

抵押性權益轉讓協議表格 Collateral Assignment Form

香港人壽保險有限公司 Hong Kong Life Insurance Limited 香港皇后大道中183 號中遠大廈15樓

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保單編號	
Policy No.	
保單權益人姓名	
Name of Policyowner	
受保人姓名(如與保單權益人不同)	
Name of Life Insured (if different from Policyowner)	
保單權益人日間聯絡電話	
Day-time Contact Telephone No. of Policyowner	
受讓人姓名/名稱	
Name of Assignee	
保險代理人姓名及編號	
Name & Code of Insurance Agent	
代理銀行	
Servicing Bank	

重要指示

Important Notes

如上述保單權益人(下稱為「轉讓人」)考慮將上述保單轉讓作抵押予上述受讓人以作貸款,請小心閱讀本重要指示。在轉讓人簽署本表格前,建議先尋求獨立的專業意見。此表格由香港人壽保險有限公司(「本公司」或「香港人壽」)誠意提供,本公司對此表格有關權益轉讓之有效性及合法性均不負上任何責任。

If the above policyowner (hereinafter called "Assignor") is under consideration of assigning the above policy to the above Assignee as collateral for a loan, please carefully read this Important Notes. Assignor is recommended to seek independent professional advice before signing this form. This form is furnished by Hong Kong Life Insurance Limited ("the Company" or "Hong Kong Life") as a matter of courtesy and the Company assumes no responsibility for the validity or legality of this Collateral Assignment.

息率風险

INTEREST RATE RISK

1. 貸款利率可能昂貴,受讓人亦可就逾期償還貸款及/或任何一期分期貸款向轉讓人徵收欠款利息。轉讓人應向受讓人方了解詳情。
The interest rates applicable to the loan may be substantial and the Assignee may impose default interests if the Assignor is late in repaying the loan and/or any installments of the loan. Assignor should contact the Assignee for more details.

受讓人可代轉讓人行使的保單權利

RIGHTS ON POLICY THAT ASSIGNEE MAY EXERCISE ON BEHALF OF THE ASSIGNOR

2. 若保單條款許可,受讓人可:

If permitted by the policy provisions, the Assignee may:

- i. 領取受保人身故後應得的身故賠償;
 - collect the death benefit payable on the death of the Life Insured;
- ii. 申請退保,並收取退保發還金額;
 - surrender the policy and receive the surrender value;
- iii. 收取保單應付的紅利; receive dividends payable on the policy;
- iv. 領取滿期利益;
- collect the maturity benefit:
 - Collect the maturity benefit;
- v. 收取其他保單利益;
 - receive any other policy benefit;
- vi. 行使任何不能作廢;及
 - exercise any non-forfeiture options; and
- vii. 申請保單貸款。
 - apply for policy loan.

披露資料予受讓人的風險

RISK OF RELEASE INFORMATION TO THE ASSIGNEE

3. 當轉讓執行後,本公司會接受讓人之要求,向其披露任何關於轉讓人保單的資料(包括在沒有限制下,所有轉讓人向本公司提供的個人資料)。 Upon execution of this assignment, the Company will disclose any information about the policy of the Assignor (including but not limited to all personal data provided by the Assignor to the Company) to the Assignee upon request.

海外帳戶稅務合規法案 ("FATCA") 及共同申報準則 ("CRS")

THE FOREIGN ACCOUNT TAX COMPLIANCE ACT ("FATCA") AND COMMON REPORTING STANDARD ("CRS")

4. 為符合由美國財政部和國稅局 ("IRS") 及香港特別行政區政府稅務局 ("IRD") 所發出之 FATCA 及 CRS 的規定,本公司根據此規定許可範圍內,有可能要求、收集、評估及需要轉讓人、任何有關連人士 (包括實體或公司) 及/或受讓人之資料及/或相關要求,給予 IRS 或 IRD 作申報。 In order to comply with regulations of FATCA and CRS issued by the United States Department of the Treasury Internal Revenue Service ("IRS") and the Inland Revenue Department of the Government of Hong Kong Special Administrative Region ("IRD") respectively, the Company may request, collect, assess and require information and/or other requirements from Assignor, any connected person (including entities/companies) and/or Assignee for reporting to IRS or IRD.

