

## REQUEST FOR POLICY LOAN FORM 保單貸款申請表格

### IMPORTANT INFORMATION 重要資料

Please complete in ENGLISH and BLOCK CAPITALS.

The Chinese text is for reference only. If there is any conflict between the meaning of the words or terms of the English and Chinese text of this form, the English version shall prevail.

If you make a mistake completing this form, simply cross out the error, note the correct details and initial each correction.

The policy of insurance is issued or assumed by Transamerica Life (Bermuda) Ltd. (Transamerica Life Bermuda).

請以英文正楷填寫。

中文譯本僅供參考用途。如中文譯本與英文原文有歧義，概以英文原文為準。

如表格內所填寫的資料有任何錯誤，請予以修正並在旁邊簡簽作實。

保單由全美人壽（百慕達）有限公司（「全美人壽百慕達」）發出或承擔責任。

Insured's Name 受保人姓名		Policy Number 保單號碼	
Policy Owner's Name 保單持有人姓名			

If you intend to use (i) the funds arising; or (ii) any saving made by reducing the premium payable, from this transaction to purchase another life insurance policy, you should consult your financial representative about the implications and associated risks involved in policy replacement. You may also find more information about policy replacement on the website of the Insurance Authority.

如閣下打算透過本申請 (i) 提取資金；或 (ii) 降低保單的應付保費，以資助購買另一份新的人壽保險保單，閣下應就此轉保所涉及的影響和相關風險諮詢您的財務代表。閣下亦可瀏覽保險業監管局的網站了解更多有關轉保的資料。

The policy is hereby assigned to Transamerica Life Bermuda as sole security for the loan. Transamerica Life Bermuda has a first lien on the policy to the extent of any loan balance and any unpaid interest on the loan balance. Except as stated below, the undersigned certifies that:

- (1) the policy is not subject to any lien, assignment or legal claim superior to Transamerica Life Bermuda's interest by any person or organisation who is not a party to this request; and
- (2) that the undersigned is not involved in pending bankruptcy proceedings. Exception (if any):

謹此轉讓保單予全美人壽百慕達作為貸款的唯一抵押。如有任何貸款結欠或任何欠繳之貸款結欠利息，全美人壽百慕達擁有保單之第一留置權。除下文所述情況外，下方簽署人證明：

- (1) 並無任何不屬於此申請書一方之任何人士或機構對保單享有優於全美人壽百慕達利益之留置權、轉讓權或法定申索；及
- (2) 下方簽署人並未涉及任何正待處理之破產法律程序。例外情況（如有）：

		<input checked="" type="checkbox"/> Select the box that applies 請選擇合適空格
1.	I request a loan in the amount set forth below in accordance with the policy's provisions. 本人根據保單之條文申請下文所列款額之貸款。	
	<input type="checkbox"/> Maximum Loan Amount Available 可動用最高貸款額	<input type="checkbox"/> Partial Loan Amount 部份貸款額
	USD _____	美元
2.	Reason for applying the loan 申請貸款之原因：	
	_____	

Select the box that applies  
請選擇合適空格

3. Payment Instruction 付款指示

I/we, hereby, authorise Transamerica Life Bermuda to arrange proceeds as follows (If no option is selected, proceeds will be paid by cheque to policy owner):

本人/吾等現授權全美人壽百慕達按下列指示安排所得款項（若未有作出選擇，所得款項將以支票形式支付予保單持有人）：

Pay Out 支付

Payment Currency 付款貨幣	<input type="checkbox"/> USD 美元	<input type="checkbox"/> HKD 港元
Payment Method 付款方法	<input type="checkbox"/> By cheque 支票形式 (applicable to amount less than USD500,000 or equivalent. For USD cheque, a local clearing USD cheque will be issued. 適用於金額少於50萬美元或等值。若以美元支票形式，只會開發本地結算美元支票。)	<input type="checkbox"/> By Telegraphic Transfer 電匯形式 (Please complete below Telegraphic Transfer Details Section. 請填寫以下電匯資料部分。)
Pay to 支付予： (if the policy is subject to collateral assignment. 若保單受抵押轉讓所限制。)	<input type="checkbox"/> Policy Owner 保單持有人	<input type="checkbox"/> Assignee 受讓人

