Please read the following carefully before you retrieve, print or complete this form.
在索取、列印或填寫表格前，請閣下先詳閱下文。

Disclaimer

Any form downloaded/printed via any electronic media provided by Chow Tai Fook Life Insurance Company Limited ("CTF Life") (e.g. corporate website, interactive voice response system) is done at your own discretion and risk. CTF Life is not responsible for any printing error that results from the form download/printing and any loss or damage howsoever caused as a result of such printing error. In the event that there is any printing error in the downloaded/printed form, CTF Life may require you to fill in a correct form before starting to process your application.

For forms downloaded from the Internet (the "Internet Printed Form"), upon completing and signing the Internet Printed Form, you shall be deemed to have read and understood the contents of the form displayed on computer screen (the "Displayed Form") which shall prevail in case there is any inconsistency, contradiction or difference of whatever kind between the Displayed Form and the Internet Printed Form and have agreed to all provisions contained therein and to have agreed and undertaken not to raise any objection whatsoever in connection with any inconsistency, contradiction of difference of whatever kind between the Displayed Form and the Internet Printed Form.

CTF Life reserves the right to update the forms from time to time as it sees fit and also reserves the right to accept or reject the form submitted by you.

免責聲明

閣下凡透過周大福人壽保險有限公司 [周大福人壽] 之電子收發渠道 [如公司網站、互動語音回應系統] 下載或列印任何表格，應自行考慮及衡量需承擔之風險。周大福人壽概不負責任何因下載或列印表格所引致的列印錯誤及其可能導致之任何損失或毀壞。若閣下提交之下載或列印表格有任何列印錯誤，周大福人壽有可能在處理閣下的申請前要求閣下填寫一份正確之表格。

當閣下填寫及簽署由網站下載之表格［互聯網列印表格］，則被視作閣下已詳閱及明白電腦螢幕上出現之表格［閱覽表格］之內容，並同意表格內之所有條文。如該閱覽表格與互聯網列印表格出現任何不符、矛盾或分歧時，閣下同意並承諾不會提出任何異議。如閱覽表格與互聯網列印表格出現任何不符、矛盾或分歧時，概以閱覽表格為準。

周大福人壽有權隨時在認為適當情況下更新表格內容，並保留接受或拒絕閣下遞交之申請表格的權利。

大額付款 / 第三者付款聲明書
Large Amount / Third Party Payment Declaration Form

CTF Life
周大福人壽

保單號碼 Policy Number		保險代理人/保險經紀姓名 Name of Agent / Insurance Broker	
保單持有人/申請人姓名 Name of Policy owner/Applicant		保險代理人/保險經紀編號 Agent / Insurance Broker Code	
受保人姓名 Name of Insured		保險代理人/保險經紀聯絡電話 Agent / Insurance Broker Contact No.	

重要事項 Important Notes:

保單持有人/申請人/付款人於以下情況必須填寫此聲明書及遞交相關的文件(如適用)：
Completion of this form and submission of document (if applicable) by Policy Owner / Applicant / Payor is required in the following conditions.

a. 如付款人不是保單持有人/申請人/受保人，保單持有人/申請人及第三者付款必須填寫第1及3部份及提供相關文件的核實副本。
Completion of Part 1 & 3 by Policy Owner/Applicant and the third party payor is required if payment is NOT made by Policy Owner/Applicant/Insured and certified true copy of related document.

b. 轉賬 (沒有付款人名稱) 存入本公司的銀行戶口、或以電子繳費方式繳交 (如繳費靈、銀行網上付款、電話繳費/自動櫃員機繳交等)，金額超過HK$200,000至HK$500,000(或同等價值之外幣)，付款人必須填寫第1及2部份，如金額為HK$500,001(或同等價值之外幣)或以上，必須附加有付款人姓名的銀行付款記錄。
Completion of Part 1 & 2 by the Payor is required if the payment amount is exceed HK$200,000 to HK$500,000 (or equivalent value of foreign currency) or above and is made by bank account transfer (without account holder name) to our company's bank account directly or by electronic payment channels (e.g. PPS / E-banking / Phone banking / ATM etc) If amount is HK$500,001 (or equivalent value of foreign currency) or above, payment proof to show the payor name is required.

