

Pacific Application form (For single life policy) 「翱翔人生」申請表格 (適用於個人壽險)

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 offering document 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. 本表格必須連同銷售文件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 joint life policy, please complete the joint life policy application form.
如欲申請聯名壽險，請使用聯名壽險申請表格。

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欠缺所需資料，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 is 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 details 保單持有人資料

To be completed by the policy owner applying for the policy
由申請保單的保單持有人填寫

Are you a US[#] tax-payer? 您是美國[#]納稅人嗎？

☐ Yes 是 ☐ No 否

Are you a US[#] citizen? 您是美國[#]公民嗎？

☐ Yes 是 ☐ No 否

Is the telephone number you intend to supply a US[#] based number?

您擬提供的電話號碼是美國[#]電話號碼嗎？

☐ Yes 是 ☐ No 否

If you have answered 'Yes' to any of the above questions, or if either policy owner is a US national, resides in the US or is requesting a regular income payment to be made to a US account, your application cannot be accepted by Zurich International Life Limited ("Company", "Zurich").

如上述任何一條問題的答案為「是」，或其中一個保單持有人為美國國民，居於美國或要求將入息定期存入任何美國戶口，蘇黎世國際人壽保險有限公司（「本公司」、「蘇黎世」）將無法接納您的申請。

Please state all countries where you are currently deemed to be resident for tax purposes.

請註明所有目前視你為稅收上居民的國家。

Country/Countries of tax residence 稅務居留國家

1 _____

2 _____

3 _____

Tax reference number(s) ^

稅務參考編號 ^

1 _____

2 _____

3 _____

^ If you are currently tax resident in the United Kingdom, please provide your National Insurance number.

如果您目前為英國的稅收居民，請提供您的國家社會保險號。

[#] The definition of US includes the 50 United States of America, the District of Columbia, Guam, Puerto Rico, US Virgin Islands, American Samoa and the Northern Mariana Islands.

美國的定義包括亞美利堅合眾國50個州、哥倫比亞特區、關島、波多黎各、美屬維爾京群島、美屬薩摩亞群島和北馬里亞納群島。

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

To be completed by the policy owner applying for the policy
由申請保單的保單持有人填寫

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）

Day日

Month月

Year年

D

D

M

M

Y

Y

Y

Y

☐ Male 男☐ Female 女

Country of birth 出生國家

Place of birth (town or city)
出生地點（城鎮或城市）

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）** 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** (include international country code) **住宅電話號碼**（包括國家區號） **Country of home telephone number** **住宅電話號碼的國家** **Mobile number** (include international country code) **手提電話號碼***（包括國家區號） **Country of mobile number** **手提電話號碼的國家** **Email address 電郵地址*** |

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

☐ Policy owner
保單持有人

Have you smoked or used any form of tobacco or nicotine product** within the last 12 months?
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**？

☐ Yes 有

☐ No 沒有

☐ Other – please complete the 'Life/Additional life insured application form'
其他 — 請填妥「受保人／新增受保人申請表」

* **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。

Doctor's Details 醫生資料

Please give details of the doctor who is the life to be Insured's usual doctor. 請提供最熟悉您的醫生的資料。

Doctor's Name 醫生姓名	Telephone number 電話號碼
Doctor's Address 醫生的地址	

2

2 Premium Payment details 付款資料

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。

Regular premium frequency (tick one only) 定期保費支付次數 (請選擇一項並加上✓號)

☐ Monthly 每月

☐ Yearly 每年

Premium amount
保費金額

Please record the regular monthly premium amount shown in your illustration document. 請按照您的退保說明文件所示的每月定期保費金額。

Premium payment method (please tick one only) 保費付款方式 (請選擇一項並加上✓號)

Please note that where the policy owners are residents of 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帳戶付款。如電匯付款由中國大陸境內的銀行帳戶繳付，將不獲接受。

☐ Direct debit (please complete page 10)
銀行直接付款 (請填寫第10頁)

☐ Credit card (please complete page 11)
信用卡 (請填寫第11頁)

☐ Cheque* – Initial payment and yearly payments only
支票* — 只適用於首次付款及每年供款

☐ Telegraphic transfer – Yearly payments only (please refer to page 12 for details of telegraphic transfer)
電匯 — 只適用於每年供款 (有關電匯詳情，請參閱第12頁)

* Bank details for cheque payments 以支票付款的銀行資料
Cheques must be made payable to: ‘Zurich International Life Limited’ 支票抬頭必須註明「Zurich International Life Limited」

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

Is the policy owner making the payments from his/her funds? ☐ Yes 是 ☐ No 否
保單持有人是否以個人的資金付款？

