

保費付款聲明書 Premium Payment Declaration Form

保單號碼 Policy no. _____

受保人 Insured _____

保單持有人 Policyowner _____

請填妥第一部分及第二部分並請於適當方格內加上「√」號。Please complete Part I and Part II and please put a "√" in the appropriate box(es).

本表格適用於以下情況。This form should be used in the following situations.	
(1)	繳款單據上未能顯示付款人姓名而該保費或款項是由保單持有人 / 受保人 / 受益人 / 承讓人繳付。 The payor's name cannot be shown on the deposit slip and the premium or payment is paid by the policyowner / insured / beneficiary / assignee.
(2)	第三者的現金、本地支票、匯票、銀行戶口轉賬、電匯、大新銀行電話理財*、大新銀行網上理財*、中銀香港網上理財、購買本票、信用卡 [^] 或轉數快作為付款。Any payments are made by third party's cash / local cheque / bank draft / bank account transfer / chats / telegraph transfer / DSB phone banking* / DSB internet banking* / BOCHK internet banking / purchase local cashier order / credit card [^] or Faster Payment System (FPS). **如繳付首期保費時尚未獲取新單之保單號碼，持有人必須將電匯指示表格副本及匯款收據副本與新保單之申請書一併遞交。並於電匯指示表格上清楚填寫 (i) 保單持有人及受保人的英文姓名及 (ii) 「繳付新保單的首期保費」。If an initial premium is paid by telegraph transfer but no policy no. could be provided due to new business, the copy of telegraph transfer instruction form and telegraph transfer receipt must be attached with the insurance application form. Please state clearly: (i) the English name of policyowner and insured; and (ii) "Payment for Initial Premium of New Policy" on the telegraph transfer instruction form). 本公司只接受指定類別人士之第三者付款，並保留索取付款 / 關係證明之權利 Only listed categories of third party payment will be accepted, the Company reserves the right to obtain payment / relationship proof.
第一部分 Part I: 繳款詳情 Payment Details	
繳付金額 Payment amount	(<input type="checkbox"/> 港幣HKD / <input type="checkbox"/> 美金USD / <input type="checkbox"/> 人民幣RMB) 繳付日期 Payment date
繳款方法 Payment method	本公司可接受每一保單持有人每次以現金付款繳付之最高限額為港幣120,000元以下 (或同等價值之幣值)。The maximum amount of premium that the company accepts each owner to pay by cash payments is below HKD120,000 (or in equivalent currency) per transaction. <input type="checkbox"/> 於泰禾薈付款 Cash payments in Tahoe Club 保單持有人如以下列繳款方法累計年度保費達美金300,000元 / 港幣2,400,000元 (或同等價值之幣) 或以上，請提供資金來源證明文件。If the annual aggregated amount of premium paid by policyowner through any of the following payment methods is USD300,000 / HKD2,400,000 (or in equivalent currency) or above, please submit proof on source of fund. <input type="checkbox"/> 轉賬至本公司銀行賬戶 Transfer payment to the Company's bank account <input type="checkbox"/> 本地支票 / 本地本票 / 匯票 Local cheque / Local cashier order / Bank draft <input type="checkbox"/> 大新銀行網上理財* / 大新銀行電話理財* / 繳費靈* DSB internet banking* / DSB phone banking* / PPS* <input type="checkbox"/> 現金付款至本公司銀行賬戶 Cash payments to the Company's bank account <input type="checkbox"/> 大新銀行自動櫃員機轉賬* DSB ATM transfer* <input type="checkbox"/> 中銀香港存款票機 BOCHK Cheque Deposit Machine [^] <input type="checkbox"/> 中銀香港自動櫃員機 BOCHK ATM <input type="checkbox"/> 中銀香港網上理財 BOCHK internet banking <input type="checkbox"/> 信用卡 [^] Credit card [^] 轉數快 FPS <input type="checkbox"/> 電匯 Telegraph transfer / Chats <input type="checkbox"/> 其他 Others (請註明 please specify) : _____

