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。

付款指示授權書
Authorization for Payment Instruction

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 the Insurance Agent / Insurance Broker	
保單持有人姓名 Name of Policy Owner		保險代理人/ 保險經紀編號 Insurance Agent / Insurance Broker Code	
		保險代理人/保險經紀電話號碼 Insurance Agent / Insurance Broker Telephone No.	

重要事項 Important notes

1. 提交本申請時，保單持有人名下所有生效的保單將同時申請或更改「付款指示授權」。如欲只為指定保單作申請或更改，請填寫「其他指示」部分。
   The application/change of "Authorization for Payment Instruction" will apply to all in-force policies belonging to the same policyowner at the time of submitting this application. If you would like to apply to specific policies only, please complete "Other Instructions" section.
2. 周大福人壽保險有限公司 (“周大福人壽”) 僅以**保單貨幣**把款項電匯至下述提供之銀行賬戶。
   Chow Tai Fook Life Insurance Company Limited (“CTF Life”) will wire the payment in the **policy currency** to the bank account provided as below.
3. 如因故未能成功以電匯形式支付，有關金額將會以港元支票支付並於7個工作天內郵寄至保單持有人的通訊地址。
   If, for any reason, the payment by Telegraphic Transfer is unsuccessful, the amount will be paid by cheque in Hong Kong dollars and the cheque will be sent to owner’s correspondence address by mail within 7 working days.
4. 以電匯方式將款項支付將涉及銀行手續費。
   To receive payment by the means of Telegraphic Transfer, the bank charges will be incurred.
5. 請勿在空白表格上簽署。
   Please do not sign on blank form.

☐ 電匯
Telegraphic Transfer*

收款銀行名稱：
Name of Payee’s Bank: _____

收款銀行地址：
Address of Payee’s Bank: _____

銀行號碼 / SWIFT號碼：
Bank code / SWIFT code: _____

銀行賬戶號碼 / IBAN號碼：
Account Number:/ IBAN code: _____

收款人姓名：
Name of Account Holder: _____

(收款人只限於保單持有人及收款人姓名須與收款銀行記錄相符。The Payee will only be made in favour of the policy owner and the Payee’s name should be as same as one recorded by the Payee’s Bank.)

其他指示 Other Instructions

☐ 僅為以下保單作申請/更改「付款指示授權」：
Only request for application / change of "Authorization for Payment Instruction" to below policies:

_____

_____

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(CTF Life Planner) Use eService to submit your policy service requests in a digital way!

(人生規劃師) 使用服務易以電子方式遞交您的保單服務申請！

(CTF Life Customer) Use “CTF Life” Customer App to submit your policy service requests in a digital way!

(周大福人壽客戶) 使用「周大福人壽」流動應用程式以電子方式遞交您的保單服務申請！

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

本人現要求周大福人壽保險有限公司(「周大福人壽」)以電匯方式將款項支付予本人，本人知悉透過該方式領取款項涉及手續費。本人簽署本表格後，表示本人同意支付因電匯領取款項引起的有關手續費，並人同意承擔因本人提供資料錯誤而引致本人或周大福人壽之金錢上的損失以確保周大福人壽不受任何損失。

I hereby request to receive the payment by the means of Telegraphic Transfer and understand that bank charges incur as a result of this arrangement. By signing this form, I hereby agreed to bear the bank charge arising from the payment method stated above and I will be solely responsible for any financial loss incurred by me or CTF Life as result of any incorrect information as provided by me to hold CTF Life harmless.

本人/我們明白若此授權書的中、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.

X	X	X	X
保單持有人 / 受讓人簽署 Signature of the Policy Owner / Assignee	簽署日期(日/月/年) Date of Signature (DD/MM/YY)	見證人 / 保險代理人 / 保險經紀簽署 Signature of Witness / Insurance Agent / Insurance Broker	簽署日期(日/月/年) Date of Signature (DD/MM/YY)

見證人 / 保險代理人 / 保險經紀姓名
Name of Witness / Insurance Agent / Insurance Broker: ( )

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

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申請編號 / 保單號碼
Application Number / Policy Number

CTF Life
周大福人壽

中華人民共和國附錄（“本附錄”）
The People's Republic of China Addendum (this "Addendum")

本聲明可能會不時更新，以反映我們因應個人資料保護和/或個人資料/數據私隱法律和法規變化而產生的政策變更。如有重大變更，我們將通知您並徵得您對變更、同意和/或選擇（必要或適用時）的許可。如果您不接受變更和/或提供您的許可，那麼我們可能無法執行目的和/或向您提供商品與服務。我們建議您定期查看應用程式和/或網站（視情況而定）以獲取本聲明的更新版本。
This Statement may be updated from time to time to reflect changes to our policy with respect to personal data protection and/or changes to personal data/data privacy laws and regulations. Where there are significant changes, we will notify you and obtain your acceptance of the changes, consents, and/or opt in (as necessary or applicable). If you do not accept the changes and/or provide your consent, then we may not be able to perform the Purposes and/or provide goods or services to you. You are advised to check the Application and/or the Website (as the case may be) for updates to this Statement on a regular basis.