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」，請填妥「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。

3 Waiver of premium benefit 豁免供款保障

Do you require waiver of premium benefit? ☐ Yes 是 ☐ No 否
您是否需要豁免供款保障？

4 Investment details 投資詳情

Investment choice selection 揀選投資選擇

Please indicate your selection of investment choices. For details of the available investment choices, please refer to the “Pacific Investment Choice Brochure”, your relevant financial professional or the appropriate underlying fund manager directly.
Any unclear instructions will not be performed. **Investment choice codes and investment choice names should be written in full and in capitals.**
請於下表註明您所揀選的投資選擇。有關投資選擇的詳情，請參閱《「翱翔人生」投資選擇概覽》或直接向您的理財顧問或相關基金經理索取。
如閣下的指示不清晰，我們將不能處理有關申請。**投資選擇名稱及投資選擇代碼必須完整並以英文大楷填寫。**

Investment choice code 投資選擇代碼	Investment choice name (including name of underlying fund management company) 投資選擇名稱 (包括相關基金管理公司名稱)	%
Total – please make sure the total adds up to 100% 總數 — 請確保總百分比為100%		100%

Note: A maximum of 30 investment choices at any one time and subject to a minimum of HKD1,000/USD125/GBP80/EUR100, depending on the policy currency of your policy for each investment choice. Please give full name(s) of the investment choice(s) and the investment choice code(s).
註：每次可揀選最多30項投資選擇，而任何一項投資選擇必須最少為1,000港元／125美元／80英鎊／100歐元，視乎您的保單貨幣而定。請填寫投資選擇全名及投資選擇代碼。

5 Origin of wealth 財富來源問卷

Important information 重要資料

Before completing this section please read the 'Origin of wealth guidelines' carefully and discuss with your relevant financial professional.
填寫本部分前請先細閱「財富來源指引」及諮詢您的理財顧問。

If you are an existing policy owner, your existing premium levels will be included for the purposes of calculating the limits for which documentary evidence is required.

若您是本公司的現有客戶，所有現行供款均會一併考慮，以決定所需呈交的證明文件。

Applications to other life insurers 向其他人壽保險公司提交的申請

Are you making concurrent applications to other life insurers?

您是否正同時向其他人壽保險公司提交申請？

Yes – Please give details below. 是 – 請提供詳情

☐

No 否

☐

Insurer 保險公司	Type of policy 保單類別	Amount of cover and currency 保額和貨幣	Premium amount and currency 供款金額和貨幣	Payment frequency 供款頻率	Policy term 保單年期

How the policy owner acquired the funds 保單持有人如何獲得資金？

☐ Savings from income/salary/company profits/bonus 來自收入／薪酬／公司利潤／花紅的儲蓄

Employer's name

僱主名稱

Annual income amount

每年收入金額

Currency

貨幣

Employer's physical address 僱主地址

Bonus amount

花紅金額

Currency

貨幣

Employer's telephone number (fixed line)

僱主電話（固網電話）

Number of years you have been saving from work

您的儲蓄年期（來自工作的儲蓄）

Nature of company business

公司業務性質

Total disposable income amount

可支配收入總額

Currency

貨幣

Number of years employed with company

在該公司工作年期

☐ Other 其他

Please provide details here if your funds are from a source other than those listed above. Please include full details of where funds are from, dates, currency and amount.

若您的供款資金來源並非來自以上所列，請呈交所有相關資料，包括資金來源、日期、貨幣和金額。

How the policy owner acquired the funds – documentary evidence

保單持有人如何獲得資金 — 證明文件

If your payment is above the limits in the 'Origin of wealth guidelines', please tick the relevant boxes to confirm documents attached.

若您的供款金額超過「財富來源指引」所載的限額，請以✓號確認已夾附的文件。

☐ Evidence of savings from income/salary/company profits/bonus

來自收入／薪酬／公司利潤／花紅的儲蓄證明

- A copy of my recent financial accounts (I am self-employed)

最近之財務賬目副本（本人為自僱人士）

☐

- A letter on company letterhead from my employer confirming my income - this must be an original

由僱主簽發並以公司信紙發出的收入證明信件 — 必須為正本

☐

- Bank statements clearly showing receipt of my most recent regular salary payments from my employer

銀行月結單 — 清楚列明僱主最近期存入的定期薪金

☐

☐ Other – please provide the appropriate documentary evidence as defined in the 'Origin of wealth guidelines'.

其他 — 請提供適當證明文件，其定義已列明於「財富來源指引」。

Please note: All documents submitted should be original or a copy certified by a suitable certifier.

