

**自動轉賬授權書**
**Direct Debit Authorisation Form**

請填寫適當資料及用正楷填寫 Please fill in the appropriate information and print in block letters

**由儲蓄 / 來往賬戶直接付款 Direct debit via saving / current account**

如無特別指示，轉賬日為保費到期日；如保費到期日為29, 30或31日，則轉賬日期為下月1日。

Unless otherwise specified, the autopay date will be same as premium due date. If premium due date is 29th, 30th or 31st, autopay date will be 1st of next month.

指定自動轉賬日 Specified autopay date : \_\_\_\_\_ (只限每月1日至28日 limited to 1st-28th of each month)

\*指定自動轉賬日不適用於投資連繫式保險計劃及電話直銷計劃

Specified autopay date is not applicable to investment linked and telemarketing products

收款之一方 (受益人) Name of party to be credited (The beneficiary)	銀行編號 Bank no.	分行編號 Branch no.	收款賬戶之號碼 Account no. to be credited
<b>TAHOE LIFE INSURANCE COMPANY LIMITED</b>	<b>0 4 0 7 5 9</b>	<b>3 2 1 0 0 1 1 8</b>	

本人 / 我們現授權下述銀行自本人 / 我們之賬戶內轉賬予上述受益人。本人 / 我們同意銀行無須證實該等轉賬通知是否已交予本人 / 我們。如因該等轉賬而令本人 / 我們之賬戶出現透支 (或令現時之透支增加)，本人 / 我們願共同及各別承擔全部責任。本人 / 我們同意如本人 / 我們之賬戶並無足夠款項支付該等授權轉賬，銀行有權不予轉賬，且銀行可收取慣常之收費。本人 / 我們確認在本授權書內之簽名如與本人 / 我們賬戶 (支取此項轉賬之賬戶) 之簽名完全相同。

I / We hereby authorise the Bank named below to effect transfers from my / our account to the above named beneficiary. I / We agree that the Bank shall not be obliged to ascertain whether or not notice of any such transfer has been given to me / us. 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). I / We agree that should there be insufficient funds in my / our account to meet any transfer hereby authorised, the Bank shall be entitled, at its discretion, not to effect such transfer in which event the Bank may make the usual charge. I / We confirm that the signature(s) on this application form is / are the same as that/those for the operation of my / our account to be debited for the transfer.

本人 / 我們之銀行及分行名稱 My / Our bank name and branch	銀行編號 Bank no.	分行編號 Branch no.	本人 / 我們的賬戶號碼 My / Our account no.

本人 / 我們在結單 / 存摺上所紀錄名稱 (英文、姓氏先行)

My / Our name(s) as recorded on statement / passbook (In English, surname first)

1. \_\_\_\_\_

2. \_\_\_\_\_

本人 / 我們在戶口紀錄的身份證明文件類別 (請於方格內加上「✓」)

My / Our ID type and no. as recorded on the account (Please put "✓" in the box)

1. ☐ 香港身份證 HKID / ☐ 其他 (請註明) Others (please specify) \_\_\_\_\_
2. ☐ 香港身份證 HKID / ☐ 其他 (請註明) Others (please specify) \_\_\_\_\_

戶口紀錄的身份證明文件號碼

My / Our ID no. as recorded on the account

1. \_\_\_\_\_
2. \_\_\_\_\_

日期 Date	本人 / 我們之簽名 (賬戶持有人) My / Our signature(s) (account holder)	持牌保險中介人姓名及編號 licensed insurance intermediary's name and code	支賬參考 (保單號碼) Debit reference (policy no.)
	X		

**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（下稱「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](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](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。

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.

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