本聲明中的任何內容均不限制您根據《私隱條例》所享有的權利。
Nothing in this Statement shall limit your rights under the PDPO.

如果您是：
If you are:

(i) 位於中國內地的個人，於中國內地訪問周大福人壽相關網站或使用周大福人壽相關流動應用程式或從中國內地通過手機或任何其他方式使用周大福人壽產品及/或服務；及/或
an individual located in Mainland China who visits CTF Life's relevant website(s) or uses relevant mobile application(s) of CTF Life, or otherwise uses CTF Life's products and/or services by phone or any other means from Mainland China; and/or

(ii) 持有中國內地護照及/或居民身份證的個人，到訪周大福人壽在香港的客服中心或其他實體場所或在香港通過手機或任何其他方式使用周大福人壽產品及/或服務，
an individual holding a Mainland China passport and/or resident identity card who visits the service centres or other physical premises of CTF Life in Hong Kong or otherwise uses CTF Life's products and/or services by phone or any other means in Hong Kong,

除(i)周大福人壽私隱政策和(ii)本聲明以及中國內地適用的數據保護法律和法規外，周大福人壽將根據“中華人民共和國附錄”處理您的個人資料。就此處目的而言，中國內地是指除香港、中華人民共和國澳門特別行政區和台灣以外的地區。
your personal data will be processed by CTF Life in accordance with the "People's Republic of China Addendum" in addition to the (i) CTF Life Privacy Policy Statement and (ii) this Statement, as well as the applicable data protection laws and regulations in Mainland China which, for the current purposes, excludes Hong Kong, the Macau Special Administrative Region of the People's Republic of China and Taiwan.

中華人民共和國附錄：https://www.ctflife.com.hk/tc/disclaimer/prcaddendum
The People's Republic of China Addendum: https://www.ctflife.com.hk/en/disclaimer/prcaddendum

中華人民共和國附錄之附件1：https://www.ctflife.com.hk/tc/disclaimer/prcaddendum/appendix1
Index 1 to the People's Republic of China Addendum: https://www.ctflife.com.hk/en/disclaimer/prcaddendum/appendix1

中華人民共和國附錄之附件2：https://www.ctflife.com.hk/tc/disclaimer/prcaddendum/appendix2
Index 2 to the People's Republic of China Addendum: https://www.ctflife.com.hk/en/disclaimer/prcaddendum/appendix2

中華人民共和國附錄之附件3：https://www.ctflife.com.hk/tc/disclaimer/prcaddendum/appendix3
Index 3 to the People's Republic of China Addendum: https://www.ctflife.com.hk/en/disclaimer/prcaddendum/appendix3

中華人民共和國附錄之附件A-關於處理未成年人個人資料的規則：https://www.ctflife.com.hk/tc/disclaimer/prcaddendum/annexA
Annex A to the People's Republic of China Addendum – Rules on processing minors' personal data: https://www.ctflife.com.hk/en/disclaimer/prcaddendum/annexA

我，作為保單持有人及/或受保人（如適用）及/或未成年人的父母或法定監護人（如適用）已閱讀理解並同意周大福人壽的中華人民共和國附錄（“附錄”）及附錄之附件A（“附件A”）（如適用）全部內容。
I, as the Policy Owner and/or the Insured (if applicable) and/or the parent or legal guardian of the Minor (if applicable), have read, understood and agreed to all content contained in the CTF Life's People's Republic of China Addendum ("Addendum") and Annex A to the Addendum ("Annex A") (where applicable).

