

Please read the following carefully before you retrieve, print or complete this form.
在索取、列印或填寫表格前，請閣下先詳閱下文。

Disclaimer

Any form downloaded/printed via any electronic media provided by Chow Tai Fook Life Insurance Company Limited (“CTF Life”) (e.g. corporate website, interactive voice response system) is done at your own discretion and risk. CTF Life is not responsible for any printing error that results from the form download/printing and any loss or damage howsoever caused as a result of such printing error. In the event that there is any printing error in the downloaded/printed form, CTF Life may require you to fill in a correct form before starting to process your application.

For forms downloaded from the Internet (the “Internet Printed Form”), upon completing and signing the Internet Printed Form, you shall be deemed to have read and understood the contents of the form displayed on computer screen (the “Displayed Form”) which shall prevail in case there is any inconsistency, contradiction or difference of whatever kind between the Displayed Form and the Internet Printed Form and have agreed to all provisions contained therein and to have agreed and undertaken not to raise any objection whatsoever in connection with any inconsistency, contradiction or difference of whatever kind between the Displayed Form and the Internet Printed Form.

CTF Life reserves the right to update the forms from time to time as it sees fit and also reserves the right to accept or reject the form submitted by you.

免責聲明

閣下凡透過周大福人壽保險有限公司 [周大福人壽] 之電子收發渠道 [如公司網站、互動語音回應系統] 下載或列印任何表格，應自行考慮及衡量需承擔之風險。周大福人壽概不負責任何因下載或列印表格所引致的列印錯誤及其可能導致之任何損失或毀壞。若閣下提交之下載或列印表格有任何列印錯誤，周大福人壽有可能在處理閣下的申請前要求閣下填寫一份正確之表格。

當閣下填寫及簽署由網站下載之表格 [互聯網列印表格]，則被視作閣下已詳閱及明白電腦螢幕上出現之表格 [閱覽表格] 之內容，並同意表格內之所有條文。如該閱覽表格與互聯網列印表格出現任何不符、矛盾或分歧時，閣下同意並承諾不會提出任何異議。如閱覽表格與互聯網列印表格出現任何不符、矛盾或分歧時，概以閱覽表格為準。

周大福人壽有權隨時在認為適當情況下更新表格內容，並保留接受或拒絕閣下遞交之申請表格的權利。

付款指示授權書
Authorization for Payment Instruction

保單號碼 Policy Number	<input type="text"/>	保險代理人/ 保險經紀姓名 Name of the Insurance Agent / Insurance Broker	<input type="text"/>
保單持有人姓名 Name of Policy Owner	<input type="text"/>	保險代理人/ 保險經紀編號 Insurance Agent / Insurance Broker Code	<input type="text"/>
		保險代理人/保險經紀電話號碼 Insurance Agent / Insurance Broker Telephone No.	<input type="text"/>

本人現要求周大福人壽保險有限公司(「周大福人壽」)·按表格內的指示將款項支付予本人。
I hereby request Chow Tai Fook Life Insurance Company Limited ("CTF Life") to pay the payment to me in accordance with the particulars set out in this form.
(由保單持有人填寫 To be completed by Policy Owner)

請在適當位置加上“✓”剔號及刪除所有不適用者 Please tick “✓” where appropriate and delete whichever is inappropriate

電匯
Telegraphic Transfer*

(請以**正楷**提供以下資料 Please provide the following information in **block** letters.)

收款銀行名稱：
Name of Payee's Bank: _____

收款銀行地址：
Address of Payee's Bank: _____

銀行賬戶號碼：
Account Number: _____

收款人姓名：
Name of Account Holder: _____

(收款人只限於保單持有人及收款人姓名須與收款銀行記錄相符
The Payee will only be made in favour of the policy owner and the Payee's name should be as same as one recorded by the Payee's Bank)

- 注意事項：**
1. 本公司將以**保單貨幣**把款項電匯至上述提供之銀行賬戶
 2. 此授權書將取代于其他表格上所填寫的付款指示

- Important Note:**
1. The Company will wire the payment in the **policy currency** to the bank account provided as above.
 2. The payment instruction written on other forms will be superseded by the one stated on the “Authorization for Payment Instruction”

個人資料收集聲明 Personal Information Collection Statement

本人/我們確認本人/我們已閱讀及明白周大福人壽保險有限公司(以下簡稱“周大福人壽”)之個人資料收集聲明(“該聲明”)。本人/我們聲明及同意貴公司可根據該聲明所述的任何目的收集及/或持有、使用及/或披露/分享任何個人資料(不論是否從此表格或以其他方式獲得)。本人/我們明白本人/我們必須於此表格提供所須資料,否則貴公司將可能無法執行該聲明之目的及/或向本人/我們提供產品或服務。本人/我們確認及同意本人/我們的個人資料可能披露/共享給該聲明所指明的第三方;執法機構;保險業就現有資料而對所提供的資料作出分析和檢查而使用的數據庫或登記冊作出於該聲明所述的任何目的。本人/我們明白該聲明的最新版本可於周大福人壽的網址下載: www.ctflife.com.hk, 及可向貴公司索取。

I/We confirm that I/we have read and understood Chow Tai Fook Life Insurance Company Limited (“CTF Life”)’s Personal Information Collection Statement (“PICS”). I/We declare and agree that any personal data CTF Life may collect and/or hold, use and/or disclose/share with (whether contained in this form or otherwise obtained) in accordance with the Purposes as set out in the PICS. I/We understand that if I/we do not provide the required personal data, CTF Life may not be able to perform the Purposes and/or provide products or services to me/us. I/We acknowledge and agree that my/our personal data may be disclosed/shared with specified parties in the PICS; law enforcement authorities; databases or registers used by the insurance industry to analyse and check information provided against existing information for any of the Purposes stated in the PICS. I/We understand the updated version of the PICS is available for download from CTF Life’s website: www.ctflife.com.hk, and will be made available upon request.

聲明及授權 Declaration and Authorization

本人現要求周大福人壽保險有限公司(「周大福人壽」)以電匯或匯票方式將款項支付予本人,本人知悉透過該等方式領取款項涉及手續費。本人簽署本表格後,表示本人同意支付因電匯或匯票領取款項引起的有關手續費,並人同意承擔因本人提供資料錯誤而引致本人或周大福人壽之金錢上的損失以確保周大福人壽不受任何損失。

I hereby request to receive the payment by the means of Telegraphic Transfer or Bank Draft and understand that bank charges incur as a result of this arrangement. By signing this form, I hereby agreed to bear the bank charge arising from the payment method stated below and I will be solely responsible for any financial loss incurred by me or CTF Life as result of any incorrect information as provided by me to hold CTF Life harmless.

本人/我們明白若此授權書的中、英文兩個版本有任何抵觸或不相符之處,應以英文版本為準。
I/We understand that if there is any inconsistency or ambiguity between the English version and the Chinese version of this form, the English version shall prevail.

X _____ 保單持有人/受讓人簽署 Signature of the Policy Owner / Assignee	X _____ 簽署日期(日/月/年) Date of Signature (DD/MM/YY)	X _____ 見證人/保險代理人/保險經紀簽署 Signature of Witness / Insurance Agent / Insurance Broker	X _____ 簽署日期(日/月/年) Date of Signature (DD/MM/YY)
		見證人/保險代理人/保險經紀姓名 Name of Witness / Insurance Agent / Insurance Broker: ()

- * 簽署式樣須與投保書或本公司的最後之紀錄相同
* Signature must be consistent with that on the application form or company's latest record