重要指示 (績)

Important Notes (Con't)

- 請轉讓人徵詢獨立專業顧問,有關購買、持有、提款、贖回或以其他方式處置所發保單或行使保單內的權利可能引致的稅務、法律或法規上的後果。
 Assignor is advised to consult independent professional advisers concerning possible tax, legal or regulatory consequences of purchasing, holding, withdrawing, redeeming or otherwise disposing the policy issued or exercising any rights of the policy.
 如轉讓人、任何有關連人士(包括實體或公司)或受讓人的資料有任何更新,請通知本公司及提供相關證明文件。
- 6. 如轉讓人、任何有關連人士(包括實體或公司)或受讓人的資料有任何更新,請通知本公司及提供相關證明文件。
 If there is any update information concerning Assignor, any connected person (including entities/companies) or Assignee, please inform the Company and provide the supporting documents.

請於適當位置選擇及填寫

Please choose and fill in where appropriate.

受讓人資料 Assignee Information	□ 公司 Company	□ 個人 Individual	
受讓人姓名/名稱 Name of Assignee	中文 Chinese	英文 English	
通訊地址 (適用於公司及個人) Correspondence Address (applicable to both company and	室 樓數 Flat/Room Floor 街道名稱及號數/地段路數 No. & Name of Street/Lot No.	座數 Block - 城市 City	大廈 Building 國家 Country
individual)	室樓數		
公司註冊地址 (適用於公司) (如與通訊地址不同)	至 接級 Flat/Room Floor	度数 Block	入度 Building
Registered Office Address (applicable to company) (if different from correspondence address)	街道名稱及號數/地段路數 No. & Name of Street/Lot No.	城市 City	國家 Country
住宅地址 (適用於個人) (如與通訊地址不同)	室 樓數 Flat/Room Floor	座數 Block	大廈 Building
Residential Address (applicable to individual) (if different from correspondence address)	街道名稱及號數/地段路數 No. & Name of Street/Lot No.	城市 City	國家 Country
永久地址 (適用於個人) (如與住宅地址不同)	室 樓數 Flat/Room Floor	座數 Block	大廈 Building
Permanent Address (applicable to individual) (if different from residential address)	街道名稱及號數/地段路數 No. & Name of Street/Lot No.	城市 City	國家 Country
- San No. 17th our	辦公室	聯絡電話	
電話號碼 Telephone No.	Office 美國電話號碼 U.S. Telephone Number	海外電話號碼	
商業證明文件類別及號碼 (適用於公司) Type of Business Documents and No. (applicable to company)	商業登記號碼 BR No. 公司註冊證號碼 CI No. 公司註冊地 Place of Incorporation	_	
身分證明文件類別及號碼 (適用於個人) Type of ID and No. (applicable to individual)	香港身分證號碼 HKID 護照號碼 Passport No. 國籍 Nationality	<u>-</u> - -	
稅務居民身分 Tax Residency	□ 美國 □ U.S.	□ 香港或其他國家 Hong Kong or Other	Countries
抵押性轉讓權益之原因 Reason for Collatera Assignment	按揭 個人貸款 Personal Loan	」 其他 Others	

聲明

Declarations

我/我們為上述轉讓人,謹此將香港人壽所承保上述之保單連同所有可轉讓之附加保障到期及應付之保險金,包括現金發還價值、貸款價值及由此保單中不時宣告之紅利,轉讓給上述受讓人並得受讓人同意如下:

I/We, the above-mentioned "Assignor", do hereby assign, the proceeds due and payable under the above-mentioned policy of Hong Kong Life with all assignable supplementary benefits to the Assignee at the time of payment, inclusive of the surrender value, loan and any dividends that may be declared upon such policy from time to time and to hold the same upon the following conditions agreed to by the Assignee as follows:

- 轉讓人謹與受讓人達成協議,轉讓人不會採取任何行動或蓄意導致上述保單無效或可使無效,亦不會使受讓人無法或無權收取該保單之到期及應付之保險金。
- The Assignor hereby agrees with the Assignee that he will not do or knowingly suffer anything to be done whereby the said policy may be rendered void or voidable or the Assignee may be prevented from receiving or be deprived of the right to receive the proceeds due and payable the above mentioned policy.
- 轉讓人保留領取任何不減低保險金額或基本金額的傷殘賠償之權利,並可指定及更改受益人。
 - The Assignor reserves the right to collect any disability benefit that does not reduce the sum assured or principal amount of the policy, and to designate and change the beneficiary.
- 3. 受讓人同意若轉讓人向其償還貸款 (連同規定的利息款額和其他費用),受讓人會將保單轉歸轉讓人。
 - The Assignee agrees that if the Assignor repays the loan (together with the prescribed interest and other charges thereon) to the Assignee, the Assignee will reassign the policy to the Assignor.
- 4. 受讓人同意若從保單中所獲的身故賠償超過貸款總額(連同規定利息和其他費用),受讓人會將超出的身故賠償付予轉讓人所指定的受益人。
 The Assignee agrees that if any death benefit received from the policy exceed the total amount of loan (together with the prescribed interest and other charges hereon), the balance of the death benefit will be paid to the beneficiary named by the Assignor.
- 5. 轉讓人授權香港人壽,在受讓人不時合理要求下,向受讓人披露此保單之現金價值及任何可能對受讓人於此保單下之權利有不利影響的更改。 The Assignor authorizes Hong Kong Life to disclose to the Assignee as the Assignee may reasonably request from time to time the cash value of the policy and any change thereof which may adversely affect the right of the Assignee under the policy.
- 6. 轉讓人蓬此宣告由受讓人所簽發之收據,無論在何種情況下都將解除香港人壽之係單的所有責任。
 The Assignor further declares that a receipt signed by the Assignee shall in all cases, fully discharge Hong Kong Life from its liabilities and obligations under the policy in respect of which receipt is given.

我/我們確認並知悉:(1)我/我們將有責任遵守就我/我們為公民或居民或作為住所的國家之有關法律、監管政策及/或其他法例要求;(2)如有疑問,我/我們將徵詢獨立專業顧問有關購買、持有、提款、贖回或以其他方式處置所發保單或行使保單內的權利可能引致的稅務、法律或法規上的後果。香港人壽沒有就有關我我們之稅務或個人之公民身分提供任何意見;(3)香港人壽有權,就如需要並在法律許可的範圍內,提供有關我/我們的個人資料和其他有關我我們的保單或於本申請書上所載之投資或以其他方式刊載的其他資料予政府部門、監管機構、法院、法庭、行政委員會及/或執法機構(包括本地及海外)。香港人壽也會就上述政府部門、監管機構、法院、法庭、行政委員會及/或執法機構所提出之任何問題及/或查詢作出回答,及在適當的情況下,會主動提供報告,以符合有關法律,法規和守則/行為。我/我們明白,如果我/我們拒絕給予上述之明示同意予香港人壽,香港人壽將無法出售任何保險產品,及提供任何服務給我/我們

I/We confirm and acknowledge that: (1) I/We shall be responsible for observing and complying with any applicable law, regulatory policy and/or other statutory requirement of the country of my/our citizenship, residence or domicile; (2) If in doubt, I/we shall consult independent professional advisers concerning possible tax, legal or regulatory consequences of purchasing, holding, withdrawing, redeeming or otherwise disposing the policy issued or exercising any rights of the policy. Hong Kong Life has not provided any advice to me/us around tax or a person's citizenship status; (3) Hong Kong Life shall be entitled to, insofar as necessary and to the extent permitted by laws, furnish the relevant governmental authorities, regulator(s), court(s), tribunal(s), administrative board(s) and/or law enforcement bodies (both local and overseas) with any of my/our personal information and other information relating to my/our policy(ies) or investments contained in this application or otherwise. Hong Kong Life may also answer any question or inquiry received from the said governmental authorities, regulator(s), court(s), tribunal(s), administrative board(s) and/or law enforcement bodies, and as it sees appropriate, make any report at its own initiative in order to comply with relevant laws, regulations and codes of practice/conduct. I/We understand that Hong Kong Life will not be able to sell any insurance product to me/us and provide any service if I/we refuse to give the said express consent.

我/我們已細閱、完全明白及同意重要指示及聲明。我/我們有權可以以書面形式致函香港皇后大道中 183 號中遠大廈 15 樓,向香港人壽索取保單的最新保險利益說明。

I/We confirm that I/we have read, fully understood and agreed to the Important Notes and Declarations. I/we have the right to request for updated illustration documents of the policy by sending a written request to Hong Kong Life, 15/F, Cosco Tower, 183 Queen's Road Central, Hong Kong.

