

Preferred Choice Application form (For joint life policy)

「智選人生」申請表格（適用於聯名壽險）

This section is to be completed by the relevant financial professional.
本部分由理財顧問填寫。

Financial professional number 理財顧問號碼：

Policy number:
保單編號：

(For office use only)
(只供內部使用)

Your application 您的申請

This application form should be issued in conjunction with the product brochure and illustration document. A copy of the policy Terms and Conditions is available on request. Please keep all correspondence related to this application and your policy documentation, when you receive it, safe and secure. 本表格必須連同產品介紹冊及退保說明文件一併派發。如有需要，歡迎向本公司索取保單條款與規章。當您收到有關本申請的信件及保單文件後，請保管穩妥。

For a single life policy, please complete a single life policy application form.
如欲申請個人壽保險，請使用個人壽申請表格。

Completing this form 填寫本表格

Use blue or black ink and write clearly in **CAPITAL** letters. Please complete the form in English. **Please provide all the information we ask for. If your application is incomplete or does not include all the information we ask for, it will result in delays. Please ensure you return a signed copy of the illustration document and 'Financial needs analysis' along with this application.**

請用藍色或黑色原子筆，用英文大楷清晰填寫資料。請填寫所有所需資料，如您的申請表格有錯漏或缺少所需資料，將會延誤我們處理您的申請。遞交申請時請確保已夾附已簽署作實的退保說明文件及「財務需要分析」。

Please ensure that all area enclosed with a box are duly signed. 請確保所有簽署位置已妥善簽署。

Contact details 聯絡資料

We adhere to strict confidentiality procedures when we communicate with our clients. For security purposes, we will regard the details you provide as your authorised contact details; it is therefore important that they are accurate and that you let us know if any of these details change.

我們於聯絡客戶時嚴格執行保密程序。為保障客戶私隱，您所提供的資料將被視為認可的聯絡資料，故此請務必提供準確的資料，如資料有變，請通知本公司。

1 Policy owner(s) details 保單持有人資料

What type of policy do you require for the life/lives to be insured? 您需要哪一類受保人／受保人等投保計劃？

☐ Joint life, first death 聯名壽險，首名受保人身故 ☐ Joint life, last death 聯名壽險，最後一名受保人身故 ☐ Single life 個人壽險

To be completed by each policy owner applying for the policy
由每名申請保單的保單持有人填寫

Policy owner 1 第一保單持有人

Title 稱銜

☐ Mr. 先生 ☐ Mrs. 太太 ☐ Miss 小姐 ☐ Ms. 女士
☐ Dr. 博士 ☐ Other (please give details)
其他（請說明）

Family name 姓

Forename(s) 名

Please give details of any previous name(s) or aliases used (including maiden name)
請詳述任何曾使用的姓名或別名（包括婚前姓氏）

Policy owner 2 第二保單持有人

Title 稱銜

☐ Mr. 先生 ☐ Mrs. 太太 ☐ Miss 小姐 ☐ Ms. 女士
☐ Dr. 博士 ☐ Other (please give details)
其他（請說明）

Family name 姓

Forename(s) 名

Please give details of any previous name(s) or aliases used (including maiden name)
請詳述任何曾使用的姓名或別名（包括婚前姓氏）

Policy owner(s) details (continued) 保單持有人資料（續）

Policy owner 1 (continued) 第一保單持有人（續）									
Day日 Month月 Year年									
Date of birth 出生日期	<table><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y		
Gender 性別	☐ Male 男 ☐ Female 女								
Country of birth 出生國家									
Nationality 國籍									
Do you hold nationality in another country? 您是否持有多於一個國家的國籍？									
☐ Yes 有 ☐ No 沒有									
If 'Yes', please confirm the country. 如答案為「是」，請確認國家名稱。									
Marital status 婚姻狀況 ☐ Single 未婚 ☐ Married 已婚									
☐ Other (please give details) 其他（請說明）									
Education level 教育程度									
☐ Primary or below 小學或以下									
☐ Secondary 中學									
☐ University or above 大學或以上									
Occupation (such as Accountant, Nurse, Systems analyst) 職業（例如會計師、護士、系統分析員）									
Job title (such as Executive, Manager, Clerical) 職位（例如行政人員、經理、文員）									
Contact details 聯絡資料									
Current residential address 現時住址									
Is the above address permanent or temporary? 上述地址是永久或暫時住址？									
☐ Permanent 永久 ☐ Temporary 暫時									
If temporary, please state the reason for this: 如屬暫時住址，請說明理由：									
Correspondence address (if different) 通訊地址（如與住址不同）									

Policy owner 2 (continued) 第二保單持有人（續）									
Day日 Month月 Year年									
Date of birth 出生日期	<table><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y		
Gender 性別	☐ Male 男 ☐ Female 女								
Country of birth 出生國家									
Nationality 國籍									
Do you hold nationality in another country? 您是否持有多於一個國家的國籍？									
☐ Yes 有 ☐ No 沒有									
If 'Yes', please confirm the country. 如答案為「是」，請確認國家名稱。									
Marital status 婚姻狀況 ☐ Single 未婚 ☐ Married 已婚									
☐ Other (please give details) 其他（請說明）									
Education level 教育程度									
☐ Primary or below 小學或以下									
☐ Secondary 中學									
☐ University or above 大學或以上									
Occupation (such as Accountant, Nurse, Systems analyst) 職業（例如會計師、護士、系統分析員）									
Job title (such as Executive, Manager, Clerical) 職位（例如行政人員、經理、文員）									
Contact details 聯絡資料									
Current residential address 現時住址									
Is the above address permanent or temporary? 上述地址是永久或暫時住址？									
☐ Permanent 永久 ☐ Temporary 暫時									
If temporary, please state the reason for this: 如屬暫時住址，請說明理由：									
Correspondence address (if different) 通訊地址（如與住址不同）									

Policy owner(s) details (continued) 保單持有人資料 (續)

Policy owner 1 (continued) 第一保單持有人 (續)

Please provide a reason why you are using a correspondence address that is different from your residential address. Depending on the answers given we may ask for further information.
請說明為何您的通訊地址有別於您的住址。視乎所提供的說明，我們或會詢問更多資料。

Home telephone number 住宅電話號碼

Mobile number 手提電話號碼*

Email address 電郵地址*

Policy owner 2 (continued) 第二保單持有人 (續)

Please provide a reason why you are using a correspondence address that is different from your residential address. Depending on the answers given we may ask for further information.
請說明為何您的通訊地址有別於您的住址。視乎所提供的說明，我們或會詢問更多資料。

Home telephone number 住宅電話號碼

Mobile number 手提電話號碼*

Email address 電郵地址*

Relationship to policy owner 1 與第一保單持有人之關係

- ☐ Spouse 配偶
☐ Other (please give details) 其他 (請說明)

Who will be the life to be insured? 誰是受保人?

- ☐ Policy owner 1 第一保單持有人 Have you smoked or used any form of tobacco or nicotine product** within the last 12 months? ☐ Yes 有 ☐ No 沒有
您於過去12個月有否吸食煙草或曾否使用任何煙草產品或尼古丁產品**?
- ☐ Policy owner 2 第二保單持有人 Have you smoked or used any form of tobacco or nicotine product** within the last 12 months? ☐ Yes 有 ☐ No 沒有
您於過去12個月有否吸食煙草或曾否使用任何煙草產品或尼古丁產品**?
- ☐ Other – please complete the 'Life/Additional life insured application form' and the 'Health and lifestyle questionnaire' which forms part of the policy contract.
其他 — 請填妥「受保人／新增受保人申請表」及「健康狀況及生活習慣問卷」，此表格問卷是保險合約的一部分。

* **Note:** For future communication with you on your policy, please do not leave mobile number and email address blank. Please put N/A if such information is not available.

註：請填寫手提電話號碼及電郵地址，以便日後就有關保單事宜聯絡您。若未能提供此項資料，請填寫「N/A」。

** e.g. cigarettes, cigars, pipe or chewing tobacco, shisha or nicotine products such as patches, gum or e-cigarettes.
例如：香煙、雪茄、煙斗或咀嚼煙、水煙或尼古丁產品例如戒煙貼、戒煙香口膠或電子煙。

2 Proof of identity and proof of residential address 身份證明及住址證明

Proof of identity 身份證明

Policy owners must provide one of the following valid primary documents that has been suitably certified:

保單持有人必須提供以下其中一項經有效核證的主要文件：

(please tick to confirm document is attached) (請以✓號確認已夾附的文件類別)

	Policy owner 1 第一保單持有人	Policy owner 2 第二保單持有人
• Passport 護照	☐	☐
• Government issued ID card 政府簽發之身份證	☐	☐

Proof of residential address 住址證明

In order to verify the policy owners' current residential address, please attach either an original or suitably certified copy of one of the following documents (the document seen must be **less than three months old** upon receipt by us). The document must be issued in the name of the policy owner and show the address appearing on the application or held in our records as the current residence.

為核實保單持有人的現時住址，請夾附以下其中一項文件的正本或經有效核證的副本（任何此等文件必須在本公司接獲文件之前**三個月內**發出）。文件必須印有保單持有人的姓名，並列有與本申請表格所述或與本公司紀錄相同之現時住址。

	Policy owner 1 第一保單持有人	Policy owner 2 第二保單持有人
• Utility bill 公用服務收費單	☐	☐
• Bank statement/Bank credit card statement 銀行月結單／銀行信用卡月結單	☐	☐
• Letter from bank/employer 銀行／僱主發出的信件	☐	☐

Note: In certain circumstances, other forms of ID and/or address verification may be accepted; your relevant financial professional should refer to the 'Customer guide for anti-money laundering requirements', or please contact our Customer Care Team if you require further guidance.

註：在某些情況下，本公司或會接受其他身份證明文件及／或地址證明。如需其他指引，您的理財顧問可參閱'Customer guide for anti-money laundering requirements'或請聯絡我們的客戶服務部。

3 Protection benefits (for joint life, first death policy) 保障（適用於聯名壽險，首名受保人身故計劃）

For joint life, last death policy, please complete the 'Protection benefits' (for joint life, last death policy) on page 5.

