

直接付款授權書 Direct Debit Authorization Form

- 請就每一份保單填寫一份直接付款授權書。
Please use one Direct Debit Authorization Form for each policy.
- 所有付款以港元為單位。
All debits will be made in HK Dollar.
- 保單權益人須為其中一位戶口持有人。
Policyowner must be one of the Account-holders.

保單編號
Policy No.
保單權益人姓名
Name of Policyowner
受保人姓名
Name of Life Insured

收款人之一方
Name of Party to be Credited

HONG KONG LIFE INSURANCE LIMITED

- 本人/吾等作為戶口持有人，現授權本人/吾等之下述銀行，根據香港人壽保險有限公司不時給予本人/吾等銀行之指示，從本人/吾等下述之戶口轉帳予香港人壽保險有限公司（「香港人壽」）。
I/We, Account-holder(s), hereby authorize my/our below named bank to effect transfer from my/our below named account to that of Hong Kong Life Insurance Limited ("Hong Kong Life") in accordance with such instructions as my/our Bank may receive from Hong Kong Life Insurance Limited from time to time.
- 本人/吾等同意本人/吾等之銀行無須證實該等轉帳通知是否已交予本人/吾等。
I/We agree that my/our bank shall not be obliged to ascertain whether or not notice of any such transfer has been given to me/us.
- 若因該等轉帳而令本人/吾等之戶口出現透支（或令現時之透支增加），本人/吾等願共同及各自承擔全部責任。
I/We jointly and severally accept full responsibility for any overdraft (or increase in existing overdraft) on my/our account which may arise as a result of any such transfer(s).
- 本人/吾等確定，本人/吾等於本授權書上之簽名與支付該等轉帳之戶口所簽者完全相同。
I/We confirm that my/our signature(s) on this authorization form is/are the same as that/those for the operation of my/our account to be debited for the transfer.
- 本人/吾等同意給予香港人壽任何更改戶口/取消付款方法之通知，並且本人/吾等同意若本人/吾等之戶口並無足夠款項支付該等授權轉帳，本人/吾等之銀行有權不予以轉帳，且銀行可收取慣常之收費。
I/We agree to notify Hong Kong Life of any change of account/cancellation of payment method and further agree that if there be insufficient funds in my/our account to meet any transfer hereby authorized, 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/us.
- 本人/吾等同意，本人/吾等取消/更改本授權書之任何通知，須於取消/更改生效日最少兩個工作天之前交予本人/吾等之銀行，並須同一時間將該通知交予香港人壽。
I/We agree that any notice of cancellation/variation of this authorization which I/we may give to my/our bank shall be given at least 2 working days prior to the date on which such cancellation/variation is to take effect and at the same time such notice shall be given to Hong Kong Life.
- 本人/吾等明白本人/吾等如非保單權益人，並無任何權利於上述保單或其收益上有任何權益。
I/We understand that I/we, if not being the Policyowner, claim no right or title or lien upon the proceeds of the above policy.
- 相等之港元將會以香港人壽處理自動轉帳時之美元兌港元或人民幣兌港元（如適用）匯率為準。因匯率可隨時變動，本人/吾等同意香港人壽不需承擔任何因港元貶值而引致之損失。
The HK Dollar equivalent will be based on Hong Kong Life's US Dollar against HK Dollar or RMB against HK Dollar exchange rate (if applicable) at the time the debit is processed by Hong Kong Life. Because of possible fluctuation in the exchange rate, I/we agree not to hold Hong Kong Life responsible for any loss caused by any diminution in the value of the Hong Kong currency.
- 本人/吾等同意保險業監管局將以合適的徵費率於上述保單收取保費徵費。有關詳情請聯絡香港人壽客戶服務熱線：(852) 2290 2882。
I/We agree that levy collected by the Insurance Authority will be imposed on this above-mentioned policy at the applicable rates. For further information, please contact Hong Kong Life's Customer Service Hotline at (852) 2290 2882.
- 本授權書將一直生效直至另行通知為止。
This authorization shall have effect until further notice.

銀行及分行名稱 Bank Name and Branch Name	銀行編號 Bank No.	分行編號 Branch No.	戶口號碼 Account No.
戶口持有人之姓名 Name of Account-holder(s)	戶口持有人之身分證明文件 Identity Document of Account-holder(s)		與保單權益人之關係 Relationship to Policyowner
1.	<input type="checkbox"/> 身分證 ID Card <input type="checkbox"/> 護照 Passport <input type="checkbox"/> 商業登記證 BR. 號碼 No.		保單權益人 Policyowner
2.	<input type="checkbox"/> 身分證 ID Card <input type="checkbox"/> 護照 Passport <input type="checkbox"/> 商業登記證 BR. 號碼 No.		