* 不適用於新保單繳付首期保費 Not applicable to pay an initial premium of new business

[^] 只適用於繳付首期保費 Only applicable to pay an initial premium of new business

繳款用途 Use of payment		<input type="checkbox"/> 首期保費 Initial premium <input type="checkbox"/> 續保保費 Renewal premium <input type="checkbox"/> 額外投資 Top up investment <input type="checkbox"/> 償還貸款 Loan repayment <input type="checkbox"/> 保單更改 Policy changes <input type="checkbox"/> 其他 Others (請註明 please specify) : _____	
第二部分Part II: 付款人資料 Payor Information (必須回答 (1) - (2) 題 Please complete (1) - (2))			
(1) 付款人 Payor	<input type="checkbox"/> 保單持有人 Policyowner 如付款人非保單持有人，繳付金額達港幣50,000元或以上（或同等價值之幣值），請同時遞交付款人身份證明文件副本。 If the payor is not the policyowner, and the payment amount is HKD50,000 (or equivalent) or above, please attach payor's ID copy if it has not been submitted before. <input type="checkbox"/> 受保人 Insured <input type="checkbox"/> 受益人 Beneficiary <input type="checkbox"/> 承讓人 Assignee <input type="checkbox"/> 第三者付款人 Third party payor (請填寫此部分 (3) - (5) 題 Please complete (3) - (5) of this Part.) (請註明 please specify) : _____		
(2) 資金來源 Source of payment	<input type="checkbox"/> 薪酬 Salary <input type="checkbox"/> 收入 Income <input type="checkbox"/> 儲蓄 / 存款 Savings / deposits <input type="checkbox"/> 其他投資的收入 Income from other investments <input type="checkbox"/> 累積儲蓄及投資 Accumulative savings and investments <input type="checkbox"/> 其他 Others (請註明 please specify) : _____		
(3) 付款人姓名 Name of payor		付款人身份證明文件號碼 Identity document no. of payor	
(4) 第三者付款人與保單持有人之關係 Relationship between third party payor and policyowner	<input type="checkbox"/> 配偶 Spouse <input type="checkbox"/> 父母 Parent <input type="checkbox"/> 子女 Child <input type="checkbox"/> 兄弟姊妹 Sibling <input type="checkbox"/> 祖父母 Grandparent <input type="checkbox"/> 孫子女 Grandchild <input type="checkbox"/> 其他 Others (請註明 please specify) : _____		
(5) 第三者付款原因 Reason for third party payment	<input type="checkbox"/> 因保單持有人為學生 Policyowner is a student <input type="checkbox"/> 因保單持有人為家庭主婦 Policyowner is a housewife <input type="checkbox"/> 因持有人已退休 Owner is retired <input type="checkbox"/> 其他原因 Other reasons (請註明 please specify) : _____ _____		

收取個人壽險保費徵費

本人 / 我們在此確認：泰禾人壽保險有限公司，為一家獲授權的保險公司，按香港保險業監管局（「保監局」）的要求及授權向每位保單持有人所持有的新造或現行有效保單徵收徵費。有關徵費將按照訂明安排匯付予保監局。保監局可以根據相關條例，將有關的徵費欠款作為民事債項向相關的保單持有人追討欠款，並有機會徵收罰款。有關徵費的詳情，請瀏覽 https://www.tahoelife.com.hk/tl/doc/Levy_IC.pdf 或致電 (852) 3767 8777。

Collection of premium levy on individual life insurance policy

I / We hereby acknowledge that: Tahoe Life Insurance Company Limited, as an authorised insurer, is statutorily required to collect premium levy ("Levy") on any new or in-force policy from policy owner on behalf of the Insurance Authority of Hong Kong ("IA") and would be remitted in accordance with prescribed arrangement to the IA. IA may take legal proceedings against policy owners in respect of any outstanding Levy as a civil debt and may impose pecuniary penalty according to the relevant regulations. For further information, please visit https://www.tahoelife.com.hk/tl/doc/Levy_EN.pdf or contact: (852) 3767 8777.

個人資料收集及使用

本人 / 我們確認本人 / 我們已閱讀及明白泰禾人壽之個人資料收集聲明（「泰禾人壽個人資料收集聲明」）。

本人 / 我們聲明及同意在本表格所載或泰禾人壽保險有限公司（「泰禾人壽」）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 / 我們的保單或投資的其他資料，可根據泰禾人壽個人資料收集聲明收集及使用。

保單號碼 Policy no. _____ 保單持有人 Policyowner _____

本人 / 我們特此確認並同意泰禾人壽根據泰禾人壽個人資料收集聲明使用及轉移本人 / 我們的個人資料。泰禾人壽個人資料收集聲明的最新版本可於以下網址下載：www.tahoelife.com.hk，及可向泰禾人壽索取。

Personal data collection and use

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

I / We declare and agree that any personal data and other information relating to me / us or my / our policy(ies) or investments contained in this form or collected, compiled or held by Tahoe Life Insurance Company Limited (the "Company") by any means from time to time may be collected and utilised in accordance with the Tahoe Life PICS.

I / We hereby give my / our acknowledgement and agree to the use and transfer of my / our personal data by the Company in accordance with the Tahoe Life PICS. The latest version of the Tahoe Life PICS is available for download from the website: www.tahoelife.com.hk, and is made available upon request.

聲明及授權 Declaration and Authorisation			
本人 / 我們僅此聲明，保單持有人 / 付款人在此申請書提供的資料均是真實及正確的。本人 / 我們已閱讀及同意「收集個人資料聲明」的規定。 I / We, the policyowner / payor, declare that the information I / we provided in this form is true and correct. I / We have read and agree to the terms and content of the "Personal Information Collection Statement".			
保單持有人 / 承讓人 (如有) 簽署 Signature of policyowner / assignee (if any)		簽署日期 (日 / 月 / 年) Sign date (DD / MM / YYYY)	
保單持有人 / 承讓人 (如有) 聯絡電話 Contact number of policyowner / assignee (if any)		持有人 / 承讓人電郵地址 Email address of owner / assignee	
付款人簽署 (如非保單持有人 / 承讓人) Signature of payor (if not policyowner / assignee)		簽署日期 (日 / 月 / 年) Sign date (DD / MM / YYYY)	
公司批註 Company endorsement (公司專用 Company use only) Approved By: 批核:	持牌保險中介人簽署聲明：本人聲明已核對客人之身份證明文件 Licensed insurance intermediary's signature declaration: I declare that I have verified the identity document of customer 持牌保險中介人簽署： (編號：) Signature of licensed insurance intermediary: (Code:)		