c. 以銀行本票支付及全年累積支付金額為HK$120,000至HK$400,000而未能提供購買本票單據，付款人必須填寫1及2部份，如全年使用銀行本票的累積支付金額為HK$400,000(或同等價值之外幣)以上，必須遞交收據並附有付款人名稱的銀行戶口證明。
Completion of Part 1 & 2 by the Payor is required if payment is made by Bank Draft, the annual accumulated amount is HK$120,000 to HK$400,000 and bank receipt is not provided; If annual accumulated amount paid by bank draft is above HK$400,000, bank receipt with payor name and bank account proof is must.

d. 如款項是由公司繳付，保單持有人必須持有該公司50%或以上的股份或為該公司董事，請提供(i)商業登記證 / 公司註冊證明書之副本及(ii)最新周年申報表之副本。
If payment is made by a company, the Policyowner must hold 50% or more of the company shares or must be a director of the company. Please provide (i) a copy of Business Registration or Certificate of Incorporation, and (ii) a copy of latest Annual Return.

e. 如款項由監護人繳付，請提供合法監護人證明文件及身份證明文件副本。
If payment is made by Legal Guardian, please provide a copy of supporting documents of Legal Guardian and Identity copy.

f. 當本公司就特別個案作出要求時。本公司保留索取付款及/或關係證明及/或身份證明之權利。在收到此聲明書及所需文件前，本公司不會處理所收到的款項及相關指示(包括投資指示及償還貸款)。
As requested by our company in special case. We reserves the right to obtain proof of payment and/or relationship and/or identity proof. We will process any payment received and related instruction (including investment instructions or loan repayment) only after this form and the required documents (if any) have been received by our company.

CS00888
2601

請在適當空格加上「剔號」 Please "tick" as appropriate:

第1部份：付款詳情 Part 1 : Payment Details

繳付金額 Amount of Payment	港元 / 美元 / 人民幣 / 歐元 / 澳元 / 加元 / 英鎊 / 新加坡元 HKD / USD / CNY / EUR / AUD / CAD / GBP / SGD _____
付款/轉賬日期 (日/月/年) Date of Payment/Transfer (dd/mm/yyyy)	

☐ 支票 Cheque ☐ 信用卡 Credit Card ☐ 易辦事 EPS
☐ 銀聯卡 Union Pay Card ☐ 電子繳費 Electronic payment ☐ 電匯 Telegraphic Transfer
☐ 自動轉賬 Autopay ☐ 轉數快 FPS
☐ 直接存款/轉賬至本公司的銀行戶口 Direct Deposit / Transfer to our company's bank account
☐ 其他 (請註明) Others (Please specify) :_____
☐ 本票 (請提供購買本票的銀行戶口號碼) Bank Draft (Please provide bank account number of issuing bank draft) _____

保單號碼
Policy Number

第2部份：資金來源 Part 2 : Source of Payment (不適用於由保單持有人支付 Not applicable for payment from policyowner)

繳交款項人士 This payment is made by	☐ 受保人 / 準受保人 Insured / Proposed Insured
繳交款項之人士的資金來源 (可「✓」一項或以上) Please provide the source(s) of fund of the Payor (May "✓" one or more)	☐ 薪金 Salary ☐ 累積儲蓄及投資 Accumulative Savings & Investments ☐ 收入 Income ☐ 其他投資的收入 Income from other Investments ☐ 儲蓄 Savings ☐ 其他(請註明) Others(Pls specify) : _____ ☐ 經濟支持者(請提供姓名、職業及僱主名稱) Financial Supporter (Please provide the Full name, Occupation and Name of Employer) : _____

第3部份：（一）第三者付款人資料 Part 3 : (A) Third Party Payor's Details

只適用於由第三者特別付款安排
作為上述保單持有人，本人明白保費應由本人或受保人（如非本人）繳付。但基於以下原因，本人現申請由以下人仕（下稱第三者付款人）代為繳付保費。

Only applicable for Third Party payment special arrangement
Being the Policy Owner of the above-mentioned policy, I understand that policy premiums should be paid by myself or the life insured (if different from me). However, I would like to propose the following designated third-party (the "Third Party Payor") to pay for my policy on my behalf with the reason(s) below.

