

Direct Debit Authorization Agreement For Sun Life Financial Credit Card

永明金融信用卡直接付款授權書



New Business
新保單

Change of Payment Mode
更改付款形式

Change of Account Number
更改自動轉賬號碼

Please "✓" the appropriate option
請"✓"適當之選項

Please read the 4. Important Notes before you sign this Authorization. Please complete both pages of this Authorization.

請在簽署本授權書前細閱「4. 重要事項」。請填寫及簽署本授權書之第一及第二頁。

Please complete and return this form to Sun Life Hong Kong Limited. 請填寫並將此授權書交予香港永明金融有限公司。

I/We, the Cardholder/Applicant of the following credit card account, hereby authorize Sun Life Hong Kong Limited ("the Company") to effect the debits from my/our credit card account, in accordance with such instructions as my/our account may receive from the Company from time to time. This authorization is valid even after the renewal of my/our credit card until written statement to the contrary.

本人/我們, 乃下列信用卡之持有人/申請人, 現授權香港永明金融有限公司("公司") 經由下列信用卡戶口, 根據該公司不時給予本人信用卡之指示自本人之賬戶內轉賬予上述公司。此授權書於下列信用卡續領後, 仍然生效, 直至本人以書面另行通知為止。

The HK Dollar equivalent will be based on the US Dollar exchange rate as determined by the Company at the time the debit is processed. Because of possible fluctuation in the exchange rate, I/We agree not to hold the Company, responsible for any loss caused by any diminution in the value of the Hong Kong currency. 相等之港元將會以貴公司處理自動轉賬時適用之匯率為準。因匯率可隨時變動, 本人/我們同意貴公司不需負任何因港元貶值而致之損失。

I/We understand and agree that I/We, if not being as the Policy Owner, do not claim any right or title or lien upon the proceeds of the policy(ies) as stated in 1. Debtor's Reference.

本人/我們明白並同意若本人/我們如非為保單主權人, 對於在「1. 申請人參考資料」中列明之保單沒有任何權利或其收益上有任何權益。

1. Debtor's Reference 申請人參考資料

Policy No. 1
第一張保單號碼

Policy No. 2
第二張保單號碼

Policy No. 3
第三張保單號碼

2. Credit Card Information 信用卡資料

Sun Life Financial
Credit card no.
永明金融信用卡號碼

Card type
信用卡種類
 Visa
 Master

Cardholder name in
English
信用卡持有人英文名

Card Expiry date
信用卡有效日期
Month 月 Year 年

ID No. of Cardholder
信用卡持有人身份證明
文件號碼

Type 類別
 HKID 香港身份証
 Passport 護照
 Others 其他
()

Personal Data Collection and Use 個人資料收集及使用

I/We confirm that I/We have read the Personal Information Collection Statement ("PICS") of Sun Life and understood its effect and impact in respect of my/our personal data collected or held by the Company (whether contained in this form or otherwise). I/We hereby give my/our acknowledgement and agree to the use and transfer of my/our personal data by the Company in accordance with the PICS, including the use and provision of my/our personal data for the purpose of direct marketing subject to my/our right of objection. I/We understand that the updated version of the PICS is available in the Company website (<http://www.sunlife.com.hk>). I/We understand it is subject to change and agree that my/our information will be handled accordingly.

本人/我們確認本人/我們已閱讀永明金融個人資料收集聲明("該聲明")及明白該聲明對貴公司所收集或持有之本人/我們的個人資料的影響(不論是否此表格或從其他途徑所取得)。本人/我們特此確認並同意貴公司, 根據該聲明使用及轉移本人/我們的個人資料, 包括於本人/我們保留反對權利的情況下, 在直接促銷中使用及將本人/我們的個人資料提供予其他人士。本人/我們明白該聲明的最新版本可於貴公司網頁(<http://www.sunlife.com.hk>)下載。本人/我們明白該聲明將會不時更新並同意本人/我們的個人資料將根據相關更新處理。

3. Signature 簽署

<<PLEASE DO NOT SIGN A BLANK FORM 請勿在空白表格上簽署>>

X _____
Signature of Cardholder 信用卡持有人簽署
(must be consistent with that in your credit card's record 簽署樣式必須與信用卡記錄相符)

X _____
Date (DD/MM/YYYY)
日期(日/月/年)

2018.09



Page 1 of 2

Direct Debit Authorization Agreement For Sun Life Financial Credit Card

永明金融信用卡直接付款授權書



4. Important Notes 重要事項

Please return this form to Sun Life Hong Kong Limited ("the Company") within 30 days after signing.
請於簽署此表格後 30 天內交回香港永明金融有限公司 (「公司」) 處理。

