

**每月支取現金款額指示表格**

**Monthly Payment of Cash Payments Instruction Form**

保單號碼 Policy no. \_\_\_\_\_

準受保人 / 受保人 Proposed insured / insured \_\_\_\_\_

申請人 / 保單持有人 Applicant / policyowner \_\_\_\_\_

本人為上述保單之申請人 / 保單持有人，現選擇以每月支取方式領取上述保單之現金款額並經自動轉賬存入以下指定銀行之港幣銀行戶口：I, applicant / policyowner of the above policy, hereby select the monthly payment option to receive the cash payments of the above policy and deposit into the below specified Hong Kong Dollar bank account by autopay:

銀行名稱 Bank name \_\_\_\_\_

銀行號碼

Bank No.

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分行號碼

Branch No.

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戶口號碼

Account No.

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只接受申請人 / 保單持有人持有之香港持牌銀行的港幣銀行戶口。請提供相關銀行戶口存摺或銀行結單副本，而該證明須列出所有銀行賬戶持有人的完整姓名及銀行賬號。此外，並須提供所有賬戶持有人的有效身份證明文件副本（如果您從未遞交身份證明文件或已過期）。

Only accept applicant's / policyowner's Hong Kong Dollars banking account of a licensed bank in Hong Kong. Please provide relevant copies of bank book or statement which are able to show the full name of all account holder(s) and account number. Also, please provide copy of valid identity document for all account holders (if you have not submitted the identity document or it has expired)).

**重要事項 Important notes:**

- 本表格只適用於基本計劃賦予申請人 / 保單持有人選擇以每月支取選項領取現金款額權利之保單。  
This form only applies to policy where its basic plan has granted the right to applicant / policyowner to choose to receive cash payment by Monthly Payment option.
- 如本表格連同投保申請書一併遞交，本表格上之指示須待投保申請批核後始生效。  
If this form is submitted together with a new application, the instruction on this form will be effective after the application has been approved.
- 現金款額包括保證現金款額及非保證週年紅利（如適用），兩者的支取選項必須一致。（不適用於黃金稅悅延期年金計劃）  
Cash payments include the guaranteed cash payments and the non-guaranteed annual dividend (if applicable). The payment option for both payments must be the same. (Not applicable to Shining Years Deferred Annuity Plan)

**重要事項 (續) Important notes (Cont'):**

- (4) 泰禾人壽保險有限公司 (百慕達註冊之有限公司) (「泰禾人壽」) 收到簽妥之表格及有關證明文件後，約需七個工作天設立自動轉賬指示。因此，本指示適用於自動轉賬指示設立後支付的現金款額。而在自動轉賬指示生效前，所有現金款額將存入保單相關賬戶內生息 (不適用於黃金稅悅延期年金計劃)。而在自動轉賬指示生效前，所有現金款額將根據本公司最近期之記錄辦理 (只適用於黃金稅悅延期年金計劃)。

It takes about 7 working days for Tahoe Life Insurance Company Limited (Incorporated in Bermuda with limited liability) ("Tahoe Life") to set up the direct credit instruction upon receipt of this signed form and relevant proof. Hence, this instruction applies to cash payments payable after the direct credit instruction has been set up. Before that, all due and paid cash payments would be deposited into the relevant account of the Policy to earn interests (not applicable to Shining Years Deferred Annuity Plan). Before that, all due and paid cash payments would be paid according to the latest payment instruction in our record (applicable to Shining Years Deferred Annuity Plan).

- (5) 若因提供之戶口資料有誤而導致自動轉賬指示不成功，本表格上的自動轉賬指示即告無效並會即時被終止。所有現金款額將存入保單相關賬戶內生息 (不適用於黃金稅悅延期年金計劃)。所有現金款額將以支票形式寄出 (只適用於黃金稅悅延期年金計劃)。

If the direct credit instruction is failed due to incorrect bank account information provided, this instruction is deemed to be voided and will be terminated immediately. All due and paid cash payments would be deposited into the relevant account of the Policy to earn interest (not applicable to Shining Years Deferred Annuity Plan). All due and paid cash payments would be paid in cheque (applicable to Shining Years Deferred Annuity Plan).

- (6) 除非另有註明，現金款額將繼續按上述已登記在泰禾人壽的支取指示按月發放。

Unless otherwise specified, cash payments will continue to be paid monthly according to the above payment instruction registered with Tahoe Life.

- (7) 存入本保單的現金款額會先用以清還任何按本保單所欠泰禾人壽的負債。

The cash payments credited to this policy will be first used to repay any indebtedness to Tahoe Life under this policy.

- (8) 若現金款額的支付日為非工作天 (包括星期六、日及公眾假期)，自動轉賬指示會於緊隨的首個工作天執行。

If the payment date of the cash payments falls on a non-working day (including Saturdays, Sundays and public holidays), direct credit instruction will be processed on the first working day immediately follows.

- (9) 請細閱及確認泰禾人壽所載有關「個人資料收集聲明」。

Please read and confirm "Personal Information Collection Statement" ("PICS") issued by Tahoe Life.

下表列明可能於閣下保單文件內出現的現時用語及其對應的用語。保單用語的修訂並不影響閣下的保單，保單內之保障、條款及細則亦將維持不變。

The table below provides you with a mapping of the current terminologies you might find in your policy(ies) documents with the corresponding terminologies. The terminology changes do not impact your policy(ies) and the benefits and terms and conditions under your policy(ies) remain unchanged.

詞彙表 Glossary

現金款額 Cash Payments	亦稱為 also known as	每月支取現金 / 保證現金款額 / 每月年金金額 / 非保證週年紅利 Monthly Income / Guaranteed Cash Payments / Monthly Annuity Payment / Non-guarantee Annual Dividend
每月支取選項 Monthly Payment options		每月入息選項 / 保證現金款額選項 / 每月年金金額選項 / 紅利選項 Monthly Income Options / Guaranteed Cash Payment Options / Monthly Annuity Payment Options / Dividend Options

保單號碼

Policy no \_\_\_\_\_

申請人 / 保單持有人

Applicant / Policyowner \_\_\_\_\_

#### 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。

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](http://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](http://www.tahoelife.com.hk), and is made available upon request.

#### 聲明 Declaration

本人 / 我們僅此聲明，本人 / 我們在此申請書提供的資料均是真實及正確的。本人 / 我們已閱讀及明白在此申請書的內容。

I / We declare that the information I / we provided in this form is true and correct. I / We have read and understood the content of this form.

保單持有人簽署 Signature of policyowner	簽署日期 Sign date ( 日 DD / 月 MM / 年 YYYY )

承讓人 ( 如有 ) 簽署 Signature of assignee (if any)	簽署日期 Sign date ( 日 DD / 月 MM / 年 YYYY )

保單持有人聯絡電話 Contact phone no. of policyowner	保單持有人電郵 Email address of policyowner

持牌保險中介人簽署、牌照類別、牌照號碼及保險經紀公司蓋印(如適用) Signature of licensed insurance intermediary, type of license, license no. and stamp of broker company (if applicable)	持牌保險中介人姓名及分行名稱 ( 如有 ) Name of licensed insurance intermediary and branch name (if any)