原因 **Reason:** _____

第三者付款人姓名 Third Party Payor's Name	英文姓名 (以英文正楷填寫) Name in English (Use BLOCK letters)	中文姓名 Name in Chinese

第三者付款人出生日期（日/月/年） Third Party Payor's Date of Birth (dd/mm/yyyy)		第三者付款人性別 Third Party Payor's Gender	☐ 男 Male ☐ 女 Female

第3部份：（二）第三者付款人身份證明文件 Part 3 : (B) Third Party Payor's Identification Document details

證件類別 Type of Identification Document *請刪去不適用者。 Please delete where inappropriate.	*香港永久性居民身份證 / 護照 / 旅遊證件 / 商業登記 (請一併遞交文件核證副本) 其他證件，請註明：_____ *Permanent HKID / Passport / Travel document / Business Registration (Please attach certified true copy together) Other document, please specify _____		
身份證件號碼 Identification Document Number		國籍 Nationality	
簽發地 Place of Issue			

第3部份：（三）第三者付款人與保單持有人 / 申請人之關係
Part 3 : (C) Relationship between Third Party Payor and Policy Owner

☐ 配偶 Spouse ☐ 祖父母 Grandparent ☐ 配偶的父母 Parent-in-law ☐ 父母 Parent
☐ 孫子女 Grandchild ☐ 子女的配偶 Son-in-Law / Daughter-in-Law ☐ 子女 Child ☐ 兄弟姊妹 Sibling
☐ 合法監護人 Legal Guardian ☐ 公司東主 / 董事 Company Owner / Director

繳交款項之人士的資金來源(可「✓」一項或以上) Please provide the source(s) of fund of the Payor (May "✓" one or more)	☐ 薪金 Salary ☐ 累積儲蓄及投資 Accumulative Savings & Investments ☐ 收入 Income ☐ 其他投資的收入 Income from other Investments ☐ 儲蓄 Savings ☐ 其他(請註明) Others(Pls specify) : _____ ☐ 經濟支持者(請提供姓名、職業及僱主名稱) Financial Supporter (Please provide the Full name, Occupation and Name of Employer) : _____

第4部份：文件要求(如每期保費為港元四百萬以上，付款者必須填寫財務狀況問卷)
Part 4 : Documentation Requirement (Payor is required to submit FSQ, if the premium is HKD 4.0 million or above)

文件要求 Documentation Requirements	所有金額 All Amount	HKD 500,001 - HKD 2,500,000	HKD 2,500,001 - HKD 4,000,000	HKD 4,000,001 - HKD 8,000,000	> HKD 8,000,000
1. 付款人身份證明文件 (註) Identity proof of Third Party Payor (Note)	✓	✓	✓	✓	✓
2. 關係證明 (註) Relationship proof (Note)		✓	✓	✓	✓
3. 客戶背景報告 Customers' Background Report			✓		
4. 財務狀況問卷 Financial Status Questionnaire				✓	✓
5. 入息及資產證明 (註) Income and Asset Proof (Note)					✓

註：必須為核證副本 Note: certified true copy is required

CS00888
2601

保單號碼
Policy Number

個人資料收集聲明 Personal Information Collection Statement

本人 / 我們確認本人 / 我們已閱讀及明白 周大福人壽保險有限公司（以下簡稱 “周大福人壽”）之個人資料收集聲明 (“該聲明”)。本人 / 我們聲明及同意貴公司可根據該聲明所述的任何目的收集及 / 或持有、使用及/或披露/分享任何個人資料（不論是否從此表格 或以其他方式獲得） 。本人 / 我們明白本人 / 我們必須於此表格提供所須資料，否則貴公司將可能無法執行該聲明之目的及 / 或向本 人 / 我們提供產品或服務。本人 / 我們確認及同意本人 / 我們的個人資料可能披露/共享給該聲明所指明的第三方; 執法機構; 保險業就 現有資料而對所提供的資料作出分析和檢查而使用的數據庫或登記冊作出於該聲明所述的任何目的。本人/我們明白該聲明的最新版本可於 周大福人壽的網址下載：www.ctflife.com.hk，及可向貴公司索取。

I /We confirm that I/we have read and understood Chow Tai Fook Life Insurance Company Limited (“CTF Life”)’s Personal Information Collection Statement (“PICS”). I/We declare and agree that any personal data CTF Life may collect and/or hold, use and/or disclose/share with (whether contained in this form or otherwise obtained) in accordance with the Purposes as set out in the PICS. I/We understand that if I/we do not provide the required personal data, CTF Life may not be able to perform the Purposes and/or provide products or services to me/us. I/We acknowledge and agree that my/our personal data may be disclosed/shared with specified parties in the PICS; law enforcement authorities; databases or registers used by the insurance industry to analyse and check information provided against existing information for any of the Purposes stated in the PICS. I/We understand the updated version of the PICS is available for download from CTF Life’s website: www.ctflife.com.hk, and will be made available upon request.

