

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 _____

請填妥第一至第三部分並請於適當方格內加上「√」號。Please complete Part I to Part III and please put a "√" in the appropriate box(es).

注意事項 Important Notes

- 此聲明書適用於 (i) 由保單持有人 / 受保人 / 受益人 / 承讓人繳付，但繳款單據上未能顯示付款人姓名之繳款 (本地本票/匯票除外)；或 (ii) 由指定類別的第三者付款人 (即保單持有人之配偶、子女、父母、兄弟姊妹、祖父母和孫子女) 繳付之繳款；或 (iii) 當本公司就特別個案作出要求時。This form is applicable for payment (i) made by Policyowner / Insured / Beneficiary / Assignee but payor's name cannot be shown on the deposit slip (except local cashier order/bank draft); or (ii) any payment by designated group of third party payor (i.e. spouse / child / parent / sibling / grandparent and grandchild of the Policyowner); or (iii) as requested by our company in special case.
- 本公司只接受保單持有人 / 受保人 / 受益人 / 承讓人及指定類別的第三者付款 (即保單持有人之配偶、子女、父母、兄弟姊妹、祖父母和孫子女) 並保留索取付款及/或身份證明/關係證明之權利。Only payment by Policyowner / Insured / Beneficiary / Assignee or designated group of third party payor (i.e. spouse / child / parent / sibling / grandparent and grandchild of the policyowner), will be accepted. The Company reserves the right to obtain proof of payment and/or identity/relationship proof.
- 如付款人並非保單持有人，而繳付金額為港幣50,000元 / 美金6,250元 (或同等價值之幣值) 或以上，必須遞交付款人的身份證明文件副本。If the payment is not made by policyowner and the payment amount is HKD50,000 / USD6,250 (or in equivalent currency) or above, please submit a copy of payor's identity document.
- 如付款人為受益人或指定類別的第三者，而繳付金額為港幣500,000元 / 美金62,500元 (或同等價值之幣值) 或以上，必須遞交受益人或指定類別的第三者付款人與保單持有人之關係證明文件如結婚證書/出世紙/內地戶口證明文件之副本。If the payment amount paid by Beneficiary or designated group of third party payor is HKD500,000 / USD62,500 (or in equivalent currency) or above, please submit a copy of relationship proof, such as marriage certificate/birth certificate/household register between the Beneficiary/designated group of third party payor and the Policyowner.
- 如保單持有人累計年度保費達港幣2,400,000元 / 美金300,000元 (或同等價值之幣值) 或以上，請提供資金來源證明文件。If annual aggregated amount of premium paid by Policyowner is HKD2,400,000 / USD300,000 (or in equivalent currency) or above, please submit proof on source of fund.

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	<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Local cheque <input type="checkbox"/> 現金付款至本公司銀行賬戶 ¹ Cash payments to the Company's bank account ¹ <input type="checkbox"/> 電匯 ² Telegraphic transfer ² / Chats ² <input type="checkbox"/> 轉數快 ³ FPS ³ <input type="checkbox"/> 繳費靈 ⁴ / 銀行網上繳費 ⁴ / PPS ⁴ / Bank Bill Payment ⁴ <input type="checkbox"/> 其他 Others (請註明 Please specify): _____		
繳款用途 Use of payment	<input type="checkbox"/> 續保保費 Renewal premium <input type="checkbox"/> 首期保費 Initial 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): _____		

- 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.
- 繳付首期保費時尚未獲取新單之保單號碼，保單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 telegraphic transfer but no policy no. could be provided due to new business, the copy of telegraphic 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 telegraphic transfer instruction form).
- 不適用於償還保單貸款及繳交整筆投資 / 非定期額外投資供款。Not applicable for loan repayment and paying lump sum investment / unscheduled contribution.
- 不適用於償還保單貸款、繳交整筆投資 / 非定期額外投資供款及新保單繳付首期保費。Not applicable for loan repayment, paying lump sum investment/unscheduled contribution and initial premium of new business.