如欲申請聯名壽險，最後一名受保人身故計劃，請填寫第五頁保障（聯名壽險，最後一名受保人身故計劃）。

Core Benefits – qualify for multi-benefit discounts 核心保障 — 適用於多項保障折扣優惠	Benefit options, amounts and terms must be the same for each life to be insured. 每名受保人的保障選項、金額及年期必須相同。 Sum Insured 保障金額 Term (year) 年期（年）	
Life Cover 壽險：		
Whole of Life Level Cover (maximum issue age is 75 (age next birthday)) 終身定額壽險（簽發年齡上限為75歲（翌年歲））		N/A
Premium payment term (please tick one only) 保費供款年期（請選擇一項）	☐ To age 60 (age next birthday) 到60歲（翌年歲）	☐ To age 80 (age next birthday) 到80歲（翌年歲）
Level Term Life Cover (maximum issue age is 65 (age next birthday)) 定額定期壽險（簽發年齡上限為65歲（翌年歲））		
Decreasing Term Life Cover (maximum issue age is 65 (age next birthday)) 遞減定期壽險（簽發年齡上限為65歲（翌年歲））		
Family Income Benefit (maximum issue age is 65 (age next birthday)) 家庭收入保障（簽發年齡上限為65歲（翌年歲））		
	(Benefit amount per annum) (每年所需的金額)	(must be between 5 and 40 years) (必須為5至40年之間)
Critical Illness Benefits 危疾保障：		
Level Term Life or Earlier Critical Illness Benefit (maximum issue age is 60 (age next birthday)) 定額定期壽險或提前危疾保障（簽發年齡上限為60歲（翌年歲））		
Decreasing Term Life or Earlier Critical Illness Benefit (maximum issue age is 60 (age next birthday)) 遞減定期壽險或提前危疾保障（簽發年齡上限為60歲（翌年歲））		
Permanent and Total Disability Benefits: 永久及完全傷殘保障：		
Level Term Life or Earlier Permanent and Total Disability Benefit (maximum issue age is 60 (age next birthday)) 定額定期壽險或提前永久及完全傷殘保障（簽發年齡上限為60歲（翌年歲））		
Decreasing Term Life or Earlier Permanent and Total Disability Benefit (maximum issue age is 60 (age next birthday)) 遞減定期壽險或提前永久及完全傷殘保障（簽發年齡上限為60歲（翌年歲））		

Add-on Benefit – do not qualify for multi-benefit discounts and must be taken in conjunction with at least one core benefit 附加保障 — 不適用於多項保障折扣優惠，投購本保障必須同時投購最少一項核心保障	Life to be insured 1 第一受保人	Life to be insured 2 第二受保人
Waiver of Premium Benefit (maximum issue age is 60 (age next birthday)) 豁免供款保障（簽發年齡上限為60歲（翌年歲））	☐ Yes 是 ☐ No 否	☐ Yes 是 ☐ No 否

Protection benefits (continued) (for joint life, last death policy) 保障（續）（適用於聯名壽險，最後一名受保人身故計劃）

For joint life, first death policy, please complete the 'Protection Benefits' (for joint life, first death policy) section on page 4.
如欲申請聯名壽險，首名受保人身故計劃，請填寫第四頁保障（聯名壽險，首名受保人身故計劃）部分。

Core Benefits – qualify for multi-benefit discounts 核心保障 — 適用於多項保障折扣優惠	Benefit options, amounts and terms must be the same for each life to be insured. 每名受保人的保障選項、金額及年期必須相同。	
	Sum Insured 保障金額	Term (year) 年期（年）
Life Cover 壽險：		
Whole of Life Level Cover (maximum issue age is 75 (age next birthday)) 終身定額壽險（簽發年齡上限為75歲（翌年歲））		N/A
Premium payment term (please tick one only) 保費供款年期（請選擇一項）	☐ To age 60 (age next birthday) 到60歲（翌年歲）	☐ To age 80 (age next birthday) 到80歲（翌年歲）

Add-on Benefit – do not qualify for multi-benefit discounts and must be taken in conjunction with at least one core benefit 附加保障 — 不適用於多項保障折扣優惠，投購本保障必須同時投購最少一項核心保障	Life to be insured 1 第一受保人	Life to be insured 2 第二受保人
Waiver of Premium Benefit (maximum issue age is 60 (age next birthday)) 豁免供款保障（簽發年齡上限為60歲（翌年歲））	☐ Yes 是 ☐ No 否	☐ Yes 是 ☐ No 否

4 Policy currency 保單貨幣

Policy currency (tick one only) **保單貨幣**（請選擇一項並加上✓號）

☐ HKD 港元
 ☐ USD 美元
 ☐ GBP 英鎊
 ☐ EUR 歐元

The policy currency will also be the currency in which your benefits and regular premium amounts are expressed.
您選擇的保單貨幣將會與您的保障貨幣及定期供款貨幣相同。

5 Temporary life cover 臨時壽險

Upon receipt of this application in conjunction with the first premium or valid method of payment form by Zurich International Life Limited ("Company", "Zurich"), the life to be insured will be provided with immediate life cover of up to a maximum of HKD2,000,000/USD250,000/GBP150,000/EUR250,000 or the amount of life cover applied for, whichever is lower. This cover will remain in force for a maximum of 60 days or until the cover applied for on the Preferred Choice policy is in place, whichever is earlier.

蘇黎世國際人壽保險有限公司（「本公司」、「蘇黎世」）收訖本申請表格及首期保費或有效付款表格後，便會即時為受保人提供壽險，最高保額為2,000,000港元／250,000美元／150,000英鎊／250,000歐元或您申請的壽險，二者取其較低金額。此保障將維持生效最長60天，或直至「智選人生」壽險的保障開始生效為止，二者取其較早。

Please refer to section 13 the 'Temporary life cover terms and conditions'.
請參閱第13部分的「臨時壽險條款與規章」。

6 Premium payment details 付款資料

Please note that where the policy owners are residents in Mainland China, payments must be made from a bank account in Hong Kong. Payments by telegraphic transfer from bank account in Mainland China are not accepted.

如保單持有人居住於中國大陸境內，付款必須透過香港的銀行賬戶付款。如電匯付款由中國大陸境內的銀行帳戶繳付，將不獲接受。

Premiums for this policy will be paid from my salary.
本保單的保費將從本人的薪酬中支付。

☐ Yes 是

☐ No 否

If you answer 'No', please complete the 'Origin of wealth questionnaire'.
如您的答案為「否」，請填寫「財富來源問卷」。

If you answer 'Yes', please advise approximate annual salary.
如您的答案為「是」，請提供年薪。

Monthly regular premium amount* 每月定期保費金額*

Please record the 'Regular Premium Due' amount shown in your illustration document here.
請按照您的退保說明文件所示的「應付定期保費」填寫。

Please be aware that the monthly premium you pay will be subject to a review every five policy years and may need to increase if you choose any critical illness benefit.

請注意若閣下選擇任何危疾保障，每月定期保費將會於保單生效日後每五個保單周年日被重新審視。

* Please note that any applicable premium discounts can be removed if the method of premium payment changes and/or the number of core benefits chosen reduces after your policy is issued.

請注意如閣下於保單發出後更改繳付保費供款方法或減低已選擇的核心保障數目，保費供款折扣可被取消。

Regular premium payment method (tick one only) 定期保費付款方法 (請選擇一項並加上✓號)

Regular premiums must be paid monthly and can only be paid by credit card or direct debit. Please note regular premiums paid by direct debit will receive a premium discount of 3% for as long as premiums are paid by this method.

定期保費必須按月支付，付款必須由信用卡或銀行直接付款支付。透過銀行直接付款繳交定期保費，保單保費總額可獲3%折扣。

☐ Direct debit (please complete page 21-22)
銀行直接付款 (請填寫第21-22頁)

☐ Credit card (please complete page 23)
信用卡 (請填寫第23頁)

Initial premium payment method, if different from the regular premium payment method above (tick one only)

首期保費付款方法，如與以上定期保費付款方法不同 (請選擇一項並加上✓號)

The initial premium for this policy is to be paid by 本保單以下列方法繳付首期保費

☐ UnionPay card (please complete page 23)
銀聯卡 (請填寫第23頁)

☐ Cheque/bankers draft (Cheques/bankers drafts must be made payable to: 'Zurich International Life Limited')
支票/匯票 (支票/匯票抬頭必須註明「Zurich International Life Limited」)

Subsequent regular premiums must be paid by either direct debit or credit card.
隨後定期保費必須由銀行直接付款或信用卡支付。

About the person making the payment 關於付款人資料

Is the policy owner making the payments from his/her funds?
保單持有人是否以個人的資金付款?

☐ Yes 是

☐ No 否

If 'No', please complete the 'Third party payment form' which forms part of the policy contract. There are restrictions on who can make the payments, so please contact our Customer Care Team on + 852 3405 7150 for further details.

如「否」，請填寫「第三方付款表格」，此表格是保單合約的一部分。本公司對付款人設有限制，詳情請聯絡我們的客戶服務部，電話：+852 3405 7150。

For any acceptable third party payors, we will require full evidence of their identity and relationship to the policy owner/life insured.
本公司將要求合資格的第三方付款人提供可核實身份的證明文件及與保單持有人/受保人關係的證明。

7 Health and lifestyle questionnaire – life to be insured 1 健康狀況及生活習慣問卷 — 第一受保人

To be completed by the FIRST life to be insured. For the SECOND life to be insured, please complete the 'Health and lifestyle questionnaire for life to be insured 2' (pages 11-14). If the life to be insured is different from the policy owner, please complete the 'Health and lifestyle questionnaire'.

本問卷由第一受保人填寫。第二受保人請填寫「健康狀況及生活習慣問卷 由第二受保人填寫」（11-14頁）。如受保人不是保單持有人，請填寫「健康狀況及生活習慣問卷」。

Please ensure all questions are answered fully and truthfully as failure to disclose any fact may invalidate your insurance. We may require special questionnaires to be completed, which will be provided by your relevant financial professional.

請確保所有問題都如實回答並全部填寫，隱瞞任何事實可能使您的保險失效。我們或會要求您填寫額外問卷，而您的理財顧問會提供所需問卷。

1. If you smoke or have used any form of tobacco or nicotine product in the last 12 months, please provide the type, frequency and quantity (e.g. 20 cigarettes per day, one shisha a week, etc.).
如您在過去的12個月內曾吸煙或使用任何煙草產品或尼古丁產品，請提供其種類、使用頻率及吸食的数量（例如：每日20支香煙或一星期一次水煙等等）。

If you no longer use tobacco or nicotine products, when did you stop using them and what was your previous consumption.
(e.g. stopped January 2011 – used to smoke 20 cigarettes a day)?

如您在過去的12個月內已停止使用任何煙草產品或尼古丁產品，請確認您於何時停止，以及停止前使用的種類及數量。
(例如：在2011年1月已停止吸用 — 每日20支香煙)？

Month 月 Year 年

M	M	Y	Y	Y	Y
---	---	---	---	---	---

Amount and type 數量及種類

2. Do you consume alcohol?
您喝酒嗎？

☐ Yes 是

☐ No 否

If 'Yes', please provide the number of units consumed each week.
如答案為「是」，請說明每星期喝酒的單位份量。

1 unit = single measure of spirits or 125ml glass of wine or 250ml of beer
1個單位 = 一份烈酒或一杯125毫升的葡萄酒或250毫升啤酒

3. Have you ever been advised to give up tobacco and/or alcohol for a specific reason? If 'Yes', please provide details.
您在過去曾否因特殊原因被勸戒煙及／或戒酒？如答案為「是」，請提供詳情。

☐ Yes 是

☐ No 否

4. What is your height and weight?
您的身高和體重是多少？

Height
身高

cm
厘米

Weight
體重

kg
公斤

5. (a) In which industry are you employed and what is your job title?
您從事哪個行業的工作？請列出您的職位。

Industry 行業

Job title 職位

- (b) What percentage of your occupation involves manual work and what is the nature of these duties?
體力勞動佔您的工作多少百分比？請列出這些工作的性質。

% Duties 工作性質

If your occupation includes activities that may be considered hazardous (for example, aviation, working at heights or underground or with explosives), please complete the relevant 'Oil and natural gas', 'Aviation' or general 'Occupation' questionnaire as appropriate.
如您的職業包括可被視為危險的活動（例如：航空、需於高空或地底或涉及炸藥工作），請填寫相關的「石油和天然氣問卷」、「航空問卷」或一般「職業問卷」。

- (c) Please state your earnings in the last 12 months from employment or business operations.
Please include the currency.
請註明您在過去12個月由工作或業務營運中所得的收入，並請列明貨幣。

Amount and currency
金額及貨幣

- (d) Do you participate in any sport or activity that may be considered hazardous?
For example, motor racing, diving, mountaineering, private flying, etc.

☐ Yes 是

☐ No 否

您是否參與任何可被視為危險的運動或活動？例如：賽車、潛水、爬山、私人飛行等等。

If 'Yes', please complete the relevant questionnaire or, if a specific questionnaire does not exist, please provide us with full details of frequency of activity, level of participation, any qualifications, details of competitions in which you take part, etc. in the 'Additional information' section at the end of this form.