保單持有人 Policy Owner	受保人 Insured	未成年人的父母或法定監護人 Parent or legal guardian of the Minor	
☐	☐	☐	本人同意根據“附錄” 及 “附件A” （如適用） 目的對本人及/或未成年人的個人信息（包括敏感個人信息）的收集、使用及處理。 I consent to the collection, use and processing of my and/or the Minor's personal data (including sensitive personal data) in connection with the Purposes set out in the "Addendum" and "Annex A" (if applicable).
☐	☐	☐	本人同意將本人及/或未成年人的個人信息（包括敏感個人信息）轉移至中國內地以外地區。 I consent to the transfer of my and/or the Minor's personal data (including sensitive personal data) to outside Mainland China.
☐	☐	☐	本人同意向第三方提供本人及/或未成年人的個人信息（包括敏感個人信息）。 I consent to providing my and/or the Minor's personal data (including sensitive personal data) to third parties.

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我，作為保單持有人及/或受保人（如適用）及/或未成年人的父母或法定監護人（如適用），**確認上述本人勾選 “同意”**(i) 有關根據“附錄”及 “附件A”目的對本人作為保單持有人及/或受保人（如適用）及/或未成年人（如適用）的個人信息(包括敏感個人信息)的收集、使用及處理及/或 (ii) 轉移本人作為保單持有人及/或受保人（如適用）及/或未成年人（如適用）的個人信息(包括敏感個人信息)至中國內地以外地區及/或(iii)向第三方提供本人作為保單持有人及/或受保人（如適用）及/或未成年人（如適用）的個人信息(包括敏感個人信息)，**此等 “同意”將適用於本人作為保單持有人及/或受保人（如適用）及/或未成年人（如適用）在周大福人壽作為保單持有人及/或受保人的所有現行生效及/或等候復效的保單（如適用）**。

I, as the Policy Owner and/or the Insured (if applicable) and/or the parent or legal guardian of the Minor (if applicable), **confirm my respective consent given above in relation to** (i) the collection, use and processing of personal data (including sensitive personal data) of myself as the Policy Owner and/or the Insured (if applicable) and/or the Minor (if applicable) in connection with the Purposes set out in the “Addendum” and “Annex A” and/or (ii) the transfer of personal data (including sensitive personal data) of myself as the Policy Owner and/or the Insured (if applicable) and/or the Minor (if applicable) to outside Mainland China and/or (iii) providing personal data (including sensitive personal data) of myself as the Policy Owner and/or the Insured (if applicable) and/or the Minor (if applicable) to third parties, **shall be applicable to all existing policies which are in-force and/or waiting for reinstatement of myself as the Policy Owner and/or the Insured (if applicable) and/or the Minor (if applicable) as the Policy Owner and/or the Insured at CTF Life (if applicable)**.

本聲明受香港法律約束並據其進行解釋。
This Statement shall be governed by, and construed in accordance with, the laws of Hong Kong.

我已閱讀並理解以上周大福人壽的《個人資料收集聲明》。
I have read and understood the above Personal Information Collection Statement of CTF Life.

☐ 我同意接收來自周大福人壽的直接促銷，詳情已載於上文所述的《個人資料收集聲明》。
I consent to receive direct marketing from CTF Life, details of which have been set out in the Personal Information Collection Statement mentioned above.

☐ 我同意接收來自周大福人壽的關聯公司和/或周大福人壽的營銷合作夥伴的直接促銷，詳情已載於上文所述的《個人資料收集聲明》。
I consent to receive direct marketing from CTF Life’s Affiliates and/or from CTF Life’s Marketing Partners, details of which have been set out in the Personal Information Collection Statement mentioned above.

申請人/保單持有人姓名 (如非準受保人/受保人) Name of the Applicant / Policy Owner (if other than the Proposed Insured / Insured)	X 申請人/保單持有人簽署 (如非準受保人/受保人) Signature of the Applicant / Policy Owner (if other than the Proposed Insured / Insured)	簽署日期 (日 / 月 / 年) Signed on (DD / MM / YY)
準受保人/受保人姓名 (適用於18歲或以上) Name of the Proposed Insured / Insured (Applicable to age 18 or above)	X 準受保人/受保人簽署 (適用於18歲或以上) Signature of the Proposed Insured / Insured (Applicable to age 18 or above)	簽署日期 (日 / 月 / 年) Signed on (DD / MM / YY)
準受保人/受保人父母姓名或法定監護人 (如準受保人/受保人18歲以下) Name of Proposed Insured / Insured’s parent or legal guardian (if proposed insured / Insured aged 18 below)	X 準受保人/受保人父母或法定監護人簽署 (如準受保人/受保人18歲以下) Signature of Proposed Insured / Insured’s parent or legal guardian (if proposed insured / Insured aged 18 below)	簽署日期 (日 / 月 / 年) Signed on (DD / MM / YY)

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