

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	
受讓人姓名/名稱 (如適用) Name of Assignee (if applicable)	
保險中介人姓名 Name of Insurance Intermediary	
保險中介人編號 Code of Insurance Intermediary	
代理銀行 Servicing Bank	

**A. 重要指示
Important Notes**

- 當提出部份退保要求，基本金額/保證每月年金金額將會根據部份退保中已提取之保證現金價值及終期紅利（如有）之百分比按比例減少。當基本金額/保證每月年金金額減少，利益亦將作出相對調整，詳情請參閱你保單內的基本計劃。當香港人壽保險有限公司（「香港人壽」）確認部份退保生效，批註及修訂之承保表將繕發予保單權益人。
Whenever a Partial Surrender is requested, the Principal Amount/Guaranteed Monthly Annuity Payment shall be reduced proportionally based on the percentage of Guaranteed Cash Value and Terminal Dividend (if any) being withdrawn for the Partial Surrender. Upon the reduction of Principal Amount/Guaranteed Monthly Annuity Payment, benefits will also be adjusted correspondingly. For details, please refer to the Basic Plan of your policy. An endorsement with the revised Policy Schedule will be issued to the Policyowner upon the approval of the Partial Surrender by the Hong Kong Life Insurance Limited ("Hong Kong Life").
- 一經部份退保，已減少之基本金額/保證每月年金金額不能再恢復或復效。
Once partially surrendered, the reduced portion of Principal Amount/Guaranteed Monthly Annuity Payment cannot be restored or reinstated.

**B. 行政規定及要求
Administration Rules and Requirements**

- 已簽署的申請書及所需文件（如有），請於簽署日期起計 14 個工作天內交回香港人壽。
Please return the signed form and required documents (if any) to Hong Kong Life within 14 working days from the date of signing.
- 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.
- 每次最低部份退保金額為港元五千（或美元等值）。
The minimum partial surrender value per transaction is HKD5,000 (or USD equivalent).
- 部份退保後之基本金額/保證每月年金金額將不可低於香港人壽不時釐定的最低金額要求，詳情可瀏覽本公司網址 www.hklife.com.hk 內之產品簡介或聯絡我們的客戶服務主任。
The Principal Amount/Guaranteed Monthly Annuity Payment after Partial Surrender should not fall below the minimum requirement as determined by Hong Kong Life from time to time, for details you may visit our website www.hklife.com.hk for the introduction of products or contact our Customer Services Officers.
- 若保單貨幣為美元，而支付金額為港元，兌換率將以香港人壽當時釐定之匯率為準。
If policy currency is USD and the amount is payable in HKD, the exchange rate will be subject to the current rate at such time as determined by Hong Kong Life.
- 行政規定及要求如有更改，恕不另行通知。
Administration rules and requirements are subject to change without prior notice.



C. 要求部份退保金額**Requested Amount for Partial Surrender**保單貨幣
Policy Currency 港幣
HKD 美元
USD

要求部份退保之基本金額/保證每月年金金額 *

Requested Principal Amount/Guaranteed Monthly Annuity Payment for Partial Surrender *

*要求部份退保之金額需為整數

* The Partial Surrender amount must be integer

D. 支票貨幣及領取方式**Cheque Currency and Delivery Method**

支票貨幣

Cheque Currency

 保單貨幣
Policy Currency 港幣
HKD

領取方式

Delivery Method

 經代理銀行轉交
Deliver through servicing bank 郵寄至通訊地址
Send to correspondence address**E. 保單轉保忠告****Warning of Policy Replacement**

人壽保險通常涉及的年期較長，如果你打算以現有人壽保險保單中途部份退保所取得的金額購買另外一份人壽保險保單（「轉保」），您可能需要承受財務上的損失及/或失去保險保障，特別是在保單早年的時期，通常會蒙受損失。為保障本身的利益，你在決定部分退保或轉保前，應仔細考慮其因素和相關風險，及衡量是否符合本身的最佳利益，你可聯絡持牌保險中介人向你解釋《重要資料聲明書——轉保》就有關變更對你的財務、受保資格及索償資格所構成的影響。