保單權益人簽署:	保單權益人姓名:	日期:
Signature of Policyowner:	Name of Policyowner:	Date:
·	·	
保險代理簽署:	保險代理人姓名:	日期:
Signature of Insurance Agent:	Name of Insurance Agent:	Date:
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○····································	应·增 1 Ы 力。	日期:
受讓人/簽署:	受讓人姓名:	
Signature of Assignee:	Name of Assignee:	Date:
and the last	4.4	
見證人簽署 (如適用):	見證人姓名 (如適用):	日期:
Signature of Witness (if applicable):	Name of Witness (if applicable):	Date:
見證人職位 (如適用):	與保單權益人之關係 (如適用):	
Title of Witness (if applicable):	Relationship with the Policyowner (if applicable):	
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For Office Use Only		Recorded by the Company	
Signature verified by :	Date :	Endorsed by:	Date :

行政指引

Administration Rules

所需文件

Required Documents

- 1. 如保單權益人為個人,請提交身分證明文件副本。
 - If policyowner is an individual, please submit a copy of the identity document(s).
- 2. 如保單權益人為公司,請提交最新年度之商業登記副本。
 - If policyowner is a company, please submit a copy of the latest business registration.
- 3. 如受讓人為公司,請提交:

If assignee is a company, please submit:

- i. 最新年度之商業登記或公司註冊證。
 - Copy of the latest business registration or certificate of incorporation.
- ii. 最近三個月的公司地址證明。
 - Proof of office address within the past 3 months.
- 4. 如受讓人為個人,請提交:

If assignee is an individual, please submit:

- i. 身分證明文件副本。
 - Copy of identity document(s).
- ii. 最近三個月的住址證明 (如住宅地址與永久地址不同,須提供有關住宅及永久地址證明) 。
 - Proof of address within the past 3 months (both the residential and permanent address proof will be required if permanent address is different from residential address).
- 如保單權益人、任何有關連人士 (包括機構或公司)或受讓人是美國公民或居民,請填寫 IRS 之 W-9 表格。
 - If the policyowner, any connected person (including entities/companies) or assignee is a U.S. citizen or resident, please complete IRS Form W-9.

其他

Others

- 6. 為保障需要特別關顧客戶,本公司在接收本申請書後,可能聯絡保單權益人確認申請書上的內容。
 - In order to protect vulnerable customers, the Company may contact policyowner to verify the content of this application form upon receipt.
- 7. 所有簽署必須與本公司之紀錄相符。
 - All signatures must correspond to that in the Company's records.
- 8. 所有已簽署的表格及所需文件,請於簽署日期起 14工作天內交回本公司。
 - Please return all signed forms and required documents to the Company within 14 working days from the date of signing.
- 9. 行政指引如有更改, 恕不另行通知。
 - Administration rules are subject to change without prior notice.

收集個人資料聲明

Personal Information Collection Statement ("PICS")

在香港人壽保險有限公司(「本公司」)向您提供保險及/或有關的產品及服務及/或處理有關本公司簽發的保單的索償、您的任何和所有要求、查詢及投訴時,您必須不時向本公司提供有關您本人、保單權益人、索償人、受益人、受保人及/或就上述之服務有關人士的資料。本公司十分重視及尊重客戶個人資料之私隱,並且承諾全力遵守個人資料(私隱)條例之內容。

From time to time, it is necessary for you to supply Hong Kong Life Insurance Limited ("the Company") with data about yourself(ves), policyowner(s), claimant(s), beneficiary(ies), life insured(s) and/or other relevant individuals in connection with the provision of insurance and/or related products and services to you and the processing of claims under insurance policies issued by the Company and any of your requests, enquiries and complaints. The Company highly respects the privacy of all customers' personal information and is committed to complying with the provisions of the Personal Data (Privacy) Ordinance at all times.

1. 本公司收集所需的個人資料是為處理投保或其他保險或財務產品/服務之申請,及提供所有關於該等申請之繼後服務,處理理賠或其有關分析、統計或 精算研究用途、訴訟、通訊、內部/外界審計、保持優質服務、直接銷售保險產品及資料核對、與任何因本公司提供的產品及/或服務之機構/人士溝通。本 公司會將該等資料儲存、使用、透露、發放及/或轉交予 (不論在本港或海外) 任何從事與保險或再保險業務有關之公司、中介人、第三方管理人、 第三方服務供應商(包括但不限於保險公司、銀行、律師、會計師,以及其他提供行政、電訊、電腦、付款、印刷、贖回或其他服務以令本公司的業務 可以運作的第三方服務供應商)、理賠調查員、醫療賬單審查公司、有關提供保險業務服務之公司、專業顧問、研究人員、政府機關、任何保險業組織 或聯會、信貸資料服務機構、收賬代理、伙伴金融機構、符合法例或法庭頒令的資料披露規定之單位、或根據監管或其他有關機構所發出的指引而作 出披露之單位。