如答案為「是」，請填寫相關的問卷，或，如沒有相關問卷，請於本表格末「附加資料」一欄提供全部詳情，包括進行這類活動的頻率、參與程度、任何資格、您所參與比賽的詳情等等。

6. Family history 家族歷史

Please provide details of your family history below. Of particular importance is whether your father, mother or any of your brothers or sisters has died of or suffered from heart disease, cancer, multiple sclerosis or diabetes before the age of 65 or from a familial/hereditary disorder.

請於以下空格提供您的家族歷史詳情。最重要是，您父親、母親或您任何兄弟姐妹有否在65歲前或因家族性／遺傳性疾病，而曾患上或死於心臟病、癌症、多發性硬化症或糖尿病。

Relation 關係	Age now/age at death 現時年齡／死亡年齡	State of health/cause of death 健康狀況／死因	Age at onset of disease 發病年齡
Father 父親			
Mother 母親			
Brother(s) 兄弟			
Sister(s) 姐妹			

Health and lifestyle questionnaire – life to be insured 1 (continued) 健康狀況及生活習慣問卷 — 第一受保人 (續)

7. (a) Please confirm the purpose of this insurance application (i.e. personal cover, family protection, mortgage cover, keyperson insurance, partnership protection, etc.)
請確認本保險申請書的目的 (即個人保障、家庭保障、按揭保障、要員保險、合作夥伴關係保障等等)

- (b) Do you have any existing life, disability or critical illness cover already in force with Zurich or any other insurance company?
您目前是否持有蘇黎世或其他保險公司的人壽、傷殘或危疾保單?

☐ Yes 是 ☐ No 否

If 'Yes', please complete the details below. 如答案為「是」, 請於以下空格提供詳情。

Insurer 保險公司	Types of benefits 保障類別	Sum insured and currency 投保額及貨幣	Policy term 保單年期	Start date 開始日期	Reason for cover 投保原因

- (c) Are you intending to replace any of the above covers with this application?
您是否打算以本投保申請書取代以上任何一份保單?

☐ Yes 是 ☐ No 否

If 'Yes', please advise which will be replaced. 如答案為「是」, 請列明哪份保單會被取代。

- (d) Are you currently applying to Zurich or any other insurance company for further cover?
您目前是否向蘇黎世或其他保險公司申請其他保單?

☐ Yes 是 ☐ No 否

If 'Yes', please complete the details below. 如答案為「是」, 請於以下空格提供詳情。

Insurer 保險公司	Types of benefits 保障類別	Sum insured and currency 投保額及貨幣	Policy term 保單年期	Date of application 申請日期	Reason for cover 投保原因

- (e) Have you ever had an application for life, disability or critical illness insurance declined, postponed or accepted at other than normal terms?
您過去申請投保人壽、傷殘或危疾保險時, 曾否被拒保、延遲承保或被要求附加特別條款?

☐ Yes 是 ☐ No 否

If 'Yes', please state the company(ies), benefits and date of application.
如答案為「是」, 請列出該保險公司、保障範圍及申請日期。

Insurer 保險公司	Types of benefits 保障類別	Date of application 申請日期	Decision 決定

8. (a) Have you been resident in your current country of residence for less than five years?
您是否於現居國家居住五年以下?

☐ Yes 是 ☐ No 否

If 'Yes', please state below the previous country(ies) where you have been a resident and the duration.
如答案為「是」, 請於以下空格列出您之前居住的國家及居住時間。

City/Country 城市/國家	From 由	To 至

- (b) Other than for vacations of less than 15 days in any 12 month period, do you visit or have any intention of visiting, living or working outside of your current country of residence?
於任何12個月期間內, 除旅遊少於15日外, 您曾否或有意到現居國家以外的其他國家到訪、定居或工作?

☐ Yes 是 ☐ No 否

If 'Yes', please provide details below. 如答案為「是」, 請於以下空格提供詳情。

Travel to (Country) 到 (國家)	Duration of stay 逗留時期	Purpose of stay 逗留目的

If you visit or intend to visit Iran, Iraq, Yemen, Syria, Afghanistan, Pakistan, any country of the former Soviet Union or any country in Africa, please complete our 'Travel and residency questionnaire'.

如您到訪或有意到訪伊朗、伊拉克、也門、敘利亞、阿富汗、巴勒斯坦, 任何前蘇聯國家或非洲任何國家, 請填寫「旅遊及居住問卷」。

Health and lifestyle questionnaire – life to be insured 1 (continued) 健康狀況及生活習慣問卷 — 第一受保人（續）

9a. Medical questions 醫療問題

If you answer 'Yes' to any of the questions in '9a Medical questions', there are special questionnaires for each disorder that you will need to complete. These will be provided by your relevant financial professional. Please ensure the relevant form(s) is/are attached with your application. 如您於「9a醫療問題」中任何問題的答案為「是」，您將需要就每種疾病填寫額外問卷。您的理財顧問會提供所需問卷。請確保您遞交投保申請書時夾附相關表格。

Do you have or have you ever been diagnosed as having:

您是否患有或曾否被確診患有：

- | | | |
|--|--------------------------------|-------------------------------|
| (a) high blood pressure?
高血壓? | ☐ Yes 是 | ☐ No 否 |
| (b) diabetes or impaired fasting glucose?
糖尿病或空腹血糖異常? | ☐ Yes 是 | ☐ No 否 |
| (c) asthma, chronic bronchitis or obstructive airways disease?
哮喘、慢性支氣管炎或阻塞性氣道疾病? | ☐ Yes 是 | ☐ No 否 |
| (d) spinal (back or neck) disorders, muscular or joint disorders?
脊髓（背部或頸部）紊亂，肌肉或關節紊亂? | ☐ Yes 是 | ☐ No 否 |
| (e) digestive disorders e.g. Crohn's Disease, ulcerative colitis, gastric reflux, ulcers or hernia?
消化功能紊亂，例如克隆氏症、潰瘍性結腸炎、胃酸倒流、潰瘍或疝氣? | ☐ Yes 是 | ☐ No 否 |
| (f) arthritis e.g. osteoarthritis, rheumatoid arthritis or gout?
關節炎，例如骨關節炎、類風濕性關節炎或痛風? | ☐ Yes 是 | ☐ No 否 |
| (g) growths, lumps, cysts, abnormal moles or skin lesions?
瘤、腫塊、囊腫、異常的痣或皮膚損傷? | ☐ Yes 是 | ☐ No 否 |
| (h) mental health issues e.g. depression, anxiety, schizophrenia, eating disorders or bipolar disorder?
心理健康問題，例如抑鬱、焦慮、精神分裂症、飲食失調症或躁鬱症? | ☐ Yes 是 | ☐ No 否 |

9b. Medical questions 醫療問題

If you answer 'Yes' to any of the questions in '9b Medical questions' or in questions 10 or 11, please give details in the 'Additional information' section.

如您於「9b醫療問題」或於第10或11條中任何問題的答案為「是」，請於「附加資料」一欄提供詳情。

Do you have or have you ever been diagnosed as having:

您是否患有或曾否被確診患有：

- | | | |
|---|--------------------------------|-------------------------------|
| (i) heart attack, murmur, palpitations, chest pain or high cholesterol?
心臟病發作、心雜音、心悸、胸痛或高膽固醇? | ☐ Yes 是 | ☐ No 否 |
| (j) paralysis, stroke or transient ischaemic attack?
癱瘓、中風或短暫性腦缺血發作? | ☐ Yes 是 | ☐ No 否 |
| (k) thyroid or other glandular disorders?
甲狀腺或其他腺疾病? | ☐ Yes 是 | ☐ No 否 |
| (l) skin disorders e.g. psoriasis or sexually transmitted diseases?
皮膚疾病，例如牛皮癬或性病? | ☐ Yes 是 | ☐ No 否 |
| (m) epilepsy, fits, multiple sclerosis or other neurological complaints?
癲癇、痙攣、多發性硬化症或其他神經系統的問題? | ☐ Yes 是 | ☐ No 否 |
| (n) impairment in speech, vision or hearing or other disorder of the ears or eyes?
言語、視力或聽力障礙或其他耳朵或眼睛的疾病? | ☐ Yes 是 | ☐ No 否 |
| (o) cancer or tumours (benign or malignant)?
癌症或腫瘤（良性或惡性）? | ☐ Yes 是 | ☐ No 否 |
| (p) liver or gall bladder disorders e.g. hepatitis (including carrier state), fatty liver, haemochromatosis, cirrhosis, jaundice or gallstones?
肝或膽囊疾病，例如肝炎（包括帶菌者狀態）、脂肪肝、血色素沉著症、肝硬化、黃疸病或膽結石? | ☐ Yes 是 | ☐ No 否 |
| (q) urinary or kidney disorders e.g. stones, pyelonephritis, blood or protein in urine?
泌尿系統或腎臟疾病，例如結石、腎盂腎炎、血尿或蛋白尿? | ☐ Yes 是 | ☐ No 否 |
| (r) anaemia, haemophilia, malaria or other parasitic disease or blood disorders?
貧血、血友病、瘧疾或其他寄生蟲疾病或血的疾病? | ☐ Yes 是 | ☐ No 否 |
| (s) prostate disorders, ovarian or cervical disorders e.g. hysterectomy, endometriosis?
前列腺疾病、卵巢或子宮頸疾病，例如子宮切除手術、子宮內膜異位症? | ☐ Yes 是 | ☐ No 否 |
| (t) any other disability, illness, operation or injury causing bodily impairment?
任何其他殘疾、疾病、因手術或損傷導致身體殘缺? | ☐ Yes 是 | ☐ No 否 |

Health and lifestyle questionnaire – life to be insured 1 (continued) 健康狀況及生活習慣問卷 — 第一受保人 (續)

10. (a) Are you currently taking any medication?
您目前是否接受藥物治療或服用藥物? ☐ Yes 是 ☐ No 否
- (b) Have you ever had any screenings where the results were abnormal (e.g. mammograms, cervical smear tests, PSA screenings or chest x-ray?)
您曾否接受任何篩檢結果屬異常，例如：乳房X光檢查、子宮頸抹片檢查、PSA篩檢或胸部X光? ☐ Yes 是 ☐ No 否
- (c) Have you ever tested positive for HIV or Hepatitis B or C, or are you awaiting the results of such a test?
您曾否接受愛滋病病毒、乙型或丙型肝炎測試而呈陽性反應，或是否正在等候測試結果? ☐ Yes 是 ☐ No 否
- (d) Other than stated above, have you consulted a doctor in the last five years or have you, in that time, undergone any special investigations e.g. MRI scan, biopsy, colonoscopy, CT scan, sleep studies, etc?
除上述以外，您於過去五年曾否向醫生求診，或於該段時間進行任何特殊檢查，例如：磁核共振造影掃描、活組織檢查、結腸鏡檢查、電腦斷層掃描、睡眠研究等等? ☐ Yes 是 ☐ No 否
- (e) Do you intend to seek a medical opinion within the next three months?
您是否打算在未來三個月內尋求醫療意見? ☐ Yes 是 ☐ No 否

Question 11 is for female clients 第11題只適用於女性客戶

11. (a) Are you now pregnant?
您現在是否懷孕? ☐ Yes 是 ☐ No 否
- If 'Yes', please confirm your due date and provide a statement from your obstetrician to confirm the pregnancy is proceeding normally.
如答案為「是」，請確認您的生產日期及提供您的產科醫生聲明書，證明您的懷孕情況正常。
- Due date 生產日期
- (b) Have you ever had any pregnancy related complications such as pre-eclampsia?
您曾否患有任何妊娠有關的併發症，如先兆子癇（妊娠高血壓）? ☐ Yes 是 ☐ No 否

12. Details of doctor/clinic/hospital 醫生／診所／醫院資料

Please give details of the doctor, clinic or hospital most familiar with your medical history (even if this is in a country other than your current country of residence):

請提供最熟知您醫療歷史的醫生、診所或醫院資料（即使其所在地並非您現居國家）：

Name of doctor or clinic or hospital 醫生或診所或醫院名稱

Address of doctor or clinic or hospital 醫生或診所或醫院地址

Telephone number 電話號碼

Additional information 附加資料

Question number 問題號碼	Details of disease or disorder, treatment given, date of diagnosis, details of doctor consulted, ongoing symptoms, date of next consultation, etc. If you are in possession of copies of reports in relation to these matters, please submit copies with your application for our consideration. 請提供以下詳情：疾病或病症的細節、所接受治療、診斷日期、診症醫生的詳細資料、現有症狀、下次診症日期等等。如果您擁有這些事宜相關的報告副本，請將這些副本連同您的申請表格提交予我們作考慮之用。

If there is insufficient space, please continue on a separate piece of paper ensuring you sign and date any additional pages.
如沒有足夠空間，請於額外紙張上繼續填寫，並確保您在任何附加紙張上簽名及填上日期。

8 Health and lifestyle questionnaire – life to be insured 2 健康狀況及生活習慣問卷 — 第二受保人

Health and lifestyle questionnaire for life to be insured 2

健康及生活習慣問卷 由第二受保人填寫

Please ensure all questions are answered fully and truthfully as failure to disclose any fact may invalidate your insurance. We may require special questionnaires to be completed, which will be provided by your relevant financial professional.

