

**Payment Declaration Form 付款聲明書 (2018)**  
(To be completed by Policy Owner 由保單持有人填寫)

- (A) Completion of this form by policy owner is required if payment is made by bank draft, cashier order or cheque without account holder name issued by HKMA registered bank by policy owner and payment amount is below HK\$2,500,000.  
如款項是以於香港金融管理局註冊的銀行發出的本票、匯票或沒有列印銀行戶口持有人姓名的支票支付及金額是 2,500,000 港元或下，保單主權人必須填寫此表格。
- (B) If payment is over HK\$2,500,000, please submit copy of bank receipt or bank account statements for payer identification. (Policy owner does not need to complete this form.)  
如金額超過 2,500,000 港元，必須提供銀行購票單據或銀行月結單以識別購票人或付款人身份。保單主權人毋須填寫此表格。
- (C) If payment is made by a company owned by policy owner, please provide (i) a copy of Business Registration Certificate or Certificate of Incorporation, and (ii) a copy of latest Annual Return.  
如款項是由保單主權人擁有的公司繳付，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。
- (D) If payer is third party, "Third Party Payment Declaration Form" is also required. Proof of relationship is required for payment over HK\$2,500,000.  
如付款人為第三者，必需另外填寫「第三者付款聲明書」。繳付金額超過 2,500,000 港元，需提供關係證明。
- (E) If bank draft, cashier order or cheque without account holder name is **NOT** issued by a bank registered in HKMA, regardless amount, copy of bank receipt or bank account statements for payer identification is required. (Policy owner does not need to complete this form.)  
如本票、匯票或沒有列印銀行戶口持有人姓名的支票不是由在香港金融管理局註冊的銀行發出，任何金額，必須提供銀行購票單據或銀行月結單以識別購票人或付款人身份。保單主權人毋須填寫此表格。

**Policy Owner and Payment Information**

POLICY OWNER INFORMATION 保單主權人資料	
Policy No. 保單編號	Name of Policy Owner 保單主權人姓名

Please tick ✓ the appropriate box. 請在適當方格內填上✓號。 \* Please delete where appropriate. 請刪去不適用者。

PAYMENT DETAILS 付款人資料及付款詳情	
Payment Date 付款日期	No. of bank draft, cashier order, cheque * 本票、匯票或支票號碼
Payment Amount 付款金額 <input type="checkbox"/> HKD 港幣 <input type="checkbox"/> USD 美元 <input type="checkbox"/> RMB 人民幣 \$ _____	Usage of Payment 款項用途 <input type="checkbox"/> New Business 新生意 <input type="checkbox"/> Lump sum/Top up 整付保費 <input type="checkbox"/> Renewal 繳付保費 <input type="checkbox"/> Loan repayment 償還貸款
*Payment is made by *款項是由	<input type="checkbox"/> Policy owner 保單主權人支付 <input type="checkbox"/> Third Party (Third Party Payment Declaration Form" is required. ) 第三者支付 (請填寫「第三者付款聲明書」)

Declaration and Signature 聲明及簽署	
I, the policy owner of the above policy, hereby declare that all information given and representations made in this form and in the related documents submitted together with this form are, to the best of my knowledge and belief, true, accurate and complete. 本人，本保單主權人，謹此聲明所有在本聲明書內及隨本聲明書遞交的相關文件內所提供之資料及所作出的陳述，就本人所知及所信乃準確無誤真實及為事實之全部。	
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 ( <a href="http://www.sunlife.com.hk">http://www.sunlife.com.hk</a> ). 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( <a href="http://www.sunlife.com.hk">http://www.sunlife.com.hk</a> )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。	
Signature of Policy Owner 保單主權人簽署 X	Date 日期 (DD/MM/YYYY 日/月/年)



### Third Party Payment Declaration Form 第三者付款聲明書 (2018)

Completion of this form by the policy owner and payer is required for payment tendered by a third party on behalf of the policy owner together with the identification document of the Third Party Payer. Third Party Payer is defined below in Section B.  
如付款人並非此保單的主權人，但被定義為保單主權人的親密或有血緣關係的家庭成員〔如 B 部所列〕，保單的主權人及此第三者付款人必須填寫此表格及一併遞交第三者付款人的身份證明文件副本。

