

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。

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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。

特別利益申請書
Application Form For Special Benefits

CTF Life
周大福人壽

保單號碼
Policy Number

保險顧問姓名
Consultant Name

保險顧問編號
Consultant Code

電話
Telephone No.

** Please attach the ID copy of the policy owner with signature on it (if not in our company's record)
** 在遞交此表格時請附上連同保單持有人簽署之身份證副本(如未曾於本公司存檔)

1. 受保人姓名 Name of Insured	2. 身份證 / 護照號碼 ID / Passport No	3. 保單持有人 Name of Owner	4. 電話號碼 Telephone No.
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A. 蕙蘭女性保障計劃 Wise Lady

1. 結婚利是 Marriage Benefit
* 請在遞交此表格時，附上結婚證明書影印本 Please attach a copy of Marriage Certificate
結婚日期 (日/月/年) Marriage Date (DD/MM/YY):
結婚地點 Place of Marriage:
2. 新生嬰兒利是 Childbirth Benefit
* 請在遞交此表格時，附上嬰兒出生紙影印本 Please attach a copy of Birth Certificate
嬰兒姓名(英文) Name of Child (in English):
出生日期 (日/月/年) Date of Birth (DD/MM/YY):
出生地點 Place of Birth:

B. [主人翁] 壽險計劃/超級 [主人翁] 壽險計劃 Wise Kid / Wise Kid Plus

1. 獎學金 Scholarship
* 請在遞交此表格時，附上 Please attach:
a. 本學期之成績表正本；或 Original school report; or
b. 學校簽發全班第一之排名證明書正本 Original official school publication showing Top 1 in class
學校名稱 Name of School:
學校地址 School Address:
級別 Class:
2. 會考卓越成績獎勵 Achievement Awards
* 請在遞交此表格時，附上 Please attach:
a. 香港中學會考證書之正本；或 Original Official HKCEE Certificate; or
b. 香港高級程度會考證書之正本 Original Official HKAL Certificate
 香港中學會考 HKCEE
 香港高級程度會考 HKAL

C. 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.



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D. 聲明及授權書 (由受保人簽署, 如受保人未滿18歲, 則由保單持有人簽署)**Declaration and Authorization** (To be signed by the insured OR to be signed by policy owner if the insured is under age 18)

本人/我們聲明上述一切陳述及對問題的所有答案, 就本人/我們所知所信均為事實之全部, 並確實無訛。

I/We declare that the above statements and answers made by me/us are true and complete to the best of my knowledge.

本人/我們茲授權凡知道或擁有任何有關本人或受保人記錄的僱主、任何註冊西醫、醫院、診所、保險公司、其他機構或人仕, 均可將該等資料提供給周大福人壽保險有限公司。即使本人或受保人死亡或喪失能力, 此授權書仍然有效, 所有本人及受保人之繼承人及轉讓人亦會受此授權書約束。本授權書影印本與正本具有同等效力。

I/We hereby authorize any employer, any registered medical practitioner, hospital, clinic, insurance company or other institution or person, that has any records or knowledge of me/us or the Insured(s) named to give such information to Chow Tai Fook Life Insurance Company Limited. This authorization shall bind the successors and assignees of me/the Insured(s) and remain valid notwithstanding the death or incapacity of me/the Insured(s). A photocopy of this authorization shall be as valid as the original.

本人/我們明白若此特別利益申請書的中、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 versions and the Chinese versions of this Application Form For Special Benefits, the English versions should prevail.

受保人 / 保單持有人簽署

Signature of Insured / Owner

: x

見證人簽署

Signature of Witness

: x

受保人 / 保單持有人姓名 (大寫)

Name of Insured / Owner (in block letters)

:

見證人姓名 (大寫)

Name of Witness (in block letters)

:

身份證 / 護照號碼

ID / Passport No.

:

身份證 / 護照號碼

ID / Passport No.

:

日期 (日/月/年)

Date (DD/MM/YY)

:

日期 (日/月/年)

Date (DD/MM/YY)

:

退件及郵遞安排 Return Documents & Postal Arrangement

請於下列適當之方格內加上“✓”號 Please tick the appropriate box(es) below

退回正本收據 Return Original Receipt(s)

支票直接寄給客戶 Mail Cheque(s) to Customer Directly

其他備註 Other Remarks

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