請確保所有問題都如實回答並全部填寫，隱瞞任何事實可能使您的保險失效。我們或會要求您填寫額外問卷，而您的理財顧問會提供所需問卷。

1. If you smoke or have used any form of tobacco or nicotine product in the last 12 months, please provide the type, frequency and quantity (e.g. 20 cigarettes per day, one shisha a week, etc.).
如您在過去的12個月內曾吸煙或使用任何煙草產品或尼古丁產品，請提供其種類、使用頻率及吸食的數量（例如：每日20支香煙或一星期一次水煙等等）。

If you no longer use tobacco or nicotine products, when did you stop using them and what was your previous consumption.
(e.g. stopped January 2011 – used to smoke 20 cigarettes a day)?

如您在過去的12個月內已停止使用任何煙草產品或尼古丁產品，請確認您於何時停止，以及停止前使用的種類及數量。
(例如：在2011年1月已停止吸用 — 每日20支香煙)？

Month 月 Year 年

M	M	Y	Y	Y	Y
---	---	---	---	---	---

Amount and type 數量及種類

2. Do you consume alcohol?

您喝酒嗎？

If 'Yes', please provide the number of units consumed each week.
如答案為「是」，請說明每星期喝酒的單位份量。

☐ Yes 是

☐ No 否

1 unit = single measure of spirits or 125ml glass of wine or 250ml of beer
1個單位 = 一份烈酒或一杯125毫升的葡萄酒或250毫升啤酒

3. Have you ever been advised to give up tobacco and/or alcohol

for a specific reason? If 'Yes', please provide details.

您在過去曾否因特殊原因被勸戒煙及／或戒酒？如答案為「是」，請提供詳情。

☐ Yes 是

☐ No 否

4. What is your height and weight?

您的身高和體重是多少？

Height

身高

cm

厘米

Weight

體重

kg

公斤

5. (a) In which industry are you employed and what is your job title?

您從事哪個行業的工作？請列出您的職位。

Industry 行業

Job title 職位

- (b) What percentage of your occupation involves manual work and what is the nature of these duties?

體力勞動佔您的工作多少百分比？請列出這些工作的性質。

%

Duties 工作性質

If your occupation includes activities that may be considered hazardous (for example, aviation, working at heights or underground or with explosives), please complete the relevant 'Oil and natural gas', 'Aviation' or general 'Occupation' questionnaire as appropriate.

如您的職業包括可被視為危險的活動（例如：航空、需於高空或地底或涉及炸藥工作），請填寫相關的「石油和天然氣問卷」、「航空問卷」或一般「職業問卷」。

- (c) Please state your earnings in the last 12 months from employment or business operations.

Please include the currency.

請註明您在過去12個月由工作或業務營運中所得的收入，並請列明貨幣。

Amount and currency

金額及貨幣

- (d) Do you participate in any sport or activity that may be considered hazardous?

For example, motor racing, diving, mountaineering, private flying, etc.

您是否參與任何可被視為危險的運動或活動？例如：賽車、潛水、爬山、私人飛行等等。

☐ Yes 是

☐ No 否

If 'Yes', please complete the relevant questionnaire or, if a specific questionnaire does not exist, please provide us with full details of frequency of activity, level of participation, any qualifications, details of competitions in which you take part, etc. in the 'Additional information' section at the end of this form.

如答案為「是」，請填寫相關的問卷，或，如沒有相關問卷，請於本表格末「附加資料」一欄提供全部詳情，包括進行這類活動的頻率、參與程度、任何資格、您所參與比賽的詳情等等。

6. Family history 家族歷史

Please provide details of your family history below. Of particular importance is whether your father, mother or any of your brothers or sisters has died of or suffered from heart disease, cancer, multiple sclerosis or diabetes before the age of 65 or from a familial/hereditary disorder.

請於以下空格提供您的家族歷史詳情。最重要是，您父親、母親或您任何兄弟姐妹有否在65歲前或因家族性／遺傳性疾病，而曾患上或死於心臟病、癌症、多發性硬化症或糖尿病。

Relation 關係	Age now/age at death 現時年齡／死亡年齡	State of health/cause of death 健康狀況／死因	Age at onset of disease 發病年齡
Father 父親			
Mother 母親			
Brother(s) 兄弟			
Sister(s) 姐妹			

Health and lifestyle questionnaire – life to be insured 2 (continued) 健康狀況及生活習慣問卷 — 第二受保人 (續)

7. (a) Please confirm the purpose of this insurance application (i.e. personal cover, family protection, mortgage cover, keyperson insurance, partnership protection, etc.)
請確認本保險申請書的目的 (即個人保障、家庭保障、按揭保障、要員保險、合作夥伴關係保障等等)

- (b) Do you have any existing life, disability or critical illness cover already in force with Zurich or any other insurance company?
您目前是否持有蘇黎世或其他保險公司的人壽、傷殘或危疾保單?

☐ Yes 是 ☐ No 否

If 'Yes', please complete the details below. 如答案為「是」, 請於以下空格提供詳情。

Insurer 保險公司	Types of benefits 保障類別	Sum insured and currency 投保額及貨幣	Policy term 保單年期	Start date 開始日期	Reason for cover 投保原因

- (c) Are you intending to replace any of the above covers with this application?
您是否打算以本投保申請書取代以上任何一份保單?

☐ Yes 是 ☐ No 否

If 'Yes', please advise which will be replaced. 如答案為「是」, 請列明哪份保單會被取代。

- (d) Are you currently applying to Zurich or any other insurance company for further cover?
您目前是否向蘇黎世或其他保險公司申請其他保單?

☐ Yes 是 ☐ No 否

If 'Yes', please complete the details below. 如答案為「是」, 請於以下空格提供詳情。

Insurer 保險公司	Types of benefits 保障類別	Sum insured and currency 投保額及貨幣	Policy term 保單年期	Date of application 申請日期	Reason for cover 投保原因

- (e) Have you ever had an application for life, disability or critical illness insurance declined, postponed or accepted at other than normal terms?
您過去申請投保人壽、傷殘或危疾保險時, 曾否被拒保、延遲承保或被要求附加特別條款?

☐ Yes 是 ☐ No 否

If 'Yes', please state the company(ies), benefits and date of application.
如答案為「是」, 請列出該保險公司、保障範圍及申請日期。

Insurer 保險公司	Types of benefits 保障類別	Date of application 申請日期	Decision 決定

8. (a) Have you been resident in your current country of residence for less than five years?
您是否於現居國家居住五年以下?

☐ Yes 是 ☐ No 否

If 'Yes', please state below the previous country(ies) where you have been a resident and the duration.
如答案為「是」, 請於以下空格列出您之前居住的國家及居住時間。

City/Country 城市/國家	From 由	To 至

- (b) Other than for vacations of less than 15 days in any 12 month period, do you visit or have any intention of visiting, living or working outside of your current country of residence?
於任何12個月期間內, 除旅遊少於15日外, 您曾否或有意到現居國家以外的其他國家到訪、定居或工作?

☐ Yes 是 ☐ No 否

If 'Yes', please provide details below. 如答案為「是」, 請於以下空格提供詳情。

Travel to (Country) 到 (國家)	Duration of stay 逗留時期	Purpose of stay 逗留目的

If you visit or intend to visit Iran, Iraq, Yemen, Syria, Afghanistan, Pakistan, any country of the former Soviet Union or any country in Africa, please complete our 'Travel and residency questionnaire'.

如您到訪或有意到訪伊朗、伊拉克、也門、敘利亞、阿富汗、巴勒斯坦, 任何前蘇聯國家或非洲任何國家, 請填寫「旅遊及居住問卷」。

Health and lifestyle questionnaire – life to be insured 2 (continued) 健康狀況及生活習慣問卷 — 第二受保人 (續)

9a. Medical questions 醫療問題

If you answer 'Yes' to any of the questions in '9a Medical questions', there are special questionnaires for each disorder that you will need to complete. These will be provided by your relevant financial professional. Please ensure the relevant form(s) is/are attached with your application. 如您於「9a醫療問題」中任何問題的答案為「是」，您將需要就每種疾病填寫額外問卷。您的理財顧問會提供所需問卷。請確保您遞交投保申請書時夾附相關表格。

Do you have or have you ever been diagnosed as having:

您是否患有或曾否被確診患有：

- | | | |
|---|--------------------------------|-------------------------------|
| (a) high blood pressure?
高血壓? | ☐ Yes 是 | ☐ No 否 |
| (b) diabetes or impaired fasting glucose?
糖尿病或空腹血糖異常? | ☐ Yes 是 | ☐ No 否 |
| (c) asthma, chronic bronchitis or obstructive airways disease?
哮喘、慢性支氣管炎或阻塞性氣道疾病? | ☐ Yes 是 | ☐ No 否 |
| (d) spinal (back or neck) disorders, muscular or joint disorders?
脊髓(背部或頸部)紊亂, 肌肉或關節紊亂? | ☐ Yes 是 | ☐ No 否 |
| (e) digestive disorders e.g. Crohn's Disease, ulcerative colitis, gastric reflux, ulcers or hernia?
消化功能紊亂, 例如克隆氏症、潰瘍性結腸炎、胃酸倒流、潰瘍或疝氣? | ☐ Yes 是 | ☐ No 否 |
| (f) arthritis e.g. osteoarthritis, rheumatoid arthritis or gout?
關節炎, 例如骨關節炎、類風濕性關節炎或痛風? | ☐ Yes 是 | ☐ No 否 |
| (g) growths, lumps, cysts, abnormal moles or skin lesions?
瘤、腫塊、囊腫、異常的痣或皮膚損傷? | ☐ Yes 是 | ☐ No 否 |
| (h) mental health issues e.g. depression, anxiety, schizophrenia, eating disorders or bipolar disorder?
心理健康問題, 例如抑鬱、焦慮、精神分裂症、飲食失調症或躁鬱症? | ☐ Yes 是 | ☐ No 否 |

9b. Medical questions 醫療問題

If you answer 'Yes' to any of the questions in '9b Medical questions' or in questions 10 or 11, please give details in the 'Additional information' section.