A. POLICY OWNER INFORMATION 保單主權人資料	
Policy No. 保單編號	Name of policy owner 保單主權人姓名

B. PAYER INFORMATION AND PAYMENT DETAILS 付款人資料及付款詳情	
Name of Third Party Payer 第三者付款人姓名	Reason(s) to pay on behalf of policy owner 代保單主權人付款的原因
HKID Card/Passport No of Third Party Payer 第三者付款人香港身份證/護照號碼	The date the policy owner authorized the Third Party Payer to pay 保單主權人授權第三者付款人支付此款項的日期

<b>Relationship with policy owner<sup>(Note)</sup> 與保單主權人之關係<sup>(備註)</sup>. Please tick ✓ the appropriate box. 請在適當方格內填上✓號。</b>	
<input type="checkbox"/> Child 兒女 <input type="checkbox"/> Step Child 繼兒女 <input type="checkbox"/> Grandchild 孫兒女 <input type="checkbox"/> Step Grandchild 繼孫兒女 <input type="checkbox"/> Sibling 兄弟姊妹 <input type="checkbox"/> Parent 父母 <input type="checkbox"/> Step Parent 繼父母 <input type="checkbox"/> Grandparent 祖父母 <input type="checkbox"/> Step Grandparent 繼祖父母 <input type="checkbox"/> Uncle/Aunt 叔伯嬸姨 <input type="checkbox"/> Niece/Nephew 姪女、外甥女 / 姪、外甥	<input type="checkbox"/> Spouse 配偶 <input type="checkbox"/> Spouse's Step Child 配偶的繼兒女 <input type="checkbox"/> Spouse's Step Grandchild 配偶的繼孫兒女 <input type="checkbox"/> Spouse's Sibling 配偶的兄弟姊妹 <input type="checkbox"/> Spouse's Parent 配偶的父母 <input type="checkbox"/> Spouse's Step Parent 配偶的繼父母 <input type="checkbox"/> Spouse's Grandparent 配偶的祖父母 <input type="checkbox"/> Spouse's Step Grandparent 配偶的繼祖父母 <input type="checkbox"/> Spouse's Uncle/Aunt 配偶的叔伯嬸姨 <input type="checkbox"/> Spouse's Niece/Nephew 配偶的姪女、外甥女 / 姪、外甥
Payment Amount 付款金額 <input type="checkbox"/> HKD 港幣 <input type="checkbox"/> USD 美元 <input type="checkbox"/> RMB 人民幣 \$ _____	Purpose of Payment <input type="checkbox"/> New Business 新生意 <input type="checkbox"/> Lump sum/Top up 整付保費 <input type="checkbox"/> Renewal 繳付保費 <input type="checkbox"/> Loan repayment 償還貸款

<b>Note 備註</b>	Relationship proof document is required if payment amount is over HK\$2,500,000. If bank draft, cashier order or cheque without account holder name is NOT issued by HKMA registered bank, the threshold is HK\$1,000,000. 如金額超過 2,500,000 港元，必須一併遞交關係證明文件副本。如以非香港金融管理局註冊的銀行發出的本票、匯票或沒有列印銀行戶口持有人姓名的支票付款，而超過 1,000,000 萬港元等值之金額，亦必須一併遞交關係證明文件副本。
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C. DECLARATION AND SIGNATURE 聲明及簽署		
I hereby declare and agree that the Third Party Payer named above shall make the policy premium payment(s) mentioned in Part B solely on my behalf and no interest in the policy nor contractual right whatsoever is vested or will be vested in the Third Party Payer as a result of such payment(s). 本人謹此聲明及同意由上述第三者付款人代本人繳付第 B 部分所述之保單款項。第三者付款人純粹代表保單主權人繳款，第三者付款人並不會因該等繳款獲賦予或將賦予任何保單權益或合同權利。		
We, policy owner and the third party payer, hereby declare that all information given and representations made in this form and in the related documents submitted together with this form are, to the best of our knowledge and belief, true, accurate and complete. 我們，保單主權人及付款人謹此聲明所有在本聲明書內及隨本聲明書遞交的相關文件內所提供之資料及所作出的陳述，就我們所知及所信乃準確無誤真實及為事實之全部。		
Signature of Policy Owner 保單主權人簽署 X	Name of Policy Owner 保單主權人姓名	Date 日期 (D/M/YY 日/月/年)
Signature of Third Party Payer 第三者付款人簽署 X	Name of Third Party Payer 第三者付款人姓名	Date 日期 (D/M/YY 日/月/年)