聲明及授權 Declaration and Authorization

本人 / 我們謹此代表本人 / 我們及受保人聲明及同意上述一切資料 (包括資金來源及第三者付款人資料)，無論是否由本人 / 我們親手所寫，就本人 / 我們所知所信均為事實之全部並確實無訛。
I/we, HEREBY DECLARE AND AGREE on behalf of myself/ourselves and the insured that all the above information (including the Sources of Funds and Third Party Payor information, whether or not in my/our own handwriting are to the best of my/our knowledge and belief, complete and true.

本人/我們明白周大福人壽在收到此聲明書及所需的文件 (如有)前，周大福人壽不會處理所收到的款項及相關指示 (包括投資指示及償還貸款)。本人/我們 亦明白周大福人壽會在合理時間內處理所收到的款項，和毋須 對任何延遲處理款項而引致的任何直接、間接、特別或相應損失或損害承擔責任。
I/We understand that CTF Life will process any payment received and related instruction (including investment instructions or loan repayment) only after this form and the required documents (if any) have been received by our company. I/We also understand that CTF Life will handle any payment received within reasonable time and shall not be liable for any direct, indirect, special or consequential loss or damages arising from any delay in handling the payment.

本人/我們明白若此聲明書的中、英文兩個版本有任何抵觸或不相符之處，應以英文版本為準。
I/We understand that if there is any inconsistency or ambiguity between the English version and the Chinese version of this form, the English version shall prevail.

第三者付款人(如適用)更聲明，其已獲保單持有人/申請人的同意以第三者付款方式繳付第一部份所述之款項，並且其純粹代表保單持有人 /申請人繳款，其不會因該項第三者付款人繳款獲賦予或將獲賦予任何利益及 /或合法權利。
Third party payor (if applicable) further declares that the payment mentioned in Section 1 is made with the consent of the Policyowner / Applicant. Such payment is being made solely for and on behalf of the Policyowner / Applicant and no interest and /or legal right is vested or will be vested to the third party payor as a result of the third party payment.

本人/我們已閱讀前頁的個人資料收集聲明並對其內容完全同意。
I/We have read the Personal Information Collection Statement on the overleaf and agree to its terms fully.

本人/我們明白周大福人壽保險有限公司（周大福人壽）有權決定是否接納本人的申請。除此之外，本人 /我們同意周大福人壽保留權利去 i)索取相關證明文件（如住址證明、關係證明等）及/或 ii)拒絕有關申請或於任何時間徹回已批核的申請而無須提供原因。
I/We understand that the acceptance of my application will be subject to approval by the Chow Tai Fook Life Insurance Company Limited (“CTF Life”). I/ We further agree that CTF Life reserves the rights to (i) request the relevant supporting documents (such as address proof, relationship proof, etc.), and/or (ii) decline any application or withdraw approval at any subsequent time without any reason.

* 保單持有人 / 申請人簽署 * Signature of Policy Owner / Applicant	付款人簽署（如為公司賬戶，請蓋公司印章） Signature of Payor (Please stamp the Company’s chop if Company’s Account)	簽署日期 (日/月/年) Signed on (dd/mm/yy)

** 簽署式樣須與投保書或本公司的最後之紀錄相同*
**** Signature must be consistent with that on the application form or company’s latest record.***

保險代理人/保險經紀聲明
Declaration by Agent / Insurance Broker

本人謹此聲明，本人已就此聲明書上所提供的文件資料作出核實。
I hereby confirmed that I had verified the document details as declared in this form.

保險代理人/保險經紀簽署 Signature of Agent / Insurance Broker	簽署日期（日/月/年） Signed on (dd/mm/yyyy)

CS0088
2601