如您於「9b醫療問題」或於第10或11條中任何問題的答案為「是」，請於「附加資料」一欄提供詳情。

Do you have or have you ever been diagnosed as having:

您是否患有或曾否被確診患有：

- | | | |
|--|--------------------------------|-------------------------------|
| (i) heart attack, murmur, palpitations, chest pain or high cholesterol?
心臟病發作、心雜音、心悸、胸痛或高膽固醇? | ☐ Yes 是 | ☐ No 否 |
| (j) paralysis, stroke or transient ischaemic attack?
癱瘓、中風或短暫性腦缺血發作? | ☐ Yes 是 | ☐ No 否 |
| (k) thyroid or other glandular disorders?
甲狀腺或其他腺疾病? | ☐ Yes 是 | ☐ No 否 |
| (l) skin disorders e.g. psoriasis or sexually transmitted diseases?
皮膚疾病, 例如牛皮癬或性病? | ☐ Yes 是 | ☐ No 否 |
| (m) epilepsy, fits, multiple sclerosis or other neurological complaints?
癲癇、痙攣、多發性硬化症或其他神經系統的問題? | ☐ Yes 是 | ☐ No 否 |
| (n) impairment in speech, vision or hearing or other disorder of the ears or eyes?
言語、視力或聽力障礙或其他耳朵或眼睛的疾病? | ☐ Yes 是 | ☐ No 否 |
| (o) cancer or tumours (benign or malignant)?
癌症或腫瘤(良性或惡性)? | ☐ Yes 是 | ☐ No 否 |
| (p) liver or gall bladder disorders e.g. hepatitis (including carrier state), fatty liver, haemochromatosis, cirrhosis, jaundice or gallstones?
肝或膽囊疾病, 例如肝炎(包括帶菌者狀態)、脂肪肝、血色素沉着症、肝硬化、黃疸病或膽結石? | ☐ Yes 是 | ☐ No 否 |
| (q) urinary or kidney disorders e.g. stones, pyelonephritis, blood or protein in urine?
泌尿系統或腎臟疾病, 例如結石、腎盂腎炎、血尿或蛋白尿? | ☐ Yes 是 | ☐ No 否 |
| (r) anaemia, haemophilia, malaria or other parasitic disease or blood disorders?
貧血、血友病、瘧疾或其他寄生蟲疾病或血的疾病? | ☐ Yes 是 | ☐ No 否 |
| (s) prostate disorders, ovarian or cervical disorders e.g. hysterectomy, endometriosis?
前列腺疾病、卵巢或子宮頸疾病, 例如子宮切除手術、子宮內膜異位症? | ☐ Yes 是 | ☐ No 否 |
| (t) any other disability, illness, operation or injury causing bodily impairment?
任何其他殘疾、疾病、因手術或損傷導致身體殘缺? | ☐ Yes 是 | ☐ No 否 |

Health and lifestyle questionnaire – life to be insured 2 (continued) 健康狀況及生活習慣問卷 — 第二受保人（續）

10. (a) Are you currently taking any medication?
您目前是否接受藥物治療或服用藥物?

☐ Yes 是☐ No 否
- (b) Have you ever had any screenings where the results were abnormal (e.g. mammograms, cervical smear tests, PSA screenings or chest x-ray?)
您曾否接受任何篩檢結果屬異常，例如：乳房X光檢查、子宮頸抹片檢查、PSA篩檢或胸部X光?

☐ Yes 是☐ No 否
- (c) Have you ever tested positive for HIV or Hepatitis B or C, or are you awaiting the results of such a test?
您曾否接受愛滋病病毒、乙型或丙型肝炎測試而呈陽性反應，或是否正在等候測試結果?

☐ Yes 是☐ No 否
- (d) Other than stated above, have you consulted a doctor in the last five years or have you, in that time, undergone any special investigations e.g. MRI scan, biopsy, colonoscopy, CT scan, sleep studies, etc?
除上述以外，您於過去五年曾否向醫生求診，或於該段時間進行任何特殊檢查，例如：磁核共振造影掃描、活組織檢查、結腸鏡檢查、電腦斷層掃描、睡眠研究等等?

☐ Yes 是☐ No 否
- (e) Do you intend to seek a medical opinion within the next three months?
您是否打算在未來三個月內尋求醫療意見?

☐ Yes 是☐ No 否

Question 11 is for female clients 第11題只適用於女性客戶

11. (a) Are you now pregnant?
您現在是否懷孕?

☐ Yes 是☐ No 否

If 'Yes', please confirm your due date and provide a statement from your obstetrician to confirm the pregnancy is proceeding normally.
如答案為「是」，請確認您的生產日期及提供您的產科醫生聲明書，證明您的懷孕情況正常。

Due date 生產日期

Day日

Month月

Year年

D

D

M

M

Y

Y

Y

Y

(b) Have you ever had any pregnancy related complications such as pre-eclampsia?
您曾否患有任何妊娠有關的併發症，如先兆子癇（妊娠高血壓）?

☐ Yes 是☐ No 否

12. Details of doctor/clinic/hospital 醫生／診所／醫院資料

Please give details of the doctor, clinic or hospital most familiar with your medical history (even if this is in a country other than your current country of residence):
請提供最熟知您醫療歷史的醫生、診所或醫院資料（即使其所在地並非您現居國家）：

Name of doctor or clinic or hospital 醫生或診所或醫院名稱

Address of doctor or clinic or hospital 醫生或診所或醫院地址

Telephone number 電話號碼

Additional information 附加資料

Question number 問題號碼	Details of disease or disorder, treatment given, date of diagnosis, details of doctor consulted, ongoing symptoms, date of next consultation, etc. If you are in possession of copies of reports in relation to these matters, please submit copies with your application for our consideration. 請提供以下詳情：疾病或病症的細節、所接受治療、診斷日期、診症醫生的詳細資料、現有症狀、下次診症日期等等。如果您擁有這些事宜相關的報告副本，請將這些副本連同您的申請表格提交予我們作考慮之用。

If there is insufficient space, please continue on a separate piece of paper ensuring you sign and date any additional pages.
如沒有足夠空間，請於額外紙張上繼續填寫，並確保您在任何附加紙張上簽名及填上日期。

9 Relevant financial professional's details and declaration 理財顧問資料及聲明

To be completed by your relevant financial professional. 此部分必須由您的理財顧問填寫。

Family name 姓

Forename(s) 名

Job title 職銜

Mobile number 手提電話號碼

Brokerage name 中介人公司名稱

Suitable certifier number (if applicable) 有效核證人號碼 (如有)

PIBA/CIB registration number PIBA/CIB 註冊號碼

Declaration 聲明

I declare that, to the best of my knowledge and belief, the information given is true and shall form the basis of the proposed contract with the Company. I declare that the 'Financial needs analysis' and 'Risk profile questionnaire' have been completed with the two policy owners.

本人聲明，據本人所知及所信，本表格所提供的資料屬實，並將構成與 貴公司建議訂立合約的依據。本人聲明，已與兩名保單持有人填妥「財務需要分析」及「風險承擔能力問卷」。

Signature of financial professional 理財顧問簽署	Date 日期	Day日 D D	Month月 M M	Year年 Y Y Y Y
---	------------	-------------	---------------	------------------

10 Replacement declaration* 轉保聲明*

The information in this section is required by the Hong Kong Federation of Insurers.

本部分的資料為香港保險業聯會所要求。

(a) Have you replaced** in the past 12 months any or a substantial part of your existing life insurance policy(ies) with this application/proposal?

您／您們是否於過去12個月內以這份投保申請書／建議書取代**您／您們的任何現有壽險保單，或取代任何現有壽險保單內大部分的壽險成分？

☐ Yes – Please sign the following declaration and complete a separate 'Customer protection declaration form'.
是 — 請簽署以下聲明，並填寫「客戶保障聲明書」。

☐ No – please answer question (b) below.
否 — 請回答下列問題 (b)。

(b) Do you intend to replace in the next 12 months any or a substantial part of your existing life insurance policy(ies) with this application/proposal?

您／您們是否打算於未來12個月內以這份投保申請書／建議書取代您／您們的任何現有壽險保單，或取代任何現有壽險保單內大部分的壽險成分？

☐ Yes – Please sign the following declaration and complete a separate 'Customer protection declaration form'.
是 — 請簽署以下聲明，並填寫「客戶保障聲明書」。

☐ No – please read and sign the following declaration.
否 — 請詳閱下列聲明及簽署。

I/We realise if I/we answer 'No' to both questions above but indeed,

(i) this application/proposal has replaced any or a substantial part of my/our existing life insurance policy(ies) in the past 12 months; or

(ii) my/our current intention is to replace any or a substantial part of my/our existing life insurance policy(ies) within the next 12 months by this application/proposal,

I/we may jeopardise my/our future right of redress if I/we find later that I/we have been disadvantaged because of such replacement.

本人／本人等知道如果本人／本人等就上述兩條問題都選擇「否」，而事實上：

(i) 這份投保申請書／建議書卻於過去12個月內，取代本人／本人等任何現有壽險保單或任何現有壽險保單內大部分的壽險成分；或

(ii) 本人／本人等現正打算於未來12個月內，以這份投保申請書／建議書取代本人／本人等任何現有壽險保單或任何現有壽險保單內大部分的壽險成分，

即使日後發現因是次轉保導致本人／本人等蒙受損失，本人／本人等或會因此而有損日後的追討權益。

Replacement declaration* (continued) 轉保聲明* (續)

I/We hereby authorise Zurich to give the Insurance Agents Registration Board, the Hong Kong Confederation of Insurance Brokers, the Professional Insurance Brokers Association Limited, the Insurance Authority ('IA'), the Hong Kong Federation of Insurers, the insurer(s) of the life insurance policy(ies) that is/are being or has/have been replaced (if applicable) or other parties, as required for proper administration/implementation/execution of the Code of Practice for Life Insurance Replacement and the Minimum Requirements for insurance brokers as specified by the IA under the Insurance Companies Ordinance, a copy of this Replacement declaration and any related records or information.

本人／本人等現授權蘇黎世向保險代理登記委員會、香港保險顧問聯會、香港專業保險經紀協會有限公司、保險業監督（「保監」）、香港保險業聯會、所有已被取代或將會被取代的現有壽險保單的保險公司（如適用者），或為了有效管理／執行／履行《壽險轉保守則》及「保監」根據《保險公司條例》指明適用於保險經紀的「最低要求」所需的其他機構，提供本「轉保聲明」的副本及任何有關紀錄或資料。

Signature of policy owner/ authorised signatory 1# 第一保單持有人／ 授權簽署人簽署#	Signature of policy owner/ authorised signatory 2# 第二保單持有人／ 授權簽署人簽署#
Print name 姓名	Print name 姓名
Day日 Month月 Year年 Date 日期	Day日 Month月 Year年 Date 日期
# If your signature is different from the signature in your passport/ID or if your signature has changed over a period of time, you will need to complete a 'Certifying signature form'. 如您的簽署跟護照／身份證上的簽署不同，或簽署已更改，請填妥「核證簽名表格」。	# If your signature is different from the signature in your passport/ID or if your signature has changed over a period of time, you will need to complete a 'Certifying signature form'. 如您的簽署跟護照／身份證上的簽署不同，或簽署已更改，請填妥「核證簽名表格」。

Notes 註：

*The agent/broker must explain this Replacement declaration to the applicant/proposer before the latter signs it, but this Replacement declaration does not form part of the application/proposal for the new life insurance policy.