**D. Personal Information Collection Statement 個人資料收集聲明及授權**

Policy No. 保單編號

Name of policy owner 保單主權人姓名

I/We understand and consent that, any personal data collected by Sun Life Hong Kong Limited ("Sun Life") (whether collected in this form or otherwise) may be used by Sun Life for the following purposes: (i) processing and evaluating this application and any other applications I/we make; (ii) administering and providing services in relation to this product and any other products I/we hold; (iii) processing and investigating claims; (iv) conducting customer surveys; (v) researching and designing financial, insurance or pensions products for customer use; (vi) selecting and participating in reward, loyalty or privileges program and related service for me/us; (vii) contacting me/us for the above purposes; (viii) complying with all laws, regulations, regulatory guidance, court orders or obligation or requirement under an agreement, or other commitment, between Sun Life or any entity within the Sun Life Group and the regulator or government in any jurisdiction (in relation to money laundering, terrorist financing and tax evasion or otherwise) to which Sun Life and it's related companies are subject to (of Hong Kong or any other countries); and (ix) purposes which are directly related to any of the above purposes.

Sun Life may also use my/our contact details, demographic information and policy details to contact me/us with marketing information regarding Sun Life and third party pensions, financial and insurance products, including by phone calls, mail, email, SMS or any type of electronic message. Sun Life may not so use my/our data unless Sun Life have received my/our consent (which includes an indication of no objection). I/We know I/we can tick the box below if I/we do not consent to receive such marketing information.

Sun Life may disclose my/our personal data for any of the above purposes: (a) to third parties who provide services in Hong Kong or elsewhere which assist Sun Life to carry out the above purposes, including claims investigators, medical advisors, medical service providers, emergency assistance service providers, reinsurers and professional advisors (provided that such contractors are required to keep all such personal data confidential and may only use the personal data to provide those services); (b) to my/our bank for payment purposes; (c) to my/our insurance broker (if any); (d) to Sun Life's insurance agents and MPF intermediaries; (e) to Sun Life's related companies (as defined in the Companies Ordinance) including pensions services provider, insurance companies and financial services companies; (f) to the Hong Kong Federation of Insurers (or any similar association of insurance companies) and its members; (g) to any person or authority to whom Sun Life and its related companies are required to make disclosure to as a result of applicable law, regulation, regulatory guidance, court order or obligation or requirement under an agreement, or other commitment, between Sun Life or any entity within the Sun Life Group and the regulator or government in any jurisdiction (in relation to money laundering, terrorism and tax evasion or otherwise) that Sun Life and it's related companies are subject to or required to comply with (of Hong Kong or any other countries) and (h) as otherwise required or permitted by law.

Sun Life may also use and disclose my/our personal data in other ways with my/our consent or as otherwise required or permitted by law. I/We understand that the information I/we give is voluntary, but failure to provide the requested personal data may mean Sun Life is unable to process my/our application or continue to provide services to me/us. I/We have the right to seek access to and request correction of any personal data Sun Life holds about me/us by sending a written request to The Manager, Customer Service Centre, Sun Life Hong Kong Limited, 8/F, Sun Life Tower, The Gateway, 15 Canton Road, Kowloon, Hong Kong. Sun Life may charge a reasonable fee for the processing of any such requests.

