

現金退保申請書

Request for Cash Surrender Form

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	

重要指示 A.

Important Notes

當保單已具有保證現金價值,保單權益人可選擇退回保單以領取保單之退保發還金額(扣除貸款及利息後的淨值)或選擇其他不能作廢選擇權 1. 使保單繼續生效 (如有),惟須符合香港人壽保險有限公司(「香港人壽」)不時釐定的條件、規定及當時的行政指引辦理。在香港人壽收到 保單權益人的退保申請後,保單將會終止,而退保發還金額給付後,香港人壽將不會就本保單或連繫本保單有進一步的責任。

After the policy has acquired a Guaranteed Cash Value, the policyowner may choose to surrender the policy for its surrender value (net of any loans and interest) or other non-forfeiture option(s) (if any) to keep the policy in force, subject to the policy terms and conditions and the administrative rules as determined by the Hong Kong Life Insurance Limited ("Hong Kong Life") from time to time. The policy shall be terminated upon receipt of the surrender request by the Hong Kong Life from the policyowner and Hong Kong Life shall have no further liability under or in connection with the policy after payment of the net surrender value.

- 2. 若保單權益人在滿期日/到期日前終止保單,或可能會導致損失已繳保費。
 - If the policyowner chooses to terminate the policy prior to the maturity date/expiry date, it may result in a loss of premium paid.
- 3. 若保單權益人選擇將本保單退保,本保單將不能復效。
 - If the policyowner chooses to surrender the policy, the policy cannot be reinstated.

В. 行政規定及要求

Administration Rules and Requirements

- 1. 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.
- 2. 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.
- 3. 退保的條件、規定及最新的行政指引詳情可致電 2290 2882 聯絡我們的客戶服務主任。
 - For the terms and conditions and administrative rules of Surrender, for details you may contact our Customer Services Officers at 2290 2882.
- 若保單貨幣為美元/人民幣,而支付金額為港元,兑換率將以香港人壽當時釐定之匯率為準。 4.
 - If policy currency is USD/RMB 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.
- 5. 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.

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C.	退保詳情
	Surrender Details

此計劃的保險計劃建議書在投保時已被細閱及得到確認,切合你的保障需要。如果你打算提前終止保單,你可能蒙受財務上的損失及/或失去我們提供 的壽險保障。為保障你的利益,在決定退保前,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。

The Insurance Proposal of this plan has been read and confirmed during the insurance application, and it meets your protection needs. If you intend to terminate the policy early, you may suffer financial loss and/or the loss of insurance protection provided. To protect your interest, please carefully consider the factors and relevant risks involved in the surrender and assess whether it is in your best interests before making the decision.

你亦可以考慮以下方法取代終止現有保單:

There are other alternatives for consideration apart from terminating your existing policy:

- 重新建議一份能配合你需要的計劃 1.
 - Suggest other insurance plan that may suit your need
- 3. 減少保險金額/基本金額/保證每月入息
 - Reduce Sum Assured/Principal Amount/Monthly Income
- 5. 更改繳費方式

Change of payment mode

更改其他保費較便宜的計劃(如適用) Change to another insurance plan with lower premium (if any)

4. 保單貸款

Policy Loan

選擇不能作廢選擇權(如適用)使保單繼續生效 6.

Choose non-forfeiture option(s) (if any) to keep the policy in force

若你想了解以上方法的詳情,歡迎致電我們的客戶服務熱線 2290 2882。

If you wish to learn more about the alternatives, please do not hesitate to contact our customer services hotline at 2290 2882.

如你仔細考慮後仍決定終止保單,請提供終止保單原因,以便我們日後提升保險產品及服務質素。(可選擇多於一項)

If you still decide to terminate the policy after prudent consideration, please provide the reason(s) of terminating the policy so that we can improve the quality of insurance products and services in the future. (May choose more than one option)