Life insurance usually involves a longer term of years. You may suffer financial loss and/or loss of insurance protection if you partially surrender the existing life insurance policy to fund the purchase of another life insurance policy ("Policy Replacement"), particularly during the early years of the policy period. To protect your interest, you should carefully consider the factors and relevant risks involved in Partial Surrender or Policy Replacement and assess whether it is in your best interests before making the decision. You may also contact licensed insurance intermediary to explain the "Important Facts Statement – Policy Replacement" to you on the financial, insurability and claims eligibility implications of such changes.

註: 香港人壽會根據有關監管指引，實施核對其內部紀錄和數據庫的程序，以識別內部轉保的情況。若你現有的香港人壽保單出現可能構成保單轉保的活動，香港人壽將會通知你以留意有關轉保影響及相關風險。

Hong Kong Life would implement processes for checking internal records and databases to identify internal policy replacements pursuant to relevant regulatory guideline(s). If it is identified relevant transaction(s) in your existing Hong Kong Life policy(ies) which may indicate a possible Policy Replacement, Hong Kong Life would notify you to be aware of the important facts and risks involved in Policy Replacement.

F. 個人資料收集聲明**Personal Data Collection Statement**

本人/我們確認本人/我們已閱讀及明白香港人壽保險有限公司（「香港人壽」）個人資料收集聲明。

本人/我們聲明及同意在本申請所載或香港人壽不時以任何方法收集所得、編製或持有的任何個人資料及關於本人/我們或本人/我們的保單或其他資料，可根據個人資料收集聲明收集及使用。本人/我們知悉及同意就個人資料收集聲明所述目的視乎情況轉讓本人/我們的個人資料（不論在香港或海外）予個人資料收集聲明所載的資料承讓人。個人資料收集聲明的最新版本可於以下網址下載：www.hklife.com.hk，及可向香港人壽索取。

I / We confirm that I / we have read and understood the Hong Kong Life Insurance Limited ("Hong Kong Life") Personal Information Collection Statement ("PICS").

I / We declare and agree that any personal data and other information relating to me / us or my / our policy(ies) in this application or collected, obtained, compiled or held by Hong Kong Life by any means from time to time may be collected and utilized in accordance with the PICS. I / We acknowledge and consent to the transfer of my / our personal data (whether within or outside Hong Kong) by Hong Kong Life for the purposes and to the types of transferee as set out in the PICS. The updated version of PICS is available for download from its website: www.hklife.com.hk, and is made available upon request.

若不同意根據「個人資料收集聲明」，提供、使用及/或轉移個人資料用作直銷推廣用途，請在左方空格上填上"✓"號。

Please check the box on the left if you do not agree with the provision to provide, use and/or transfer your personal data for direct marketing purposes in accordance with the Personal Information Collection Statement.

G. 簽署及簽署日期**Signature and Signing Date**

我/我們已細閱、完全明白及同意重要指示及保單轉保忠告。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 Warning of Policy Replacement. 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.

本保單在沒有任何保單轉讓下，保單權益人必須簽署本申請書：

Where this policy is not subject to any policy assignment, this form shall be signed by the policyowner:

保單權益人簽署

Signature of Policyowner

日 月 年
DD MM YYYY

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 月 年
DD MM YYYY

見証人姓名及簽署（如適用）

Name and Signature of Witness (if applicable)

日 月 年
DD MM YYYY

本保單在保單轉讓下，保單權益人及受讓人必須簽署本申請書：

Where this policy is subject to a policy assignment, this form shall be signed by the policyowner and assignee:

保單權益人簽署

Signature of Policyowner

日 月 年
DD MM YYYY

受讓人簽署

Signature of Assignee

日 月 年
DD MM YYYY

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 月 年
DD MM YYYY

S.V.