第二部分 Part II: 資金來源 Source of Payment			
付款人 Payor	<input type="checkbox"/> 保單持有人 Policyowner <input type="checkbox"/> 承讓人 Assignee <input type="checkbox"/> 受保人 * Insured * <input type="checkbox"/> 受益人 * Beneficiary * <input type="checkbox"/> 第三者付款人 * Third party payor * (只接受指定類別的第三者付款並保留索取付款 / 關係證明之權利 Only payment by designated group of third party payor will be accepted. The Company reserves the right to obtain payment/relationship proof.) * 如繳付金額達港幣50,000元 / 美金6,250元 (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 payment amount is HKD50,000 / USD6,250 (or in equivalent currency) or above, please attach ID copy of payor.		
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) : _____		
第三部分 Part III: 付款人資料 Payor Information (必須填寫所有資料 All information must be filled in)			
(如付款人為保單持有人 · 不需填寫此部分 This part is not applicable if the payor is the Policyowner)			
付款人全名 Full name of payor	英文姓名 Name in English	中文姓名 Name in Chinese	
付款人身份證明文件*號碼 Identity document* no. of payor * 繳付金額達港幣50,000元 / 美金6,250元 (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 payment amount is HKD50,000 / USD6,250 (or in equivalent currency) or above, please attach payor's ID copy.	<input type="checkbox"/> 香港身份證 HKID Card <input type="checkbox"/> 其他 (如護照 · 入境簽證) Others (e.g. Passport, Entry Permit) _____ (請列明簽發國家 Please state issued country)	付款人性別 Gender of Payor	<input type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female
付款人的出生日期 (日 / 月 / 年) Date of birth of payor (DD/MM/YYYY)		付款人國籍 Nationality of payor	
付款人住址 Residential address of payor			
付款人與保單持有人之關係 Relationship between third party payor and policyowner	<input type="checkbox"/> 受保人 Insured <input type="checkbox"/> 受益人 Beneficiary* <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* * 只接受上述指定類別人士之付款 · 如繳付金額為港幣500,000元 / 美金62,500元 (或同等價值之幣值) 或以上 · 請遞交受益人或上述指定類別的第三者付款人與保單持有人之關係證明文件 · 如結婚證書 / 出世紙 / 內地戶口證明文件之副本。 Only payment by the above designated group of third party payor will be accepted. If the amount of payment is HKD500,000 / USD62,500 (or in equivalent currency) or above, please submit a copy of relationship proof, such as marriage certificate / birth certificate / household register between the Beneficiary / designated group of third party payor and the Policyowner. <input type="checkbox"/> 保單持有人 / 受保人持有之公司** Company owned by the Policyowner or Insured** ** 請提供相關文件以證實公司與保單持有人 / 受保人之關係 : (i) 商業登記證或公司註冊證明書之副本及(ii) 最新周年申報表之副本。如公司並非由保單持有人 / 受保人單一擁有 · 則需額外提供董事會決議付款等文件。詳情請參閱本公司網頁。Please provide relevant documents to prove the relationship between the company and the Policyowner / Insured: (i) a copy of Business Registration Certificate or Certificate of Incorporation; and (ii) a copy of latest Annual Return. If the company is not solely owned by the Policyowner / Insured, please also provide other documents, e.g. resolution of the Board of Directors on the payment. Please visit our company website for details.		
以第三者付款原因 (必須填寫) Reason for third party payment (Must be filled in)			

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。

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 *	簽署日期 Sign date (日 DD / 月 MM / 年 YYYY)
Signature of policyowner / assignee (if any) *	
付款人簽署# (如非保單持有人 / 承讓人)	簽署日期 Sign date (日 DD / 月 MM / 年 YYYY)
Signature of payor# (if not policyowner / assignee)	
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、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)

* 保單持有人及承讓人 (如有) 簽署樣式必須與本公司記錄一致

Signature of policyowner and assignee (if any) must be consistent with our Company's records.

如付款人為公司，必須由公司所指定獲授權人士簽署及蓋上公司印章

For company payor, must be duly signed by an authorized signatory(ies) of the company together with a company chop.