"Sun Life Group" means Sun Life together with its subsidiaries, subsidiary undertakings and associated companies (whether direct or indirect) from time to time.

Please tick if you do not wish to receive marketing information from Sun Life.

本人 / 吾等明白及同意香港永明金融有限公司(「永明」) 可以將其所收集的任何個人資料(不論由此表格所收集或由其他途徑取得)作以下用途: -(i) 處理及評估本人/吾等的此項申請及任何其他申請; (ii) 管理本人/吾等所持有的本項及其他產品, 並提供相關服務; (iii) 處理及調查索償個案; (iv) 進行客戶調查; (v) 為客戶研究及設計金融、保險或退休金產品; (vi) 為本人/吾等甄選及參與獎賞、忠實或特選客戶計劃; (vii) 因上述目的與本人/吾等聯絡; (viii) 為遵守所有永明及其關連公司所受限制的(香港或其他國家)法例、法規、法規指引、法庭命令或永明或永明集團內的任何實體與任何管轄區域的監管機構或政府之間的協議項下的義務或要求或其他承諾(其相關於洗黑錢、恐怖分子資金籌集、逃稅或其他); 及(ix) 與上述任何目的直接有關的其他目的。

永明亦可使用本人/吾等的聯絡資料, 基本個人資料及保單資料, 就永明及第三方的退休金、金融及保險產品的推廣資訊, 以包括電話、郵件、電郵、電話短訊或任何電子信息等方法聯絡本人/吾等。除非得到本人/吾等之同意(包括表示不反對), 否則永明不可使用本人/吾等之資料為該用途。本人 / 吾等明白若本人/吾等不同意接受此等推廣資訊, 可於下列方格內填上剔號。

永明可為以上任何目的披露本人/吾等的個人資料予 (a) 為協助永明就上述用途(不論在香港或其他地方) 而提供服務的第三方, 包括索償調查員、醫療顧問、醫療服務提供者、緊急支援服務供應商、再保險公司、專業顧問(條件是有關承辦商須把所有個人資料保密並只會為提供有關服務而使用個人資料); (b)本人/吾等的銀行作繳款用途; (c) 本人/吾等的保險經紀(如有); (d) 永明的保險代理人及強積金中介人; (e) 永明的關連公司(根據公司條例訂明) 包括退休金服務提供者、保險公司及金融服務機構 (f) 香港保險業聯會(或任何相似的保險公司協會) 及其會員; (g) 永明及其關連公司因受(香港或其他國家)之法例、法規、法規指引、法庭命令或永明或永明集團內的任何實體與任何管轄區域的監管機構或政府之間的協議項下的義務或要求或其他承諾(其相關於洗黑錢、恐怖分子資金籌集、逃稅或其他)限制而需向其作出披露的任何人士或監管當局; 及 (h) 按法例要求或准許的其他人士。

永明可就法例准許或於獲得本人/吾等的同意後披露或將本人 / 吾等的個人資料作其他用途。本人/吾等明白本人/吾等所提供之個人資料均屬自願, 然而倘若未能提供所需個人資料, 可導致永明無法處理本人/吾等的申請或繼續提供服務予本人/吾等。本人/吾等有權查閱及要求更正永明持有有關本人/吾等的個人資料, 有關要求可以書面形式郵寄至香港九龍廣東道15號港威大廈永明金融大樓8樓香港永明金融有限公司客戶服務中心經理。永明可就處理任何該等要求收取合理費用。

“永明集團”指永明及其不時之附屬公司、附屬企業和相聯公司(無論是直接的還是間接的)。

若閣下不同意收取由永明發出的推廣資訊, 請於方格內填上剔號。

Signature of Policy Owner 保單主權人簽署  X	Name of Policy Owner 保單主權人姓名	Date 日期 (D/M/YY 日/月/年)
Signature of Third Party Payer 第三者付款人簽署  X	Name of Third Party Payer 第三者付款人姓名	Date 日期 (D/M/YY 日/月/年)



/PAI