

保單編號 Policy Number	
保單權益人姓名 Name of Policyowner	
受保人姓名 Name of Life Insured	

A. 重要指示 Important Notes
<ol style="list-style-type: none"> 付款期間產生的任何費用由保單權益人承擔，銀行手續費將於電匯中扣除。 Any fees incurred during the payment period will be borne by the policyowner, and bank charges will be deducted from the wire transfer. 如因提供的資訊不完整或缺少相關銀行帳號而導致電匯程序不成功，付款將以港幣支票形式支付，其兌換率將以香港人壽當時釐定之匯率為準。 If the wire transfer procedure is unsuccessful because the information provided is incomplete or the relevant bank account number is missing, the payment will be issued by HKD cheque, subject to the prevailing exchange rate at such time as determined by Hong Kong Life. 若付款後遺失電匯收據，香港人壽將不負責或補發有關收據。 Hong Kong Life will not responsible or re-issue the receipt in case of lost or remittance receipt after payment. 香港人壽保險有限公司保留收取額外手續費的權利。 Hong Kong Life reserves the right to charge extra handling fee. 收到所有必需文件後，香港人壽會於 7 個工作天內完成申請。（不包括銀行處理時間） Once all required documents are received, Hong Kong Life will complete the case within 7 working days. (exclude bank processing time)

B. 行政規定及要求 Administration Rules and Requirements
<ol style="list-style-type: none"> 所有簽署必須與香港人壽之紀錄相符。 All signatures must correspond to the records of Hong Kong Life. 此服務不適用於保單貨幣為港元、美元及人民幣之保單及提取金額必須不少於港幣 5,000 及不多於港幣 250,000 或相等之金額。 This service is not applicable to policies with policy currency of HKD, USD & RMB and the withdrawal amount must not less than HKD 5,000 and not more than HKD 250,000 or equivalent. 因應內部反洗黑錢程序，個別高風險國家之銀行賬戶可能不被接受。 Due to internal anti-money laundering procedures, bank account of certain high-risk countries may not be accepted. 銀行賬戶持有人必須為保單權益人。 Bank account holder must be the Policyowner. 銀行賬戶證明必須顯示賬戶持有人姓名及賬戶號碼，閣下可以於文件上遮蓋其他非必要的資料。 Bank account proof must display the account holder's name and account number. You can mask other unnecessary information on the submitted document if needed. 行政規定及要求如有更改，恕不另行通知。香港人壽保留拒絕滙款申請的權利。 Administration rules and requirements are subject to change without prior notice. HKL reserves the right to reject the application for remittance.

C. 所需文件 Required Documents
<ol style="list-style-type: none"> 請遞交提取款項申請書。 Please submit the withdrawal application form. 請提交(1) W-8BEN 表格(適用於保單權益人為非美國人或沒有美國稅務責任); 或(2)W-9 表格(適用於保單權益人為美國人或具有美國稅務責任)。 Please submit: (1) Form W-8BEN (applicable if Policyowner is not a U.S. person or do not have any U.S. tax obligations); OR (2) Form W-9 (applicable if Policyowner is a U.S. person or have U.S. tax obligations). 請填寫「自我證明表格」。(如需要) Please complete the "Self-Certification Form". (if applicable) 請遞交保單權益人的身分證明文件副本。 Please submit a copy of identification document of the Policyowner. 請提供任何列有戶口持有人及銀行賬戶號碼的銀行存摺/信件/月結單(包括電子結單)/有效銀行卡。 Please provide a copy of any bank passbook / bank correspondence / bank statement (including e-statement) / valid bank card showing the account holder's name and account number.



D. 電匯申請所需資料 Information required for wire transfer application			
匯款貨幣及金額 Currency & Amount of Remittance			
收款人銀行 Beneficiary's Bank	名稱及地址 Name and Address	銀行代碼 SWIFT BIC	城市 / 國家 City / Country
收款銀行之代理行 Intermediary Bank	名稱及地址 Name and Address		
收款人 Beneficiary	名稱及地址 Name and Address	賬號/國際銀行賬號 Account No. / IBAN	

E. 簽署及簽署日期 Signature and Signing Date				
本人/我們已細閱、完全明白及同意上述之重要指示、行政規定及要求及所需文件。 I/We hereby confirm that I/We have read, fully understood and agreed the Important Notes, the Administration Rules and Requirements and Required Documents.				
<div></div> 保單權益人簽署 Signature of Policyowner		日 DD	月 MM	年 YYYY
<div></div> 受讓人簽署（如適用） Signature of Assignee (if applicable)		日 DD	月 MM	年 YYYY
<div></div> 保險中介人姓名，編號及簽署（如適用） Name, Code and Signature of Insurance Intermediary (if applicable)		日 DD	月 MM	年 YYYY
<div></div> 見證人姓名及簽署（如適用） Name and Signature of Witness (if applicable)		日 DD	月 MM	年 YYYY