款 / 整筆投資 / 償還保單貸款 / 其他 _____， 保單號碼 / 申請表號碼為 _____。保費 / 供款到期日為 _____。 (* 請將不適用者刪去。)

OTHER INSTRUCTION 其他指示	

SIGNATURE 簽署			
In compliance with the Guidance Notes on Anti-Money Laundering and Terrorist Financing issued by the Office of the Commissioner of Insurance, identification and verification of customers should occur at or before the time of payout. Therefore, please submit a copy of the identification documents of the Policy Owner together with this form. 根據保險業監理處發出的「防止洗黑錢及恐怖分子籌資活動指引」，保險公司必須在付款時或付款前，識別和核實收款人的身份。因此，請隨此申請書一併遞交保單主權人的身份證明文件副本，以供本公司作核實用途。			
Policy Owner 保單主權人	Assignee (if any) 受讓人(如有)	Witness 見證人	Date (dd / mm / yyyy) 日期(日 / 月 / 年)
		Name 姓名 _____	

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/RPT