

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。

保單戶口價值提取申請書  
Policy Account Value Withdrawal Request Form

保單持有人姓名 Name of Policy Owner	<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"/>

如閣下未曾遞交保單持有人/受讓人已核實正本的香港永久性居民身份證/護照副本, 請同時遞交。  
Please submit a certified true copy of the Policy Owner's/Assignee's HK Permanent ID Card / Passport unless such copy has been filed already.

\*請刪除不適用者。\* Please delete whichever is inappropriate.

本人/我們現要求周大福人壽保險有限公司(「周大福人壽」), 處理以下的提取申請。  
I/We hereby request Chow Tai Fook Life Insurance Company Limited ("CTF Life") to proceed the following withdrawal request.

保單號碼 (以保單貨幣計算) Policy Number (in policy currency)	根據預設次序提取 #^ Withdraw according to default sequence # ^	指定戶口提取 Withdraw from designated account					
		總提款金額 Total withdrawal amount	保費餘額 General Suspense	可支取現金 Cash Coupons	已派發紅利及利息 Distributed dividend and interest	累積復歸紅利及其相應終期分紅 Accumulated reversionary bonus and relevant terminal dividend	減少投保單位以提取保單現金價值及其相應終期分紅 ^ Reduce unit to withdraw cash value and relevant terminal dividend ^
<input type="text"/>	\$	或 OR	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	\$	或 OR	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	\$	或 OR	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Note:

# 本公司將根據以下預設次序提取適用的保單價值:

1. 保費餘額, 2. 可支取現金, 3. 已派發紅利及利息, 4. 累積復歸紅利及其相應終期分紅, 5. 減少投保單位以提取保單現金價值及其相應終期分紅

The company will withdraw the applicable policy value according to the default sequence as below:

1. Policy suspense, 2. Cash coupons, 3. Distributed dividend and interest, 4. Accumulated reversionary bonus and relevant terminal dividend, 5. Reduce unit to withdraw cash value and relevant terminal dividend

^ 1. 減少投保單位以提取保單現金價值及其相應終期分紅只適用於指定產品系列。

2. 由於需要將保額調整為整數, 實際提取金額或會與保費金額稍有出入。

3. 減少保額後, 保單的基本計劃投保單位、現金價值和終期紅利/終期分紅將被減少, 而將來可能會支付的任何週年紅利及終期紅利/復歸紅利及終期分紅將根據減少後之投保單位及現金價值合乎比例地調整。

4. 減少保額後, 所降低的投保單位即告失效和不可以行使復效。

1. Reduce unit to withdraw cash value and relevant terminal dividend only applicable to specific product series.

2. The actual withdrawal amount may differ slightly from the premium amount as stated in this application form due to rounding differences in the reduced Sum Assured.

3. Once sum assured is reduced, the Cash Value and the terminal dividend of the basic plan of the policy will be reduced. Any annual dividend and terminal dividend / Reversionary bonus and terminal dividend which may be payable in the future after Partial Surrender will be proportionately reduced based on the reduced unit(s) and the Cash Value.

4. Once sum assured is reduced, the reduced unit(s) is no longer in force and it is not eligible for reinstatement.

付款指示 Payment Instruction

直接轉帳 只適用於香港銀行戶口及以港幣支付不多於港幣100萬之款項  
By Faster Payment Only applicable to bank account in Hong Kong and payment in Hong Kong dollar up to HKD1,000,000

存入銀行戶口 Credit to the bank account  
(如閣下未曾登記銀行戶口, 請完成直接轉帳申請表格或掃描二維碼透過手機應用程式遞交申請)  
(Please complete the Faster Payment Form or scan the QR code and send the application via mobile app unless you have provided Faster Payment Information before)



支票  
By Cheque

支票類別 Cheque type  
 美元支票 (本港兌現) (註: 只適用於美元保單)  
USD Cheque (HK Clearance) (Note: Only applicable to USD policy)  
 港元支票 (本港兌現)  
HKD Cheque (HK Clearance)  
 美元本票 (海外兌現) (註: 只適用於美元保單)  
USD Bank Draft (foreign clearance). (Note: Only applicable to USD policy)  
 人民幣支票 (本港兌現) (註: 只適用於人民幣保單)  
CNY Cheque (HK Clearance) (Note: Only applicable to CNY policy)

領取方式 Delivery Method

郵寄通訊地址 By mail to correspondence address  
 於客戶服務中心領取 To be collected at Customer Service Centre  
地點 Location:  觀塘客戶服務中心 Customer Services Centre - Kwun Tong  
 尖沙咀客戶服務中心 Customer Services Centre - Tsim Sha Tsui

客戶聯絡電話號碼 Client Contact No.: \_\_\_\_\_

經理財顧問轉交 Through my Financial Consultant

注意: 如沒註明, 支票將以港幣發出並直接寄給您。 Note: If not specify, the cheque will be issued in HKD and delivered to you directly.

**電匯** 只適用於海外客戶  
**By Telegraphic Transfer** Only applicable for overseas client

請以電匯\*形式發放 (請以**正楷**提供以下資料)。本公司將以**保單貨幣**把款項電匯至以下提供之銀行賬戶。  
 Please wire the payment by Telegraphic Transfer\* to the bank account (Please fill in **block** letters). The company will wire the payment in the **policy currency** to the bank account provided as below.

收款銀行名稱：  
 Name of Payee's Bank: \_\_\_\_\_

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

銀行號碼 / SWIFT號碼： \_\_\_\_\_ 銀行賬戶號碼 / IBAN號碼： \_\_\_\_\_  
 Bank code / SWIFT code: \_\_\_\_\_ Account Number / IBAN code: \_\_\_\_\_

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.)

\* 註：以電匯或本票方式將款項支付將涉及銀行手續費。  
**Please note : To receive payment by the means of Telegraphic Transfer or Bank Draft, the bank charges will be incurred.**

**款項轉到保單**  
**Transfer to Policy**

請將款項轉到由本人持有的保單作為下列用途：  
 Please transfer the amount to policy which is also owned by me for the purpose listed below:

保單號碼 Policy No.	金額 Amount	用途 Purpose
	\$	<input type="checkbox"/> 新生意保費 New Business Premium <input type="checkbox"/> 保單更改按金 Deposit for Change <input type="checkbox"/> 續期保費 Renewal Premium <input type="checkbox"/> 償還保單貸款 Loan Repayment

**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 / 我們明白上述申請事項得到周大福人壽批准後，將於批核日生效或已特別註明較後生效日期起生效。  
 I / We understand that the request shall take effect on the approval date of this application or a later date as specified subject to the approval of the Company.

以下僅適用於以電匯或本票為款項發送方式時 (Below only applicable when select Telegraphic Transfer or Bank Draft as the payment method)

本人謹此要求周大福人壽保險有限公司 (“周大福人壽”) 以電匯或本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本票領取款項引起的有關手續費，並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 / 我們明白若此表格的中、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 \_\_\_\_\_ X \_\_\_\_\_ X \_\_\_\_\_ X \_\_\_\_\_  
 保單持有人及受讓人簽署 (如有)      簽署日期 (日/月/年)      見證人 / 保險代理人 / 保險經紀簽署      簽署日期 (日/月/年)  
 Signature of the Policy Owner and Assignee (if any)      Signed on (DD/MM/YY)      Signature of Witness / Insurance Agent / Insurance Broker      Signed on (DD/MM/YY)

見證人 / 保險代理人 / 保險經紀姓名  
 Name of the 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