Pay Premium Due to This Policy 支付保單到期應付保費

Apply to Policy Number 撥至保單號碼：

Loan Repayment 償還貸款

Pay Premium 支付保費

Others 其他 \_\_\_\_\_ (subject to review and approval 須經審查及批核)

4. Telegraphic Transfer Details 電匯資料

Correspondent Bank Information (if applicable) 代理銀行資料（如適用）

Correspondent Bank Name 代理銀行名稱	
Correspondent Bank Swift Code 代理銀行代碼	<input type="text"/>
Correspondent Bank Address 代理銀行地址	

Beneficiary Bank Information 收款銀行資料

Beneficiary Account Holder Name 收款銀行帳戶持有人姓名	
Beneficiary Account Number 收款帳號	<input type="text"/>
Beneficiary Swift Code 收款銀行代碼	<input type="text"/>
Beneficiary Bank Name 收款銀行名稱	
Beneficiary Bank Address 收款銀行地址	

Note: Payment must be made to policy owner/assignee only. Payment requested to be made in HKD may be subject to the prevailing exchange rate as determined with reference to our sources.

註：款項必須支付予保單持有人/受讓人。要求以港元支付的款項可能按當時銀行公佈的匯率換算。

Select the box that applies  
請選擇合適空格

5. Signatures - (General Notices below) 簽署 — (一般通知)

**Signature of Policy Owner\***  
**保單持有人簽署\***

Signed at 簽署地點	(City, Country 城市, 國家)	Date 日期	<input type="text"/> (dd/mm/yyyy 日/月/年)
Name 姓名		Phone Number 電話號碼	<input type="text"/>
Signature (include Title, if Corporation or Trust) 簽署 (如屬公司或信託, 請加上職銜)		X	

**Signature of Witness to Policy Owner**  
**保單持有人之見證人簽署**

Signed at 簽署地點	(City, Country 城市, 國家)	Date 日期	<input type="text"/> (dd/mm/yyyy 日/月/年)
Name 姓名			
ID Number 身份證明文件號碼		Signature 簽署	
<input type="text"/> Type 類別 <input type="checkbox"/> HKID 香港身份證 <input type="checkbox"/> Passport 護照 <input type="checkbox"/> Other 其他 _____		X	
Address 地址			

**Signature of the Irrevocable Beneficiary (if applicable)**  
**不可撤銷受益人簽署 (如適用)**

Signed at 簽署地點	(City, Country 城市, 國家)	Date 日期	<input type="text"/> (dd/mm/yyyy 日/月/年)
Name 姓名		Phone Number 電話號碼	<input type="text"/>
ID Number 身份證明文件號碼		Signature (include Title, if Corporation or Trust) 簽署 (如屬公司或信託, 請加上職銜)	
<input type="text"/> Type 類別 <input type="checkbox"/> HKID 香港身份證 <input type="checkbox"/> Passport 護照 <input type="checkbox"/> Business Registration 商業登記 <input type="checkbox"/> Certificate of Incorporation 公司註冊團體成立證明書 <input type="checkbox"/> Other 其他 _____		X	

\* Note 注意：  
To update your contact information, please submit the change of contact details form available from your financial representative.  
如要更新聯絡資料, 請向您的財務代表索取更改聯絡資料表格, 並於填妥後交回。

TLB 414HKB RPL 0120

Select the box that applies  
請選擇合適空格

6. Signatures - (General Notices below) (Continued)  
簽署 — (一般通知) (續)

**Signature of Witness to Irrevocable Beneficiary (if applicable)**  
**不可撤銷受益人之見證人簽署 (如適用)**

Signed at 簽署地點	(City, Country 城市, 國家)	Date 日期	<input type="text"/> (dd/mm/yyyy 日/月/年)
Name 姓名			
ID Number 身份證明文件號碼		Signature 簽署	
Type 類別	<input type="text"/>	X	
<input type="checkbox"/> HKID 香港身份證			
<input type="checkbox"/> Passport 護照			
<input type="checkbox"/> Other 其他 _____			
Address 地址			