請注意：所有呈交的文件必須為正本或有效核證副本。

6 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 owner 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)

- 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 owner's 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。

- 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 you can contact our Customer Care Team for 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 閣下可聯絡我們的客戶服務部。

7 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?

您是否於過去12個月內以這份投保申請書／建議書取代**您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 realise if I answer 'no' to both questions above but indeed,

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

(ii) my current intention is to replace any or a substantial part of my existing life insurance policy(ies) within the next 12 months by this application/proposal, I may jeopardise my future right of redress if I find later that I have been disadvantaged because of such replacement.

本人知道如果本人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蒙受損失，本人或會因此而有損日後的追討權益。

I 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#

保單持有人／

授權簽署人簽署#

Print name

姓名

Day日 Month月 Year年

Date

日期

D	D	M	M	Y	Y	Y	Y
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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」。

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」。

8 Declaration 聲明

Declaration by policy owner 保單持有人聲明

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

本人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「翱翔人生」保單。本人現聲明，據本人所知及相信，本人在本申請表格提供的資料，不論是否本人親筆書寫，均屬真實及完整，並會構成本人這份人壽保單依據。

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

本人明白如本人隱瞞任何重大事實，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保險申請的事實。如您對任何有關資料的相關性存疑，敬請詳述。

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

本人同意，如本人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 understand and consent to the Company seeking independent verification (if considered necessary) of any of the information given in this application.

本人明白及同意 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 declare that I am over 18 years of age.

本人謹聲明本人已年滿18歲。

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

本人謹聲明本人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 confirm that I understand that a change in my 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.

本人確認明白，如本人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 declare that any premiums that I pay to the policy will not contravene any applicable exchange control regulations or trade or economic sanctions.

本人聲明，本人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 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 confirm that I have reviewed the information given in this application and it is correct.

本人確認本人已複審本申請表格所提供的資料，並確認資料為正確。

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

本人明白本人可向 貴公司索取本人的財務需要分析及風險承擔能力問卷副本。

I understand that the Company will only communicate with me using the contact details that I/we have supplied. Where I 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.

本人明白 貴公司只會以本人提供的聯絡資料聯絡本人。如本人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 declare that I am the beneficial owner of the policy and not acting on behalf of another person including natural person, legal person or trust.

本人聲明，本人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 understand that I have the right to cancel and obtain a refund of any premium(s) paid less any market value adjustment, by giving written notice. Such notice must be signed by me 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 or the policy owner's representative, whichever is earlier.

本人明白本人有權以書面通知要求取消保單及取回扣除市值調整後的已繳保費；但是本人必須簽署該通知，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：保單交付本人或本人的代表後或通知書（說明已經可以領取保單及「冷靜期」的屆滿日）發予本人或本人的代表後，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

1. 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）：
 - (1) 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；
 - (2) to process requests for payment, and for direct debit authorisation;
辦理付款要求及直接付款授權；
 - (3) 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；
 - (4) 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；
 - (5) 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；
 - (6) 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；
 - (7) to collect debts;
債務追討；
 - (8) 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
 - (9) 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。
2. 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：
 - (1) 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；
 - (2) 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；
 - (3) 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；
 - (4) 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；
 - (5) 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；
 - (6) 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
 - (7) 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。
3. *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**：
 - (1) 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 understand that the Company will only communicate with me using the contact details that I have supplied. Where I 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.
本人明白 貴公司只會以本人提供的聯絡資料與本人通訊。若本人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 note that my telephone calls may be recorded or monitored in order to offer additional security, resolve complaints and for training, administrative and quality purposes.
本人知道 貴公司或會將本人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 understand that my 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.

本人明白本人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的個人資料受到同等程度的保障。

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

本人謹此同意 貴公司可收集本人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 understand, acknowledge and agree that, as a result of my 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.

本人明白、確知及同意，貴公司會就本人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 further understand that the above agreement is necessary for the Company to proceed with the application.

本人亦明白 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 confirm that I have read and understood the sections of Declaration by policy owner, Declaration for data protection and Declaration for commission disclosure before I sign this application form.

本人確認於本人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 confirm that this signature is mine as policy owner or that of my appointed legal representative.

本人確認此簽署為本人作為保單持有人的簽署，或本人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 consent to the Company seeking information from any medical practitioner who has attended me or from any insurer to which an application has been made for insurance and I authorise the giving of such information. I confirm such authorisation shall remain in force after my death.

