

投保申請書/保單編號 Application / Policy Number	
擬保單權益人/保單權益人姓名 Name of Proposed Policyowner / Policyowner	

本人欲索取紀錄於香港人壽保險有限公司（「香港人壽」）之下述有關本人之投保申請文件副本：  
I request to obtain a copy of the following application document(s) recorded at the Hong Kong Life Insurance Limited ("Hong Kong Life"):

- 投保申請書  
Application Form
- 財務需要分析表格  
Financial Needs Analysis Form
- 保險計劃建議書  
Insurance Proposal
- 體檢報告  
Medical Examination Report
- 化驗報告  
Laboratory Test Report
- 其他 (請註明) :  
Others (please specify): \_\_\_\_\_

請將上述投保申請文件副本以下列方式送遞至本人：

Please send the above mentioned application document copy(ies) to me by the following method:

- 郵寄至上述投保申請書/保單之通訊地址  
Mail to the Corresponding Address of the above mentioned application / policy by post
- 經由上述投保申請書/保單之保險中介人送遞  
Deliver through Insurance Intermediary of the above mentioned application / policy

本人在此同意及明白如透過上述所指方式送遞有關文件而引致本人之個人資料不必要地洩露於第三者，香港人壽概不負責。

I hereby agreed and understood that Hong Kong Life shall not be responsible for any unnecessary disclosure of my personal information to third party during the delivery of the above document(s) by the delivery method indicated.

簽署及簽署日期  
Signature and Signing Date

擬保單權益人/保單權益人簽署  
Signature of Proposed Policyowner / Policyowner

日 DD 月 MM 年 YYYY  
簽署於(地點)  
(Place)

保險中介人簽署 (如適用)  
Signature of Insurance Intermediary (if applicable)

保險中介人姓名 (如適用)  
Name of Insurance Intermediary (if applicable)