在申請人／投保人簽署本「轉保聲明」之前，保險代理／經紀必須向申請人／投保人解釋「轉保聲明」的內容。但本「轉保聲明」並不是新壽險保單的投保申請書／建議書其中一部分。

** Any transaction involving the purchase of life insurance is construed as a Replacement if (i) any existing life insurance policy(ies) or a substantial part of the sum insured of its/their basic life coverage has been/have been/will be terminated or (ii) a substantial part of the guaranteed cash value of the existing life insurance policy(ies) was reduced/will be reduced including where a policy loan was/will be taken out against a substantial part of the guaranteed cash value. Existing life insurance policy(ies) include(s) all types of traditional life, annuity and other non-traditional policies of the applicant/proposer, which has/have been terminated within 12 months before or will be terminated within 12 months after the new life insurance policy's issue date. Termination includes lapse, surrender, converted to reduced paid-up or extended-term insurance under the non-forfeiture provision of the existing life insurance policy(ies). 'A substantial part' means '50% or above'. However, converting term life insurance to whole life insurance (or some forms of permanent life insurance) under policy provisions of the existing life insurance policy(ies) is not construed as a Replacement.

任何購買壽險的交易均會被視為「轉保」如涉及(i) 任何現有壽險保單或其基本壽險保障的大部分保額已被終止或將被終止，或(ii) 現有壽險保單內大部分的保證現金價值已被減少／將被減少，包括當大部分的保證現金價值已被提取／將被提取作為保單借貸。現有壽險保單包括在新購壽險保單生效日前後的12個月內，申請人／投保人已終止或將會終止的任何壽險保單。壽險保單包括所有類型的傳統壽險、年金及其他非傳統壽險保單。終止保單包括：讓保單失效、退保、或根據現有壽險保單的不能作廢條款，將保單轉為減額清繳／延期定期保單。「大部分」指「50%或以上」。若根據現有壽險保單的保單條款，將定期壽險保單轉為終身壽險保單（或某些形式的永久壽險保單），則不會被視為「轉保」。

11 Declaration 聲明

Declaration by policy owner 保單持有人聲明

I/We apply for a Preferred Choice as detailed in this application form and in accordance with the Company standard terms and conditions. I/We declare that the answers given in this application, whether in my/our handwriting or not, are true and complete to the best of my/our knowledge and belief, and will form the basis of my/our contract of life insurance.

本人／本人等現就本申請表格所述資料及按 貴公司的標準條款與規章申請「智選人生」保單。本人／本人等現聲明，據本人／本人等所知及相信，本人／本人等在本申請表格提供的資料，不論是否本人／本人等親筆書寫，均屬真實及完整，並會構成本人／本人等這份人壽保單依據。

I/We understand that failure to disclose any material fact may invalidate the contract resulting in the loss of benefits.

本人／本人等明白如本人／本人等隱瞞任何重大事實，這份合約可能會失效並導致損失保障。

Note: a material fact is one which may influence the assessment or acceptance of your application for insurance. If you are in any doubt as to the relevance of any information, please give details.

註：重大事實指可影響本公司評估或接受您／您們保險申請的事實。如您／您們對任何有關資料的相關性存疑，敬請詳述。

I/We agree to immediately inform the Company in writing of any change to the information that I/we have provided on this application form.

本人／本人等同意，如本人／本人等在此申請表格提供的資料有任何變化，會立即以書面通知 貴公司。

I/We understand and consent to the Company seeking independent verification (if considered necessary) of any of the information given in this application.

本人／本人等明白及同意 貴公司向獨立人士核證本申請表格所載之任何資料（如認為必要者）。

I/We declare that I/we am/are over 18 years of age.

本人／本人等謹聲明本人／本人等已年滿18歲。

I/We declare that I/we am/are not a resident or national of the Isle of Man or the United States including any United States federally controlled territory.

本人／本人等謹聲明本人／本人等並非人島或美國包括任何受美國聯邦管轄領土的居民或國民。

I/We confirm that I/we understand that a change in my/our country of residence, or that of any life insured, could mean that the Company may no longer be able to provide all the benefits under this policy.

本人／本人等確認明白，如本人／本人等或任何受保人變更居住國家， 貴公司或不能再就本保單提供所有保障。

I/We declare that any premiums that I/we pay to the policy will not contravene any applicable exchange control regulations or trade or economic sanctions.

本人／本人等聲明，本人／本人等就保單支付的任何保費將不會違反任何適用的外匯管制法規或貿易或經濟制裁。

I/We declare that any premium paid to the Company is not of criminal origin or directly or indirectly related to criminal activities or any actual or attempted money laundering or tax evasion.

本人／本人等聲明，向 貴公司支付的任何保費並非來自刑事源頭，亦非直接或間接與刑事活動或任何實際進行或企圖進行的洗黑錢或逃稅相關。

I/We confirm that I/we have reviewed the information given in this application and it is correct.

本人／本人等確認本人／本人等已複審本申請表格所提供的資料，並確認資料為正確。

I/We understand that a copy of my/our completed financial needs analysis and risk profile questionnaire are available on request.

本人／本人等明白本人／本人等可向 貴公司索取本人／本人等的財務需要分析及風險承擔能力問卷副本。

I/We understand that the Company will only communicate with me/us using the contact details that I/we have supplied. Where I/we have provided more than one form of contact details, the most appropriate method of communication will be used depending on the urgency and sensitivity of the information.

本人／本人等明白 貴公司只會以本人／本人等提供的聯絡資料聯絡本人／本人等。如本人／本人等提供多過一種聯絡資料， 貴公司會因應資訊的緊急及敏感程度，而採用最合適的聯絡方法。

I/We declare that I/we am/are the beneficial owner(s) of the policy and not acting on behalf of another person including natural person, legal person or trust.

本人／本人等聲明，本人／本人等為本保單之實益擁有人，並非代表其他人行事，其他人包括自然人、法人或信託。

Cancellation rights and refund of premium(s) 取消保單權益及發還保費

I/We understand that I/we have the right to cancel and obtain a refund of any premium(s) paid by giving written notice. Such notice must be signed by me/us and received directly by Zurich International Life Limited, 25-26/F, One Island East, 18 Westlands Road, Island East, Hong Kong within 21 days after the delivery of the policy or issue of a Notice (informing the availability of the policy and the expiry date of the Cooling-off Period) to the policy owner(s) or the policy owner(s)'s representative, whichever is earlier.

本人／本人等明白本人／本人等有權以書面通知要求取消保單及取回已繳保費；但是本人／本人等必須簽署該通知，並確保 貴公司位於香港港島東華蘭路18號港島東中心25-26樓的辦事處於以下時段內直接收到該通知：保單交付本人／本人等或本人／本人等的代表後或通知書（說明已經可以領取保單及「冷靜期」的屆滿日）發予本人／本人等或本人／本人等的代表後，起計的21天，以較先者為準。

Declaration (continued) 聲明（續）

Declaration for data protection 個人資料保障聲明

Notice to customers relating to the Personal Data (Privacy) Ordinance (“Ordinance”)

有關個人資料（私隱）條例（「私隱條例」）的客戶通知

- The personal information of customers (include policy owners, insured persons, beneficiaries, premium payors, trustees, policy assignees and claimants) collected or held by **the Company** may be used by the Company for the following **obligatory purposes** necessary in providing services to the customers (otherwise the Company is unable to provide services to customers who fail to provide the required information):
由本公司收集或持有的客戶（包括保單持有人、受保人、受益人、保費付款人、信託人、保單受讓人及索償人）個人資料，均可供本公司使用作以下**強制性用途**，以便為客戶提供服務（否則本公司將無法為未能提供所需資料的客戶提供服務）：
 - to process, investigate (and assist others to investigate) and determine insurance applications, insurance claims and provide ongoing insurance services;
辦理、調查（及協助他人調查）和決定保險申請、保險索償及提供持續的保險服務；
 - to process requests for payment, and for direct debit authorisation;
辦理付款要求及直接付款授權；
 - to manage any claim, action and/or proceedings brought against the customers, and to exercise the Company's rights as more particularly defined in applicable policy wording, including but not limited to the subrogation right;
處理任何對客戶的索償、訴訟及／或司法程序；以及行使本公司的權利（詳情見適用保單條款所定），包括但不限於代位權；
 - to compile statistics or use for accounting and actuarial purposes;
編撰統計數字，或作會計及精算用途；
 - to meet the disclosure requirements of any local or foreign law, regulations, codes or guidelines binding on the Company and/or its group (“**Zurich Insurance Group**”) and conduct matching procedures where necessary;
符合對本公司及／或其所屬集團（「**蘇黎世保險集團**」）具約束力的任何本地或外國法例、規則、守則或指引的披露規定及如需要時進行核對程序；
 - to comply with the legitimate requests or orders of the courts of Hong Kong and regulators including but not limited to the Insurance Authority, Hong Kong Federation of Insurers, auditors, governmental bodies and government-related establishments;
遵循香港法院及監管機構作出的合法要求或指令，包括但不限於保險業監理處、香港保險業聯會、核數師、政府組織和政府相關機構；
 - to collect debts;
債務追討；
 - to facilitate the Company's authorised service providers to provide services to the Company and/or the customers for the above purposes; and
便利本公司的認可服務供應商，就上述目的為本公司及／或客戶提供服務；及
 - to enable an actual or proposed assignee of the Company to evaluate the transaction intended to be the subject of the assignment.
使本公司的實際或建議承讓人能夠評核擬進行涉及有關轉讓的交易。
- The Company may provide any personal information of customers to the following parties, within or outside of Hong Kong, for the **obligatory purposes**:-
本公司可就**強制性用途**，向以下於香港境內或境外的人士提供**任何**客戶個人資料：
 - companies within the Zurich Insurance Group, or any other company carrying on insurance or reinsurance related business, or an intermediary;
蘇黎世保險集團成員公司，或任何進行保險或再保險相關業務的其他公司或中介人；
 - any agent, contractor or third party service provider who provides administrative, telecommunications, computer, payment or other services to the Zurich Insurance Group in connection with the operation of its business;
任何向蘇黎世保險集團提供行政、電訊、電腦、付款或其他與其業務運作有關的服務的代理人、承包商或第三方服務供應商；
 - third party service providers including legal advisors, accountants, investigators, loss adjusters, reinsurers, medical and rehabilitation consultants, surveyors, specialists, repairers, and data processors;
第三方服務供應商，包括法律顧問、會計師、調查員、理賠師、再保公司、醫護及復康顧問、考察員、專家、維修人員、及資料處理者；
 - credit reference agencies, and, in the event of default, any debt collection agencies or companies carrying on claim or investigation services;
信貸諮詢機構、而在客戶欠賬時，任何債務追收代理或進行索償或調查服務的公司；
 - any person to whom the Zurich Insurance Group is under an obligation to make disclosure under the requirements of any law binding on the Zurich Insurance Group or any of its associated companies and for the purposes of any regulations, codes or guidelines issued by governmental, regulatory or other authorities with which the Zurich Insurance Group or any of its associated companies are expected to comply;
根據對蘇黎世保險集團或其任何關連機構具約束力的任何法例，及就任何由政府、監管或其他機關所頒佈且蘇黎世保險集團或其任何關連機構預期須遵守的任何規例、守則或指引而言，蘇黎世保險集團有責任向其作出披露的任何人士；
 - any person pursuant to any order of a court of competent jurisdiction;
根據主管司法權區的法院的任何頒令的任何人士；及
 - any actual or proposed assignee of the Zurich Insurance Group or transferee of the Zurich Insurance Group's rights in respect of the policy owners.
蘇黎世保險集團的任何實際或建議承讓人或蘇黎世保險集團對保單持有人的權利的受讓人。
- Certain personal information of policy owners and insured persons collected or held by the Company, in particular, names, contact information, age, gender, identity document reference, marital status, policy information, claim information, and medical history may be used by the Company for the following **voluntary purposes**:-
由本公司收集或持有的保單持有人及受保人的某些個人資料，特別是姓名、聯絡資料、年齡、性別、身份證明文件資料、婚姻狀況、保單資料、索償資料、及醫療紀錄等，均可供本公司使用作以下**自願性用途**：
 - to provide marketing materials and conduct direct marketing activities in relation to insurance and/or financial products and services of the Zurich Insurance Group and/or other financial services providers, and/or other related services of business partners, with whom the Company maintains business referral or other arrangements;
為蘇黎世保險集團及／或與本公司維持業務引薦關係或其他安排之其他金融服務供應商的保險及／或金融產品及服務，及／或其他商業合作伙伴之相關服務，提供市場推廣資料及進行直接市場推廣活動；

Declaration (continued) 聲明（續）

Declaration for data protection 個人資料保障聲明

- (2) to perform customer analysis, profiling and segmentation; and
進行客戶研究分析及分層；及
- (3) to conduct market research and insurance surveys for the Zurich Insurance Group's development of services and insurance products.
就蘇黎世保險集團的服務及保險產品發展進行市場調查及保險研究。

The Company is not allowed to use the personal information of any customer for the above voluntary purposes without such customer's consent. In the absence of any "opt-out" request, the Company shall treat the insurance application and continuation of the policy(ies) held with the Company as an indication of no objection of such policy owner and insured person to the Company's use of their personal information for the above voluntary purposes.

