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在索取、列印或填寫表格前，請閣下先詳閱下文。

## Disclaimer

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## 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。

銀行戶口直接付款授權書  
Direct Debit Authorization

保險代理人 / 獨立理財顧問公司名稱

Name of the Insurance Agent / IFA Company

保險代理人 / 獨立理財顧問公司編號

Insurance Agent / IFA Company Code

請填寫並將此授權書交給周大福人壽保險有限公司

Please complete and return this form to Chow Tai Fook Life Insurance Company Limited

收款之一方(受益人) Name of party to be credited (the Beneficiary)	銀行編號 Bank No.	分行編號 Branch No.	收款賬戶之號碼 Account No. to be credited
周大福人壽保險有限公司 Chow Tai Fook Life Insurance Company Limited	024	267	148138001
請填寫以下詳情 Please complete all details shown below:			
銀行名稱 (銀行) Bank Name (Bank)		分行名稱 Branch Name	
銀行編號 Bank No.	分行編號 Branch No.	銀行賬戶號碼 Account No.	
銀行賬戶持有人的姓名 (與銀行月結單或存摺上的姓名相同) Name of Account Holder(s) (Same as that shown in the bank statement or passbook)			
銀行賬戶持有人的證件號碼及類別 ID No. of Account Holder & ID Type			
請在適當位置加上“√” 剔號 Please tick “√” where appropriate			
<input type="checkbox"/> 香港身份證 HKID <input type="checkbox"/> 公司註冊證明書 Certificate of Incorporation			
<input type="checkbox"/> 護照 Passport <input type="checkbox"/> 其他 Others: _____			
<input type="checkbox"/> 商業登記証 Business Registration			
付款人備註 - 保單編號 Debtor Reference - Policy No.			
1. _____ (受保人姓名 Name of Insured)			
2. _____ (受保人姓名 Name of Insured)			
3. _____ (受保人姓名 Name of Insured)			

若銀行戶口持有人為非保單持有人，則保單持有人必須填寫此部分。

**If the Bank Account holder is not the Policyowner, the Policyowner must complete this part.**

(有關第三者付款之指引，請參閱本公司最新之安排。Please refer to our company latest arrangement in regards to third party payment guidelines.)

銀行戶口持有人與保單持有人的關係 Relationship between Bank Account Holder & the Policyowner :

- 受保人 Insured
- 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

### 簽署 Signature

本人，銀行戶口的合法擁有人，以本人以下的簽署確認：

I, the lawful owner of the Bank Account, confirm by my signature below, that:

- (1) 本人已細閱及明白，並自願同意接受本授權書內所有條款約束；及  
I have read and understood, and voluntarily agree to be bound by all provisions of this form; and
- (2) 在此收款授權書提供的或與其一起提供的所有資料及文件均為事實之全部、正確、準確及有法律效力；及  
All information and documents provided in or with this Debit Authorization Form are true, accurate, complete and legally valid; and
- (3) 本人明白若此收款授權書的中、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 understand that if there is any inconsistency or ambiguity between the English version and the Chinese version of this Debit Authorization Form, the English version shall prevail.

X  
銀行戶口持有人簽署  
(請確定上述簽署與銀行紀錄的簽署相同)  
Signature of the Bank Account Holder  
(Signature must be the same as that on the Bank's record)

X  
簽署日期 (日/月/年)  
Date of Signature (DD/MM/YY)

X  
保單持有人簽署  
(必須與本公司紀錄的簽署相同)  
Signature of Policy Owner  
(Signature must be the same as that in our company's record)

X  
簽署日期 (日/月/年)  
Date of Signature (DD/MM/YY)

Chow Tai Fook Life Insurance Company Limited

(Incorporated in Bermuda with limited liability)

周大福人壽保險有限公司

(於百慕達註冊成立之有限公司)



### 注意事項 Important Notes

1. 請勿在空白表格或尚未填妥的表格上簽署。  
Please do not sign on blank or incomplete form.
2. 直至另行通知為止，本人茲授權周大福人壽保險有限公司（簡稱「受益人」）可按其不時給予指定銀行指示，從本人指定賬戶內，以港元貨幣扣除指定保單之保費、保費徵費及行政費（如適用）並轉賬予受益人，及確認本人提供的簽名與運作指定賬戶轉賬指示所須的簽署完全相同。  
Until further notice, I hereby authorize Chow Tai Fook Life Insurance Company Limited (referred to as 'the Beneficiary') to debit and charge the premium, premium levy and administration fee (if applicable) by HK Dollar Currency for the designated policy from my account in accordance with the instructions that the Beneficiary may give to the Bank from time to time and confirm my signature is the same as that for operation of my account to be debited for the transfer.
3. 本人同意本人之銀行毋須證實該等轉賬通知是否已交予本人。  
I agree that my Bank shall not be obliged to ascertain whether or not notice of any such transfer has been given to me.
4. 如因該等轉賬而令本人之指定賬戶出現透支（或令現時之透支增加），本人願共同及各別承擔全部責任。  
I jointly and severally accept full responsibility for any overdraft (or increase in existing overdraft) on my account which may arise as a result of any such transfer.
5. 此直接付款授權須得到指定銀行確認後方可生效。屆時，周大福人壽保險有限公司將自動取消於此授權生效前之直接付款授權記錄。  
This Direct Debit Authorization will only take effect after it has been validated by your bank, and your previous Direct Debit Authorization, if any, will then be automatically cancelled in the record of Chow Tai Fook Life Insurance Company Limited.
6. 本人同意如有任何更改、取消是項自動轉賬付款方式或更改本授權書之情況，需在最少七個工作天前以書面要求形式通知周大福人壽保險有限公司。本人同意如指定賬戶並無足夠款項支付該等轉賬，本人之銀行有權不予辦理轉賬且可收取有關之手續費用，該等費用概由本人支付。  
I agree to notify Chow Tai Fook Life Insurance Company Limited of any change, of cancellation of payment method or variation of this authorization by a written request at least seven working days in advance. I agree that should there be insufficient funds from the designated account to meet the 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.
7. 本授權書將繼續生效直至另行通知為止。  
This authorization shall have effect until further notice.
8. 本人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 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.

### 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之任何目的收集及 / 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之任何目的。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](http://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](http://www.ctflife.com.hk), and will be made available upon request.



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