經濟問題

經濟 Finar □	問題 icial issues 收入減少 Reduced Income 財務需求 Financial needs:					每月開支 Increase i		y expenses		
	O 投資 Investment	C	置業 Property purchase	O	結婚 Wedding	Expenses	•	裝修 Renovation	0	償還貸款 Repayment of loans
	其他 (請註明) Others (please specify)	_								
保險	計劃 ance Plan									
	保費相對較高 Premium is too high					保費供款年 The paymer		too long		
	保單年期過長 Policy term is too long					保障範圍不 The coverag		enough		
	保單回報未如理想 Policy returns are not as go	ood a	s expected			保險需求有 Insurance n		e changed		
	已經持有類似/相同的保 Have already had a similar,					其他 (請註) Others (plea		·y)		
保險	服務 ance Services									
	保險中介人服務未如理想 The insurance intermedian		rvice is not up to standard	I		售後服務申 After-sales		oplication is comp	olicated	
	索賠程序繁複 The claims process is comp	olicate	ed			網上服務不 Online servi		ot extensive eno	ugh	
	繳付保費方法不夠多元化 The methods of premium p		ent are not diverse enoug	h		其他 (請註 Others (plea	,	ý)		
其他 Othe	rs									
	移民 Emigration					購買其他投 Purchase ot	.,	tment products		
	轉購香港人壽的其他保險 Purchase other insurance p							理財產品選擇 s have risen and t	here ar	e more financial product choices
	轉購其他保險公司的保險 Switch to other insurance					其他 (請註) Others (plea		īv) —		

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D. 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 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 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.

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 註: Notes: 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.

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E.	根同保留文件

Return Policy Document

附上上述保單文件之正本。

Attached herewith the original document of the above-mentioned policy.

The above-mentioned policy was lost:

茲證明上述保單號碼之保單已經遺失及遍尋不獲。本人/我們同意此保單及任何保單副本均為無效,亦答應如日後尋回正本保單,定會歸還本 公司。本人/我們謹以此聲明上述內容全為屬實。

This is to certify that the above-mentioned policy was lost and could not be located despite best diligent efforts. I/We agree that the original policy copy and any issued duplicate policy copy shall be void. I further undertake in the event of the said lost policy document (whether original or copy) ever being discovered, I shall return it forthwith to the Company. I/We make this solemn declaration conscientiously believing the same to be true.

F.	支票貨幣及領取方式 Cheque Currency and Delivery Method	
支票貨	粉	
Cheque	Currency	
	保單貨幣	港幣
	Policy Currency	HKD
領取方	式	
Delivery	Method	
	經代理銀行轉交	郵寄至通訊地址
	Deliver through servicing bank	Send to correspondence address

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G. 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况轉讓本人/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" У "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.

Н. 退保聲明

Surrender Declaration

本保單在沒有任何保單轉讓下之聲明:

Where this policy is not subject to any policy assignments declaration:

本人/我們為本保單之保單權益人,現申請完全終止本保單,請按照本保單條款的條款及條件退回退保發還金額(扣除任何貸款及利息後的淨值)。本人/ 我們同意茲收本保單之淨退保發還金額,代表本人/我們對香港人壽就本保單或連繫本保單任何及所有過去、現在及將來的行動、索賠、權利或要求將 作為完全及最終之協定。當給付金額後,本人/我們不可撤換地同意香港人壽將完全撤出及免除本保單的任何及所有的義務及責任。

每個執行本聲明的人士確認及證明本保單並不受制於任何抵押、保留權、費用、權益轉讓協議或其他負擔,而且沒有由或對他、她或他們實行破產或 其他類似程序。

I/We, policyowner of this policy, hereby surrender this policy in full for its surrender value (net of any loans and interest), according to the terms and conditions of the policy provisions. I/We agree that receipt of the net surrender value of this policy shall represent the full and final settlement of any and all past, present and future actions, claims, rights or demands which I/we may have against Hong Kong Life under or in connection with this policy. Upon payment thereof, I/we irrevocably agree that Hong Kong Life shall be completely discharged and released from any and all obligations and liabilities under this policy.

Each person executing this declaration confirms and certifies that this policy is not subject to any pledge, lien, charge, assignment or other encumbrance, and that no bankruptcy or other analogous proceedings have been instituted by or against him, her or them.

本保單在保單轉讓下之聲明:

Where this policy is subject to a policy assignment declaration:

我們為本保單之保單權益人及受讓人,現申請完全終止本保單,請按照本保單條款的條款及條件退回退保發還金額(扣除任何貸款及利息後的淨值)。我 們,保單權益人及受讓人同意茲收本保單之淨退保發還金額,代表本人/我們對香港人壽就本保單或連繫本保單任何及所有過去、現在及將來的行動、索 賠、權利或要求將作為完全及最終之協定。當給付金額後,我們,保單權益人及受讓人不可撤換地同意香港人壽將完全撤出及免除本保單的任何及所有 的義務及責任。

每個執行本聲明的人士確認及證明本保單並不受制於任何抵押、保留權、費用、權益轉讓協議或其他負擔,而且沒有由或對他、她或他們實行破產或其 他類似程序。

We, the policyowner and assignee of this policy, hereby surrender this policy in full for its surrender value (net of any loans and interest), according to the terms and conditions of the policy provisions. We, the policyowner and assignee agree that receipt of the net surrender value of this policy by the assignee shall represent the full and final settlement of any and all past, present and future actions, claims, rights or demands which the policyowner and assignee may have against Hong Kong Life under or in connection with this policy. Upon payment thereof, we, the policyowner and assignee, irrevocably agree that Hong Kong Life shall be completely discharged and released from any and all obligations and liabilities under this policy.