未經客戶同意，本公司不得使用任何客戶的個人資料作上述自願性用途。在未有收到任何「反對」要求，本公司將把有關保險申請及持續投保，視作有關保單持有人及受保人之不反對本公司使用其個人資料作上述自願性用途。

4. The Company may provide certain personal information, in particular, name, contact information, age, gender and policy information of a policy owner and an insured person, upon such policy owner's and insured person's written consent, to the following parties, within or outside of Hong Kong, for the **voluntary purposes**:-

經保單持有人及受保人書面同意後，本公司可就上述**自願性用途**，向以下於香港境內或境外的人士提供其某些個人資料，特別是姓名、聯絡資料、年齡、性別、保單持有人及受保人的保單資料等：

- (1) companies within the Zurich Insurance Group;
蘇黎世保險集團成員公司；
- (2) other banking/financial institutions, commercial or charitable organisations with whom the Company maintains business referral or other arrangements;
與本公司維持業務引薦關係或其他安排的其他銀行／金融機構、商業或慈善組織；
- (3) third party marketing service providers and financial professional.
第三方市場推廣服務供應商及理財顧問。

The Company is not allowed to provide to any third party the personal information of any customer, specifically, policy owners or insured persons, for the above voluntary purposes without their written consent.

未經客戶書面同意，本公司不得向任何第三方提供有關客戶（特別指保單持有人及受保人）的個人資料作上述自願性用途。

5. All customers have the right to access to, correct, or change any of their own personal information held by the Company, and in the case of policy owners and life insured, opt-out of the Company's use and transfer of their personal information for the voluntary purposes, by request in writing to the Company's Personal Data Privacy Officer at the address below. Requests for opt-out must state clearly the full name, identity document number, policy number, telephone number and address of the person making such request. Policy owners and insured persons may otherwise delete both the above paragraphs 3 and 4 (in *italics*) to indicate their wish to opt-out altogether.

所有客戶均有權以書面向本公司之個人資料私隱主任（地址如下）要求查閱、修正及／或更改由本公司所持有有關其本身的任何個人資料。如保單持有人及受保人欲反對本公司使用及提供其個人資料作上述自願性用途，亦可向本公司提出，並於有關反對要求中清楚註明要求人士之全名、身份證明文件編號、保單編號、電話號碼和地址。保單持有人及受保人亦可同時刪劃以上第3及4段（見斜字）以提出有關所有自願性用途之反對要求。

Personal Data Privacy Officer

26/F, One Island East, 18 Westlands Road, Island East, Hong Kong

個人資料私隱主任

香港島東華蘭路18號港島東中心26樓

6. In accordance with the Ordinance, the Company has the right to charge a reasonable fee for processing any data access request.
根據私隱條例，本公司有權收取合理費用，藉以處理任何資料的查閱要求。
7. In the event of any discrepancy or inconsistencies between the English and Chinese versions of this notice, the English version shall prevail.
本通知的中英文版本如有任何歧異或不一致，概以英文版為準。

I/We understand that the Company will only communicate with me/us using the contact details that I/we have supplied. Where I/we have provided more than one form of contact details, the most appropriate method of communication will be used depending on the urgency and sensitivity of the information.

本人／本人等明白 貴公司只會以本人／本人等提供的聯絡資料與本人／本人等通訊。若本人／本人等提供多過一種聯絡資料，貴公司會因應資訊的緊急及敏感程度，而採用最合適的聯絡方法。

I/We note that my/our telephone calls may be recorded or monitored in order to offer additional security, resolve complaints and for training, administrative and quality purposes.

本人／本人等知道 貴公司或會將本人／本人等的電話對話作錄音或監察，以作強化保安、處理投訴、訓練、行政和提昇服務質素之用。

I/We understand that my/our personal information may be passed outside Hong Kong to countries that do not have equivalent levels of data protection, however the Company would be responsible for ensuring that equivalent levels of protection are maintained.

本人／本人等明白本人／本人等的個人資料可能被傳送至香港以外的國家，而這些國家並沒有同等程度的個人資料保障，但 貴公司有責任確保本人／本人等的個人資料受到同等程度的保障。

I/We confirm that I/we agree to my/our personal data being collected and used as set out above.

本人／本人等謹此同意 貴公司可收集本人／本人等的個人資料及作上述用途。

Declaration (continued) 聲明（續）

Declaration for commission disclosure 佣金披露聲明

I/We understand, acknowledge and agree that, as a result of my/our purchasing and taking up the policy to be issued by the Company, the Company will pay the authorised insurance broker commission during the continuance of the policy including renewals, for arranging the said policy. Where the applicant is a body corporate, the authorised person who signs on behalf of the applicant further confirms to the Company that he or she is authorised to do so.

本人／本人等明白、確知及同意，貴公司會就本人／本人等購買及接受保險公司簽發的保單，於保單有效期內（包括續保期），向負責安排有關保單的獲授權保險經紀支付佣金。假如申請人為法人團體，代表申請人簽署的獲授權人員須向本公司確認他／她已獲法人團體授權簽署。

I/We further understand that the above agreement is necessary for the Company to proceed with the application.

本人／本人等亦明白 貴公司必須取得申請人以上的同意，才可以處理有關申請。

I/We confirm that I/we have read and understood the sections of Declaration by policy owner, Declaration for data protection and Declaration for commission disclosure before I/we sign this application form.

本人／本人等確認於本人／本人等簽署本申請表格前已詳閱及明白保單持有人聲明，個人資料保障聲明及佣金披露聲明。

I/We confirm that this/these signature(s) is/are mine/ours as policy owner(s) or that/those of my/our appointed legal representative(s).

本人／本人等確認此／此等簽署為本人／本人等作為保單持有人的簽署，或本人／本人等指定之合法代表的簽署。

If your signature is different from the signature in your passport/ID or if your signature has changed over a period of time, you will need to complete a 'Certifying signature form'.

如您的簽署跟護照／身份證上的簽署不同，或簽署已更改，請填妥「核證簽名表格」。

I/We consent to the Company seeking information from any medical practitioner who has attended me/us or from any insurer to which an application has been made for insurance and I/we authorise the giving of such information. I/We confirm such authorisation shall remain in force after my/our death(s).

本人／本人等同意 貴公司向曾診治本人／本人等的醫生或本人／本人等曾申請投保的保險公司索取資料，並且授權上述人士提供此等資料。本人／本人等確認本項授權在本人／本人等身故後仍然生效。

Signature of policy owner/ authorised signatory 1 第一保單持有人／ 授權簽署人簽署	Signature of policy owner/ authorised signatory 2 第二保單持有人／ 授權簽署人簽署
Print name 姓名	Print name 姓名
Day日 Month月 Year年 Date 日期	Day日 Month月 Year年 Date 日期
Signature of life to be insured 1 第一受保人簽署 (if different to policy owner) (如與保單持有人不同)	Signature of life to be insured 2 第二受保人簽署 (if different to policy owner) (如與保單持有人不同)
Print name 姓名	Print name 姓名
Day日 Month月 Year年 Date 日期	Day日 Month月 Year年 Date 日期
Country where application was signed 簽署申請表格時的所在國家	
Country 國家	
We will let you know when cover on the benefits you have selected starts. 當您所選的保障開始生效，本公司即會通知您。	
This will be subject to: 保障是否生效需受以下約束：	
(i) the final underwriting decision; 最終承保決策；	
(ii) receipt of the initial premium payment; and 本公司收訖首期保費付款；及	
(iii) receipt of satisfactory proof of identity and any other documentation we require. 收妥符合本公司要求的身份證明文件及任何其他文件。	

12 Payment instruction 付款指示

Direct debit payment instruction 銀行直接付款指示

This form is suitable for Hong Kong clearing banks only.

本表格只適用於香港結算系統內的銀行。

Do not detach from main application.

請勿從申請表中撕開此表格。

A 3.0% discount is applied to all regular premiums paid by direct debit.

透過銀行直接繳付定期保費可獲3%保費折扣優惠。

Any additional charge made by your bank for collection of your premiums will be met by the payor.

因選用直接付款而由銀行徵收的附加費用須由付款人支付。

Authorisation 授權

I/We hereby authorise my/our below-named bank to effect transfers from my/our account to that of the Company in accordance with such instructions as my/our bank may receive from the beneficiary from time to time.

本人／本人等現授權本人／本人等之下述銀行（根據收款人不時給予本人／本人等銀行之指示）自本人／本人等之賬戶內轉賬予 貴公司。

I/We agree that my/our bank shall not be obliged to ascertain whether or not notice of any such transfer has been given to me/us.

本人／本人等同意本人／本人等之銀行無須證實該等轉賬通知是否已交予本人／本人等。

I/We jointly and severally accept full responsibility for any overdraft (or increase in existing overdraft) on my/our account which may arise as a result of any such transfer(s).

如因該等轉賬而令本人／本人等之賬戶出現透支（或令現時之透支增加），本人／本人等願共同及個別承擔全部責任。

I/We confirm that my/our signature(s) on this application form is/are the same as that/those for the operation of my/our savings/current account to be debited for the transfer.

本人／本人等確認此申請表上之簽署，與本人／本人等用作付款之儲蓄／來往賬戶之簽署一致。

I/We agree to notify the above named beneficiary of any change of bank account or cancellation of payment method and further agree that should there be insufficient funds in my/our bank account to meet any transfer hereby authorised, the bank shall be entitled, at its discretion, not to effect such transfer in which event the bank may make the usual service charge to be paid by me/us.

本人／本人等同意通知上述收款人有關銀行戶口更改，或取消付款方法，並同意若本人／本人等之銀行賬戶並無足夠款項支付該等授權轉賬，本人／本人等之銀行有權不予轉賬，銀行並可向本人／本人等收取慣常之手續費。

This authorisation shall have effect until further notice.

本授權書將一直生效直至另行通知為止。

I/We agree that any notice of cancellation or variation of this authorisation which I/we may give to my/our bank shall be given at least two working days prior to the date on which such cancellation/variation is to take effect and at the same time such notice shall be given to the beneficiary.