**Signature of Collateral Assignee (if any)\***  
**抵押受讓人簽署 (如有)\***

Signed at 簽署地點	(City, Country 城市, 國家)	Date 日期	<input type="text"/> (dd/mm/yyyy 日/月/年)
Name 姓名		Phone Number 電話號碼	<input type="text"/>
Signature (include Title, if Corporation or Trust) 簽署 (如屬公司或信託, 請加上職銜)		X	

**Signature of Witness to Collateral Assignee (if any)**  
**抵押受讓人之見證人簽署 (如有)**

Signed at 簽署地點	(City, Country 城市, 國家)	Date 日期	<input type="text"/> (dd/mm/yyyy 日/月/年)
Name 姓名			
ID Number 身份證明文件號碼		Signature 簽署	
Type 類別	<input type="text"/>	X	
<input type="checkbox"/> HKID 香港身份證			
<input type="checkbox"/> Passport 護照			
<input type="checkbox"/> Other 其他 _____			
Address 地址			

\* Note 注意:

To update your contact information, please submit the change of contact details form available from your financial representative.  
如要更新聯絡資料, 請向您的財務代表索取更改聯絡資料表格, 並於填妥後交回。

## GENERAL NOTICES—一般通知

Transamerica Life Bermuda makes no representation and assumes no liability for the tax implication, if any, of this transaction. Transamerica Life Bermuda does not offer tax or legal advice. Because tax laws are subject to change and different interpretations, we recommend that you seek counsel from a qualified advisor.

### **U.S. Income Tax Notice and Withholding Information**

Under current U.S. tax law, loans under life insurance policies are generally not subject to U.S. income tax when taken. However, a loan from a Modified Endowment Contract (“MEC”) policy is taxable to the extent of any gain then in the policy. A life insurance contract becomes a MEC when actual premiums paid exceed a specified 7-pay premium limit or when certain changes are made to policy benefits.

If you are a U.S. individual, U.S. entity or foreign entity with U.S. owners or beneficiaries and your policy is a MEC, your loan may be currently taxable by the U.S. Transamerica Life Bermuda will also report a taxable loan to the U.S. on Form 1099 and may withhold U.S. tax on the taxable portion of the loan unless we have received your correct U.S. Taxpayer ID Number (TIN) before paying out the loan amount.

Transamerica Life Bermuda does not offer tax or legal advice. Tax laws are subject to change and different interpretations may apply. Transamerica Life Bermuda recommends you seek counsel from a qualified advisor.

全美人壽百慕達並不會就是項交易作任何陳述並且不會就是項交易之任何稅務影響（如有）承擔任何法律責任。

全美人壽百慕達並不提供稅務或法律意見。由於稅務法例可能會有更改及不同詮釋，因此全美人壽百慕達建議閣下諮詢合資格顧問之意見。

### **美國所得稅通知及預扣稅資料**

根據現行美國稅務法例下，人壽保單之貸款一般並不受美國所得稅規則。惟MEC保單之貸款，任何獲利均為應課稅的。當人壽保單內所繳交之保費超出保費所限之七倍或相當之保單利益有所轉變，便會轉為一張MEC保單。

如保單持有人為美國公民/ 美國機構或由美國人，美國成立之法人團體或由美國人持有或受惠之法人團體，而閣下之保單包含MEC保單，閣下之貸款可能受美國之應課稅所限。全美人壽百慕達將需要用表格1099向美國當局報告該應課稅之貸款；或除非全美人壽百慕達在發出該貸款前，收到閣下正確之美國繳稅號碼（TIN），全美人壽百慕達需要預扣該貸款所涉及之應課稅額。

全美人壽百慕達並不提供稅務或法律意見。由於稅務法例可能更改及不同詮釋，因此全美人壽百慕達建議閣下諮詢合資格顧問之意見。