- The Policy Owner MUST sign and date in the 7. Signature of Policy Owner below. If to change mode as well, please complete 5. Change of Payment Mode. 保單主權人必須在下方「7. 保單主權人簽署」簽署及填寫日期。如需更改付款形式，請同時填寫「5. 更改繳付形式」。
- The Cardholder must be the Policy Owner of the policy(ies) applying this autopay. If the Cardholder is one of the relationship listed under Section 6 "Declaration of Relationship between the Cardholder and Policy Owner", Policy Owner must complete Section 6. 信用卡持有人須為申請此自動轉賬之保單的主權人。若信用卡持有人為保單主權人於第 6 部份「信用卡持有人與保單主權人的關係聲明」列出的關係之一保單主權人須填寫第 6 部份。
- After completion of this Direct Debit Authorization (DDA) request, the payment method of the policy(ies) specified in 1. Debtor's Reference will be defaulted as credit card autopay. 完成此直接付款授權申請後，在「1. 申請人參考資料」註明的所有保單號碼之繳款方法會設定為以信用卡作自動轉賬。
- As setup of Direct Debit Authorization takes at least 10 days, please submit 1 modal premium in advance. And for change of credit card, premium will be debited from existing credit card for the said setup period. 由於直接付款授權需最少 10 天設立，請預繳未來 1 期保費。如只更改信用卡戶口，保費會在此等待設立期間繼續從原有的信用卡收取。
- The credit card debit date is set to be the policy date of the policy(ies). If the policy date is on 28th to 31st of the month, the debit date will be set to 28th. 信用卡轉賬日將設定至保單的保單日期。如保單日期為 28 日至 31 日，其信用卡轉賬日期均會設定為 28 日。
- Sun Life Hong Kong Limited reserves the right to reject this Direct Debit Authorization if the information provided does not meet with Sun Life Hong Kong Limited's requirement. 如所提供的資料未符合香港永明金融有限公司的規定，香港永明金融有限公司有權拒絕此授權書。

5. Change of Payment Mode 更改繳付形式

The payment mode selected below would be applied to all policy(ies) specified in 1. Debtor's Reference except for New Business s
以下所選之繳付形式適用於在「1. 申請人參考資料」註明，除新生意之外的所有保單號碼

Monthly 月繳 Annual 年繳 Semi-annual (only applicable to TRADITIONAL policies) 半年繳 (只適用於傳統壽險保單)

6. Declaration of Relationship between the Cardholder and Policy Owner 信用卡持有人與保單主權人的關係聲明

(Policy Owner please and sign if Cardholder is other than Policy Owner 如信用卡持有人非為保單主權人，保單主權人請 及簽署)

The Cardholder is my: 信用卡持有人為本人之：

- | | |
|---|--|
| <input type="checkbox"/> Child 兒女 | <input type="checkbox"/> Spouse 配偶 |
| <input type="checkbox"/> Step Child 繼兒女 | <input type="checkbox"/> Spouse's Step Child 配偶的繼兒女 |
| <input type="checkbox"/> Grandchild 孫兒女 | <input type="checkbox"/> Spouse's Step Grandchild 配偶的繼孫兒女 |
| <input type="checkbox"/> Step Grandchild 繼孫兒女 | <input type="checkbox"/> Spouse's Sibling 配偶的兄弟姊妹 |
| <input type="checkbox"/> Sibling 兄弟姊妹 | <input type="checkbox"/> Spouse's Parent 配偶的父母 |
| <input type="checkbox"/> Parent 父母 | <input type="checkbox"/> Spouse's Step Parent 配偶的繼父母 |
| <input type="checkbox"/> Step Parent 繼父母 | <input type="checkbox"/> Spouse's Grandparent 配偶的祖父母 |
| <input type="checkbox"/> Grandparent 祖父母 | <input type="checkbox"/> Spouse's Step Grandparent 配偶的繼祖父母 |
| <input type="checkbox"/> Step Grandparent 繼祖父母 | <input type="checkbox"/> Spouse's Uncle/Aunt 配偶的叔伯嬸姨 |
| <input type="checkbox"/> Uncle/Aunt 叔伯嬸姨 | <input type="checkbox"/> Spouse's Niece/Nephew 配偶的姪女、外甥女 / 姪、外甥 |
| <input type="checkbox"/> Niece/Nephew 姪女、外甥女 / 姪、外甥 | <input type="checkbox"/> Company owned by the Policy Owner 保單主權人擁有之公司 [#] |

[#] If the payment is made by a company owned by Policy Owner, who is a single shareholder of the company, please provide (i) a copy of Business Registration Certificate or Certificate of Incorporation, and (ii) a copy of latest Annual Return.

如保單款項由保單主權人擁有的公司繳付，而保單持有人為公司單一股東，請提供 (i) 商業登記證或公司註冊證明書之副本及 (ii) 最新周年申報表之副本。

Personal Data Collection and Use 個人資料收集及使用

I/We confirm that I/We have read the Personal Information Collection Statement ("PICS") of Sun Life and understood its effect and impact in respect of my/our personal data collected or held by the Company (whether contained in this form or otherwise). I/We hereby give my/our acknowledgement and agree to the use and transfer of my/our personal data by the Company in accordance with the PICS, including the use and provision of my/our personal data for the purpose of direct marketing subject to my/our right of objection. I/We understand that the updated version of the PICS is available in the Company website (<http://www.sunlife.com.hk>). I/We understand it is subject to change and agree that my/our information will be handled accordingly.

本人 / 我們確認本人 / 我們已閱讀永明金融個人資料收集聲明(「該聲明」) 及明白該聲明對貴公司所收集或持有之本人 / 我們的個人資料的影響 (不論是否此表格或從其他途徑所取得)。本人 / 我們特此確認並同意貴公司，根據該聲明使用及轉移本人 / 我們的個人資料，包括於本人 / 我們保留反對權利的情況下，在直接促銷中使用及將本人 / 我們的個人資料提供予其他人士。本人 / 我們明白該聲明的最新版本可於貴公司網頁(<http://www.sunlife.com.hk>) 下載。本人 / 我們明白該聲明將會不時更新並同意本人 / 我們的個人資料將根據相關更新處理。

7. Signature of Policy Owner 保單主權人簽署

<<PLEASE DO NOT SIGN A BLANK FORM 請勿在空白表格上簽署>>

X _____

Signature of Policy Owner 保單主權人簽署

(must be consistent with policy's record 簽署樣式必須與保單記錄相符)

X _____

Date (DD/MM/YYYY)

日期 (日/月/年)