日 DD

月 MM

年 YYYY

戶口持有人簽署
Signature of Account-holder(s)

日期
Date

信用卡付款授權書 Credit Card Payment Authorization Form

- 請就每一份保單填寫一份信用卡付款授權書。
Please use one Credit Card Payment Authorization Form for each policy.
- 只接受香港發行的信用卡。
Only accept credit card issued in Hong Kong.

保單編號 Policy No.	
保單權益人姓名 Name of Policyowner	
受保人姓名 Name of Life Insured	

收款人之一方
Name of Party to be Credited

HONG KONG LIFE INSURANCE LIMITED

- 本人作為持卡人，現授權香港人壽保險有限公司（「香港人壽」）自本人之信用卡戶口內扣除保費。
I, Cardholder, hereby authorize Hong Kong Life Insurance Limited ("Hong Kong Life") to debit the premium from my credit card account.
- 下述屬於本人之信用卡戶口指任何已簽發或即將簽發，以本人為持卡人的任何 VISA 及/或萬事達卡戶口（包括當此信用卡有效期已過）。此卡現時載有下述信用卡號碼。如日後因補領、續領或轉換此信用卡而引致此卡號碼更改，本人須以書面通知香港人壽新的替代號碼才可確保此授權書之效用。
My said credit card account means the account between me as the cardholder in respect of any credit card (including after the expiry date of the credit card) issued or to be issued under VISA and/or MasterCard and the same shall for the time being bear the credit card number stated herein below. If the card number is changed due to card replacement, renewal or substitution, I have to inform Hong Kong Life the new credit card number in written notice so as to keep this authorization in effect.
- 本人確定於本授權書上之簽署樣式須與所持信用卡上之樣式相同。
I confirm that my signature on this authorization form is the same as that on the credit card.
- 本人同意若此信用卡有效期屆滿後，香港人壽有權繼續於下述信用卡扣除續保保費，無需另行通知。
I agree that should the credit card expire in the future, Hong Kong Life shall continuously debit renewal premium from the below credit card account without further notice.
- 本人同意此授權立即生效，直至本人書面通知為止。若本人欲更改/取消此授權，須於更改/取消生效日最少一個月前以書面通知香港人壽。
I agree that this authorization shall have effect until my further notice in writing. Any notice of variation/cancellation of this authorization which I may give to Hong Kong Life shall be given at least 1 month's written notice prior to the date of such variation/cancellation.
- 本人同意如需退回以信用卡繳付的保費，香港人壽只能將有關保費退回下述的信用卡戶口內。
I agree that for all the payment paid by credit card, Hong Kong Life can only refund the premium to the below credit card account.
- 相等之港元將會以香港人壽處理自動轉帳時之美元兌港元或人民幣兌港元（如適用）匯率為準。因匯率可隨時變動，香港人壽不需承擔任何因港元貶值而引致之損失。
The HK Dollar equivalent will be based on Hong Kong Life's US Dollar against HK Dollar or RMB against HK Dollar exchange rate (if applicable) at the time the debit is processed by Hong Kong Life. Because of possible fluctuation in the exchange rate, Hong Kong Life will not be held responsible for any loss caused by any diminution in the value of the Hong Kong currency.
- 本人同意保險業監管局將以合適的徵費率於上述保單收取保費徵費。有關詳情請聯絡香港人壽客戶服務熱線：(852)2290 2882。
I agree that levy collected by the Insurance Authority will be imposed on this above-mentioned policy at the applicable rates. For further information, please contact Hong Kong Life's Customer Service Hotline at (852) 2290 2882.

持卡人之姓名 Name of Cardholder	<input type="checkbox"/> VISA 卡號碼 VISA Card No. <input type="checkbox"/> 萬事達卡號碼 Master Card No.										有效期至 Expiry Date
	月	mm	/	年	yy	月	mm	/	年	yy	
持卡人與保單權益人之關係（若持卡人並非保單權益人，必須填寫） Cardholder's Relationship with Policyowner (Please state, if cardholder is not Policyowner)											



持卡人簽署
Signature of Cardholder

日 DD / 月 MM / 年 YYYY

日期
Date