

POLICY SERVICE REQUEST FORM

保單服務申請表格

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			

Select the box that applies
請選擇合適空格

1. Request for Replacement of Lost Policy 要求補發已遺失的保單

The undersigned hereby certifies that the policy number listed above is lost and request the following:

下方簽署人謹此確認，已遺失上述號碼之保單，並要求索取以下項目：

Complete copy of policy(ies), if available 完整保單副本(如有)

There is a USD25.00 charge for each copy of the policy(ies). Enclose cheque with this request.

每份保單副本將須收取25美元費用，請將支票連同本表格一併提交。

If the original policy is found, it must be returned to Transamerica Life Bermuda at the address above.

如尋獲保單正本，必須按上述地址交回全美人壽百慕達。

2. Request to Cancel Rider 要求取消附加契約

Unless indicated otherwise, the cancellation of the rider will be effective on the policy's monthly anniversary date closest to the date this form was received in good order. 除非另有註明，否則將於最接近收妥本表格日期之保單週年日取消附加契約。

Rider (name) 附加契約(名稱): _____

Rider (name) 附加契約(名稱): _____

Rider (name) 附加契約(名稱): _____

3. Request to Reduce Sum Assured 要求調低保額 #

Unless otherwise indicated, the reduction in sum assured will be effective on the policy's monthly anniversary date closest to the date this form was received in good order.

除非另有註明，否則將於最接近收受本表格日期之保單週月日調低保額。

- Policy 保單: New Sum Assured 新保額 USD _____ 美元
 Rider(s) 附加契約: _____ (Specify 請註明)

New Rider Amount 新附加契約保額 USD _____ 美元

Any cash value released is to be applied as follows (the outstanding policy loan cannot exceed the cash value of the reduced policy).
任何發放的現金價值將用作以下用途（未償還保單貸款不得超過調低保額後保單之現金價值）。

- Pay by cheque to Policy Owner 以支票形式支付予保單持有人
 Pay premium due 支付應付保費: _____
 Reduce or repay policy loan 減少或償還保單貸款
 Other 其他: _____

Note: On interest sensitive plans, surrender charges will be assessed, if applicable.
註：對於涉及利息的保單，將會估算退保費用（如適用）。

4. Non-Forfeiture Provisions Request 要求修訂不能作廢條文#

Unless indicated otherwise, changes to the non-forfeiture provisions will be effective on the policy's monthly anniversary date closest to the date this form was received in good order.

除非另有註明，否則不能作廢條文的修訂將於最接近收受本表格日期之保單週月日生效。

- Extended Term Insurance 延長定期保險
 Reduced Paid-Up Insurance 就已繳清保費保險減額
Any policy loan will be paid off from the cash value 任何保單貸款將以現金價值支付
Dividend Accumulation, if any, to be 累積分紅（如有）將會：
 Paid by cheque to Policy Owner 以支票形式支付予保單持有人
 Used under this option 根據此選項使用

5. Other Financial Transactions 其他財務交易#

I apply for 本人要求提取：

- Full amount deposit 全數存款
 USD _____ 美元

From the following policy fund(s) 並從以下保單資金來源提取：

- Dividends on Deposit 紅利存款
 Paid-Up Additions (Additional information may be required and is subject to underwriting)
已繳清增購保險（可能須提交額外資料，並須進行核保）

The funds are to be applied as follows 款項將用作以下用途：

- Issue cheque to Policy Owner 向保單持有人發出支票
 Pay premium due 支付應付保費
 Reduce or repay policy loan 減少或償還保單貸款
 Other (specify) 其他（請註明） _____

6. Dividend Options 分紅選項

Apply subsequent dividends as follows 將其後的分紅用作以下用途：

- Cash 現金
 Purchase Paid-Up Additions (Additional information may be required and is subject to underwriting)
增購繳清保險（可能須提交額外資料，並須進行核保）
 Accumulation at Interest 以計息方式累積
 Repay Policy Loan 償還保單貸款
 Add to Premium Deposit Account 撥入保費存款帳戶
 Reduction of Premium 扣減保費

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。

Select the box that applies
請選擇合適空格

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	
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"/>
Signature (include Title, if Corporation or Trust) 簽署 (如屬公司或信託, 請加上職銜)			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。

Select the box that applies
請選擇合適空格

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	
<input type="text"/>		X	
Type 類別	<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 *
抵押受讓人簽署 *

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 Collateral Assignee
抵押受讓人之見證人簽署

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"/>		X	
Type 類別	<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.
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General Notices 一般通知

I understand that Transamerica Life Bermuda makes no representations and assumes no liability for the tax implications, if any, of this transaction. 本人明白全美人壽百慕達對本交易的任何稅務後果 (如有) 並不作出任何陳述或承擔任何責任。

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 tax advisor. 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受制於不同詮釋, 故建議閣下就此諮詢合資格稅務顧問。