本人同意 貴公司向曾診治本人的醫生或本人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。本人確認本項授權在本人身故後仍然生效。

Signature of policy owner/ authorised signatory 保單持有人／ 授權簽署人簽署	Signature of life to be insured 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
Date 日期	Date 日期
Day日 Month月 Year年 D D M M Y Y Y Y	Day日 Month月 Year年 D D M M Y Y Y Y
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。	

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 policy owner.

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 Month月 Year年 D D M M Y Y Y Y

10 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。

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。

Bank details 銀行資料

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。

Bank name 銀行名稱

Branch name 分行名稱

Branch address 分行地址

Bank number 銀行編號

Branch number 分行編號

Account number 賬戶號碼

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

(a) (b)

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

Type of identification held at bank 銀行紀錄的身份證明文件類別

(a) (b)

Identification number(s) held at bank (e.g. HKID number, China passport number or travel permit number)
銀行紀錄的身份證明文件號碼（例如：香港身份證號碼、中國護照號碼或旅遊通行證號碼）

(a) (b)

Signature(s) 簽署	
Signature of account holder 1 第一賬戶持有人簽署	
Date 日期	Day日 Month月 Year年 DDMMYYYY
Signature of account holder 2 第二賬戶持有人簽署	
Date 日期	Day日 Month月 Year年 DDMMYYYY

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。

1.5% charge applies to the collection of premiums by credit card.

每次以信用卡繳付保費將會收取 1.5% 的信用卡費用。

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.

貴公司可應要求提供有關收費詳情。

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

本人明白若因信用卡公司採取之行動而令本人蒙受損失，貴公司概不負責。

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
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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
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11 Details of telegraphic transfer payment instruction 電匯付款指示詳情

Any additional charge made by your bank for collection of your premiums will be met by the payor.
因選用電匯付款而由銀行收取的附加費用需由付款者支付。

Payment from PRC residents can only be accepted from a bank account in Hong Kong. 中國居民必須透過香港的銀行賬戶付款。

Please state the policy number and the full name of the policy owner(s) as the reference to set up the telegraphic transfer payment instruction.
於設立電匯付款指示時，請列明保單編號及保單持有人的全名以作參考之用。

* Policy number will only be issued after application submission. You can contact your relevant financial professional to get the policy number before setting up the telegraphic transfer payment instruction.

* 保單編號會於投保申請後發出。閣下可於設立電匯付款指示前聯絡您的理財顧問以獲取保單編號。

Credit 轉賬予 : Zurich International Life Limited

For Hong Kong **local accounts 本地轉賬戶口**

HK dollars (for payments initiated from Hong Kong) 港元 (在香港進行支付)

To: HSBC Bank, 1 Queens Road Central, Hong Kong
SWIFT HSBC HSBCHKHKKH

In favour of: Zurich International Life Limited Account number: 502-120934-001

For **overseas accounts 外地轉賬戶口**

HK dollars 港元

To: HSBC Bank plc, International Division, P.O. Box 181, 27-32 Poultry, London SW1F 0BQ BIC code: MIDLGB22 Sort code: 40-05-15

In favour of: Zurich International Life Limited Account number: 35307087
IBAN: GB12MIDL40051535307087

US dollars 美元

To: HSBC Bank plc, International Division, P.O. Box 181, 27-32 Poultry, London. SWIFT/BIC code: MIDLGB22 Sort code: 40-05-15

In favour of: Zurich International Life Limited Account number: 68770522
IBAN: GB72MIDL40051568770522

Sterling 英鎊

To: HSBC Bank plc, HSBC House, Ridgeway Street, Douglas, Isle of Man IM99 1AU, British Isles. SWIFT code: MIDLGB22 Sort code: 40-19-38

In favour of: Zurich International Life Limited Account number: 81058312
IBAN: GB53MIDL40193881058312

Euros 歐元

To: HSBC Bank plc, International Division, P.O. Box 181, 27-32 Poultry, London. SWIFT/BIC code: MIDLGB22 Sort code: 40-05-15

In favour of: Zurich International Life Limited Account number: 39143348
IBAN: GB87MIDL40051539143348

Note: You have to set up your telegraphic transfer payment instruction by yourselves. Once the instruction is set up, please send a certified true copy of the instruction slip to "Policy Data Management Team" at 25-26/F, One Island East, 18 Westlands Road, Island East, Hong Kong.

註：閣下需自行設立電匯付款指示。當指示成功設立後，請將該指示收據之認證真實副本傳送至香港港島東華蘭路18號港島東中心25-26樓Policy Data Management Team。



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 Government Insurance and Pensions Authority.

Registered in the Isle of Man number 20126C.

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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

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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政府 Insurance and Pensions 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。

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