

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

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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。

保單號碼 Policy Number	<input type="text"/>	保險顧問姓名 Consultant Name	<input type="text"/>
保單持有人姓名 Policy Owner Name	<input type="text"/>	保險顧問編號 Consultant Code	<input type="text"/>
受保人姓名 Insured Name	<input type="text"/>	聯絡電話 Telephone No.	<input type="text"/>

本人為上述保單持有人，現要求周大福人壽保險有限公司（「周大福人壽」）提供上述基本計劃的利益說明摘要。  
I, the above policyowner, hereby request for the Basic Plan Illustration Summary provided by Chow Tai Fook Life Insurance Company Limited ("CTF Life").

附註 Note:

- 請將填妥的申請表正本郵寄或親身交回周大福人壽位於香港九龍觀塘海濱道123號綠景NEO大廈7樓的保單服務或傳真至2264 3222。我們將於收到申請表後的20個工作天內寄出最新的基本計劃利益說明摘要予上述保單之通訊地址。  
Please send the completed original application form to CTF Life by mail or in person to Policy Service Department at 7/F, NEO, 123 Hoi Bun Road, Kwun Tong, Kowloon, or by fax to 2264 3222. The Basic Plan Illustration Summary will be sent to the above policy correspondence address within 20 business days upon receiving the application form.
- 此申請表只適用於分紅保險計劃，並不適用於投資相連人壽保險計劃。  
This application form is only applicable to a participating plan. It is not applicable to investment-linked insurance plans.

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](http://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](http://www.ctflife.com.hk), and will be made available upon request.

\_\_\_\_\_  
\* 保單持有人簽署/承讓人簽署  
\* Signature of Policyowner/Assignee

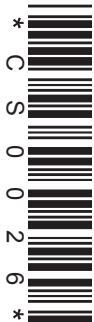
\_\_\_\_\_  
簽署日期 (日/月/年)  
Signed on (DD/MM/YY)

\_\_\_\_\_  
見證人/保險顧問簽署  
Signature of Witness/Consultant

\_\_\_\_\_  
簽署日期 (日/月/年)  
Signed on (DD/MM/YY)

見證人/保險顧問姓名 ( )  
Name of Witness/Consultant: ( )

\* 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.



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