Each person executing this declaration confirms and certifies that except for the assignment of this policy to the assignee, this policy is not subject to other pledge, lien, charge, assignment or other encumbrance, and that no bankruptcy or other analogous proceedings have been instituted by or against him, her or them.

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### Appendix Notes and Signature of Policy Replacement and Surroction that I/We have read, fully understood and agreed to the Important Notes, Warning of Policy Replacement and Surroction and Surrocti		簽署及簽署 日期 Signature and Signing Date			
体保單在投有任何保單轉讓下,保單權益人必須簽署本申請書: 《保單權益人簽署 Signature of Policyowner DD MM YYYY 保險中介人姓名,瑜就及簽署(知趣用) Name, Code and Signature of insurance Intermediary (if applicable) 见証人处名及簽署(如趙用) Name and Signature of Witness (if applicable) DD MM YYYY ******************************	/We co	onfirm that I/We have read, fully understood and agreed to the Important Notes	s, Warning of Pol	icy Replaceme	nt and Surren
保服権益人簽署 Signature of Policyowner DD MM YYYY 「保験中介人差名・編発及簽署(知識用) 日 月 年 Name, Code and Signature of Insurance Intermediary (if applicable) DD MM YYYY ・					
Signature of Policyowner DD MM YYYY 保險中介人姓名,編號及簽署(如適用) 日 月 年 Name, Code and Signature of Insurance Intermediary (if applicable) DD MM YYYY 月延人姓名及簽署(如適用) 日 月 年 Name and Signature of Witness (if applicable) 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讀書: 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 DD MM YYYY ②讓人簽署 Signature of Assignee DD MM YYYY 《保險中介人姓名、編號及簽署(如適用) 日 月 年	Where t	this policy is not subject to any policy assignment , this form shall be signed by the	policyowner:		
Signature of Policyowner DD MM YYYY (保險中介人姓名,編號及簽署(知適用) 日 月 年 Name, Code and Signature of Insurance Intermediary (if applicable) DD MM YYYY					
Signature of Policyowner DD MM YYYY (R (R (R (R (R (R (R (R (R					
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保險中介人姓名・編號及簽署(如適用) 日 月 年 Name, Code and Signature of Insurance Intermediary (if applicable) DD MM YYYY					
Name, Code and Signature of Insurance Intermediary (if applicable) 月証人姓名及簽署(如適用)		Signature of Policyowner	DD	IVIIVI	1111
Name, Code and Signature of Insurance Intermediary (if applicable) 月証人姓名及簽署(如適用)		保险中介人姓名,編號及簽署(加適用)	H	目	在
月証人姓名及簽署(如適用) 日 月 年 Name and Signature of Witness (if applicable) 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: R單權益人簽署 日 月 年 Signature of Policyowner DD MM YYYY 受讓人簽署 日 月 年 Signature of Assignee DD MM YYYY					
Name and Signature of Witness (if applicable) PDD MM YYYY					
Name and Signature of Witness (if applicable) PDD MM YYYY PCR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: R單權益人簽署 日月年 Signature of Policyowner DD MM YYYY 受讓人簽署 日月月年 Signature of Assignee DD MM YYYY		見証人姓名及簽署(如適用)	B	月	年
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Signature of Policyowner DD MM YYYY 受譲人簽署 日 月 年 Signature of Assignee DD MM YYYY 保險中介人姓名、編號及簽署(如適用) 日 月 年	vnere	this policy is subject to a policy assignment, this form shall be signed by the policyo	wher and assigned	:	
Signature of Policyowner DD MM YYYY 受譲人簽署 日 月 年 Signature of Assignee DD MM YYYY 保險中介人姓名、編號及簽署(如適用) 日 月 年		存 留權	H	目	年
受讓人簽署 日月年 Signature of Assignee DD MM YYYY 保險中介人姓名、編號及簽署(如適用)					
Signature of Assignee DD MM YYYY Right (如適用) 日 月 年					
保險中介人姓名、編號及簽署(如適用)		受讓人簽署	日	月	年
		Signature of Assignee	DD	MM	YYYY
		保險中介人姓名、編號及簽署(如適用)	日	月	年
Name, Code and Signature of Insurance Intermediary (if applicable) DD MM YYY			DD	MM	YYY

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