本人／本人等同意，若本人／本人等取消或更改本授權書之內容，須於取消／更改生效日最少兩個工作天之前通知本人／本人等之銀行，同時亦會通知收款人有關的取消／更改指示。

Payment instruction (continued) 付款指示（續）

Bank details 銀行資料

(1) Bank name 銀行名稱

(2) Bank number 銀行編號

(3) Branch number 分行編號

(4) Account number 賬戶號碼

(5) Branch name 分行名稱

(6) Branch address 分行地址

(7) Your address as shown on statement or passbook 在月結單／存摺上的地址

Please provide details of **both** bank account holders if it is a joint bank account.
若為聯名戶口，請提供**兩位**賬戶持有人的資料。

Account holder 1 第一賬戶持有人

(8) Your name as shown on statement or passbook
在月結單／存摺上的姓名

(9) Identification held at bank 銀行紀錄的身份證明文件

☐ HKID 香港身份證
Document number 文件號碼：

☐ Passport 護照
Document number 文件號碼：

☐ China travel permit 中國旅遊通行證
Document number 文件號碼：

☐ Other (e.g. business registration certificate, certificate of incorporation, non-HKID)
其他（例如：商業登記證、公司註冊證書、非香港身份證）
Please specify 請詳述
Type 類別：
Document number 文件號碼：

Signature 簽署
Must agree with bank's record of signature on account
必須與銀行紀錄的賬戶簽署相同

Signature of account holder 1
第一賬戶持有人簽署

Date 日期

Day日 Month月 Year年

D

D

M

M

Y

Y

Y

Y

Account holder 2 第二賬戶持有人

(8) Your name as shown on statement or passbook
在月結單／存摺上的姓名

(9) Identification held at bank 銀行紀錄的身份證明文件

☐ HKID 香港身份證
Document number 文件號碼：

☐ Passport 護照
Document number 文件號碼：

☐ China travel permit 中國旅遊通行證
Document number 文件號碼：

☐ Other (e.g. business registration certificate, certificate of incorporation, non-HKID)
其他（例如：商業登記證、公司註冊證書、非香港身份證）
Please specify 請詳述
Type 類別：
Document number 文件號碼：

Signature 簽署
Must agree with bank's record of signature on account
必須與銀行紀錄的賬戶簽署相同

Signature of account holder 2
第二賬戶持有人簽署

Date 日期

Day日 Month月 Year年

D

D

M

M

Y

Y

Y

Y

22

Payment instruction (continued) 付款指示 (續)

Credit card payment instruction 信用卡付款指示

Do not detach from main application.

請勿從申請表中撕開此表格。

Any additional charge made by your credit card company for collection of your premiums will be met by the payor.

因選用信用卡付款而由信用卡公司徵收的附加費用需由付款者支付。

We can only accept Visa, Mastercard or UnionPay card.

我們只接受Visa、萬事達卡或銀聯卡。

Regular premium paid by credit card do not qualify for a premium discount – the full premium amount will be collected.

保費折扣優惠不適用於使用信用卡繳付定期保費 — 保費全數金額將會收取。

Authorisation 授權

I authorise the Company, until further notice in writing, to debit my credit card account, as detailed below, with unspecified amounts in respect of the premiums for my Zurich policy as and when they fall due and in respect of any charges for the collection of the premiums by credit card that are passed onto me by the Company.

本人現授權 貴公司從本人下述之信用卡戶口扣除上列保單之到期應付保費及由 貴公司收取以信用卡繳款的費用，並且不指定金額，直至另行通知為止。

Details of current rates of charges are available on request.

本公司可應要求提供有關收費詳情。

Please note that the Company is not liable for any losses arising as a result of action taken by the cardholder's credit card company.

請注意，若因信用卡公司採取之行動而令您蒙受損失，本公司概不負責。

Details 詳細資料

Credit card type 信用卡類別

- ☐ Visa
- ☐ Mastercard 萬事達卡
- ☐ UnionPay card (For initial premium only. Please present your card at our payment office for premium collection.)
銀聯卡（只適用於繳付首期保費並請 閣下於繳費中心出示此卡以繳付保費。）

We do not accept prepaid or exchange credit cards.

本公司不接受預付卡。

Name of card issuer – i.e. the name of a bank

發卡公司名稱（即銀行名稱）

Location of the credit card issuer 信用卡發卡地點：

- ☐ Hong Kong 香港
- ☐ Mainland China 中國大陸
- ☐ Other (please specify)
其他（請說明）

Credit card number 信用卡號碼

Credit card expiry date

信用卡到期日

Month月 Year年
M M Y Y Y Y

Currency of card 信用卡貨幣

Name on card 信用卡上所示的姓名

Cardholder's address – as held by credit card company 信用卡持有人地址 — 須與信用卡公司存載的資料相同

Currency 貨幣

Amount in figures 以數字填寫金額

Amount in words 以文字填寫金額

I understand that this authority in favour of the Company will remain in force until such time as I cancel it in writing.

本人明白以上給予 貴公司之授權書將一直維持生效，直至本人以書面另行通知為止。

Signature
簽署

Date
日期

Day日 Month月 Year年
D D M M Y Y Y Y

13 Temporary life cover terms and conditions 臨時壽險條款與規章

Qualifying conditions 符合條件

- (a) A payment or payment instruction must be submitted with the application form to the value of that minimum initial regular premium payable under the policy applied for on the application form.
遞交本表格時必須一併付款或附上付款指示，付款金額為申請表格所註明保單的最低首期定期供款額。
- (b) The proposed life or lives to be insured must not be older than 74 years attained as at the date of issue of this cover note.
擬受保人在本臨時保單簽發日的已屆年齡不可超過74歲。

Life cover 壽險

The amount of life cover provided by this cover note is the lesser of the amount of life cover benefit applied for under the application form or HKD2,000,000/USD250,000/GBP150,000/EUR250,000. This cover note is in respect of life cover benefit applied for only, and does not apply to any other benefit, other supplementary applications or additional or alternative policies for which application has been made.
本臨時保單提供的人壽保險額為申請表格所註明保單的壽險保障額或2,000,000港元／250,000美元／150,000英鎊／250,000歐元，二者取其較低。本臨時保單只適用於您申請的壽險保障，任何其他保障、其他補充申請、額外申請或已提出申請的其他保單一概不適用。

Period of cover 保險期

This cover note is valid from the date Zurich receives a fully completed application form, in conjunction with the first premium or a valid payment instruction until the earlier of the following dates:

本臨時保單由蘇黎世接獲填妥的申請表格並收訖首期供款或有效付款指示當日開始生效，直至以下最早的日期終止：

- (a) The date the policy becomes effective;
保單生效日；
- (b) At midnight (local time) on the sixtieth (60th) day after risk commenced under this cover note;
本臨時保單開始承保有關風險後六十(60)日午夜（本地時間）；
- (c) The date of issue by the Company of a notice that cover has been declined or postponed.
本公司發出拒保或延遲通知當日。

Where the application is for a joint life policy and one of the proposed lives to be insured dies during the period of temporary life cover, cover on the other life will be cancelled with effect from the date of death of the deceased life. If appropriate, a new application form will then be requested from the remaining life.

如申請聯名保單而其中一名擬受保人在臨時壽險生效期內身故，另一名受保人的壽險保障將在已故受保人逝世當日註銷。如情況所需，本公司會要求尚存的受保人另行提交新的申請表格。

Exclusions 不承保事項

Notwithstanding the above this cover note will not be valid if:

儘管有上文規定，如有下列情況本臨時保單概不生效：

- (a) it has been altered or modified in any way or if the payment in respect of the initial premium under the policy is not honoured on the first presentation for payment;
臨時壽險經過任何修改或更改，或申請人作出的第一次付款未能悉數支付保單規定的首期供款；
- (b) there is any material misrepresentation in this cover note, the application form or any other supplementary forms;
本臨時保單、申請表格或任何其他補充表格有重大失實陳述；
- (c) the death of a proposed life to be insured during the period of cover is by suicide;
擬受保人在臨時壽險生效期間自殺身亡；
- (d) a proposed life to be insured has in the past five years had or been diagnosed as having, or has been treated by a physician or medical professional for:
擬受保人過去五年曾患或曾被醫生或專業醫護人員確診以下疾病或就此接受治療：
cancer, or any malignant tumour or growth including melanoma, angina, heart attack, coronary artery disease, heart or brain surgery, stroke, diabetes, psychosis or other form of mental disease, alcoholism or drug addiction, Acquired Immune Deficiency Syndrome (AIDS), HIV virus infection, or any other disabling disease or condition;
癌症或惡性腫瘤或贅生物包括：黑色素瘤、心絞痛、心臟病、冠狀動脈疾病、心臟或腦部手術、中風、糖尿病、思覺失調或其他精神病、酗酒或濫藥、人類免疫力缺乏病毒、愛滋病病毒或任何其他引致殘障的疾病或病況；
- (e) a proposed life to be insured has ever been declined, postponed or accepted on special terms for life cover in the past;
擬受保人過去曾遭拒保、延遲承保或附加特別條款承保；
- (f) the death of a proposed life to be insured occurs as a consequence of his or her active involvement in war, invasion, act of foreign enemies, hostilities or warlike operations (whether war be declared or not), civil war, mutiny, civil commotions assuming the proportions of or amounting to a popular uprising, military rising, insurrection, rebellion, riot, military or usurped power or any act of any person acting on behalf of or in connection with any organisation actively directed towards the overthrow or to the influencing of any government or ruling body by force, terrorism or violence;
擬受保人積極參與戰爭、侵略行動、外敵攻擊、敵對局勢或類似戰爭事件（不論是否已宣戰）、內戰、政變、內亂、足以引起或達到群眾騷亂規模的民眾造反、軍事叛亂、起義、反叛、暴動、軍變或篡權，或任何個人或團體不論代表或與任何組織共謀，運用武力、恐怖活動或暴力，主動企圖推翻或影響任何政府或統治權力的行動，以致死亡；
- (g) the death of a proposed life to be insured occurs directly or indirectly as a result of any hazardous pursuit or pastime (for example, aviation other than as a fare paying passenger on a regular scheduled airline, motor racing, diving).
擬受保人直接或間接因為從事危險活動或嗜好（例如並非以付費乘客身分搭乘定期航班的航空活動、賽車或潛水）以致死亡。

Please refer to the policy Terms and Conditions for full details of the exclusions.

有關不承保事項詳情，請參閱保單條款與規章。

Payment of claim 索償付款

The life cover under this cover note becomes payable upon proof being provided to the satisfaction of the Company of the death of the proposed life to be insured or one of the joint lives to be insured. Payment will be by a single lump sum in the currency and the location stipulated by the representative of the life insured's estate or the beneficiary named in the application form. The currency must be freely convertible.

如擬受保人或其中一位聯名擬受保人身故，本公司收妥符合本公司要求的死亡證明文件後，便會支付本臨時保單訂明的保障。付款會採取一筆整付方式，付款貨幣及地點由受保人遺產代表或申請表格註明的受益人指定。貨幣必須為自由兌換貨幣。



Unit 8E Golden Sun Centre 223 Wing Lok St Sheung Wan HK
Tel. (852) 2530 2530 Fax (852) 2530 2535
Email: crew@navigator-insurance.com
www.navigator-insurance.com

Zurich International Life is a business name of Zurich International Life Limited which provides life assurance, investment and protection products and is authorised by the Isle of Man Financial Services Authority.

Registered in the Isle of Man number 20126C.

Registered office: 43-51 Athol Street, Douglas, Isle of Man, IM99 1EF, British Isles
Telephone: +44 1624 662266 Telefax: +44 1624 662038

Hong Kong office: 25-26/F, One Island East, 18 Westlands Road, Island East, Hong Kong
Telephone: +852 3405 7150 Telefax: +852 3405 7268

www.zurich.com.hk

蘇黎世國際人壽保險是蘇黎世國際人壽保險有限公司的商業名稱。蘇黎世國際人壽保險有限公司為人島 Financial Services Authority 所認可，提供人壽保險、投資及保障產品。

於人島的註冊號碼為20126C。

註冊辦事處：43-51 Athol Street, Douglas, Isle of Man, IM99 1EF, British Isles
電話：+44 1624 662266 傳真：+44 1624 662038

香港辦事處：香港港島東華蘭路18號港島東中心25-26樓
電話：+852 3405 7150 傳真：+852 3405 7268

www.zurich.com.hk