The Company only collects necessary personal information for the purpose of processing your application or any other applications for insurance or financial related products/services and providing all on-going services relating to such applications, claim processing or any analysis of it, statistical or actuarial research, litigation, communication, internal/external audit, to maintain quality services, direct marketing for insurance products and data matching, and communication with any relevant organization/person in respect of any services and/or products provided by the Company. Any personal information collected or held by the Company is to enable it to carry on insurance business and may be stored, used, disclosed, released and/or transferred (whether within or outside Hong Kong) by the Company to any other companies carrying on insurance or reinsurance related businesses or any intermediaries or third party administrators or third party service providers (including without limitation insurers, bankers, lawyers, accountants, and other third party service providers who provide administrative, telecommunications, computer, payment, printing, redemption or other services to the Company) or claims investigator or medical bill review companies or other service providers providing services relevant to insurance business or professional advisors or researchers or government authorities or any associations or federation of insurance companies or credit reference agencies or debt collection agencies or partnering financial institutions or any organizations which meet disclosure requirements imposed by law or court orders or pursuant to guidelines issued by regulatory or other relevant authorities.

- 2. 除獲得客戶表示同意,本公司只會使用客戶之個人資料作資料收集時之指明用途、或轉交予於資料收集時所指明之第三者。
 Except with your express consent, personal information will only be used by the Company for any purposes that were to be used at the time of collection, or transferred to any third party within the classes informed at the time of collection.
- 3. 本公司致力時刻採取足夠措施確保個人資料獲得適當程度的保護,而且採用一切實際可行的程序以確保接觸資料人士的誠信,審慎及能力。
 Adequate measures are taken by the Company to achieve an appropriate level of security for the personal information collected. All practical steps are also taken to ensure the integrity, prudence and competence of personshaving access to personal information.
- 4. 只有獲授權的員工方能查閱或處理客戶的個人資料。本公司會定期提供員工培訓以確保他們熟悉本公司個人資料政策之要求。
 Only authorized staffs are allowed to access or process your personal information. Regular training is provided by the Company to ensure that its staffs strictly follow the Company's privacy policy.
- 5. 任何個人資料不會被保留超越其收集目的所需之期限。為確保本公司收集及處理的所有個人資料之準確性,本公司已制定適當的措施以定期審查及更新有關個人資料。

Personal information will not be retained for longer than necessary for the purposes for which it was collected. To ensure the accuracy of all personal information collected and processed by the Company, appropriate measures are in place for regular reviews and updates.

本公司明白及確認收集、儲存、處理及使用客戶資料所需負上的責任。您可自願提供該等個人資料。若您未能向本公司提供該等所需個人資料,可能會導致本公司無法向您提供保險及/或有關的產品及服務及處理有關本公司簽發的保單的索償、您的任何要求、查詢及投訴。

The Company understands and acknowledges its responsibilities regarding the collection, storing, processing and use of personal information. Provision of the personal information to the Company by you is voluntary. However, failure to provide the personal information as requested may result in the Company being unable to provide insurance and/or related products and services to you and process claims under insurance policies issued by the Company, any of your requests, enquiries and complaints.

根據個人資料(私隱)條例,您有權知悉本公司是否持有您的資料及有權查核該等資料。若認為有關您的資料不準確,您有權要求更改您的個人資料,而本公司或會收取處理有關資料的合理費用。有關要求查閱及更改個人資料,或對以上的收集個人資料聲明有任何疑問,請致電 2290-2888 或以書面形式致函香港人壽保險有限公司, 香港皇后大道中 183 號中遠大廈 15 樓,向本公司資料保護主任提出。

According to the Personal Data (Privacy) Ordinance, you have the right to check whether the Company holds personal information about you and the right of access to such data. If you believe that your personal information held by the Company is incorrect, you have the right to request for correction of your personal information and the Company may charge a reasonable fee for the processing of any data. Any enquiries regarding request for access and correction or about the Personal Information Collection Statement, please call us at 2290–2888 or make such a request by writing to our Corporate Data Protection Officer – Hong Kong Life Insurance Limited, 15/F, Cosco Tower, 183 Queen's Road Central, Hong Kong.