

REQUEST TO CHANGE PLANNED PREMIUM PAYMENT FORM

更改保費繳付模式申請表格

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. ("TLB").

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		

New Premium Payment Mode 新保費繳付方式

☒ Select the box that applies
請選擇合適空格

☐ Annually (Direct) ☐ Annually (Autopay) ☐ Semi-Annually (Direct) ☐ Quarterly (Direct) ☐ Quarterly (Autopay) ☐ Monthly (Autopay)
 年繳 (通知繳付) 年繳 (自動轉賬) 半年繳 (通知繳付) 季繳 (通知繳付) 季繳 (自動轉賬) 月繳 (自動轉賬)

New premium amount 新保費金額	USD 美元	New billings to begin 新賬單開始生效日期	(dd/mm/yyyy 日/月/年)
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New premium must not be lower than the Required Annual Premium (RAP) or Minimum Required Premium (MRP) of the policy, if applicable.

新保費必須不少於保單之規定每年保費或最低規定保費（如適用）。

For monthly mode, autopay must be set up. Please submit Direct Debit Authorisation Form. Please note the premium withdrawal dates as follows: 如為每月繳付保費，必須設立自動轉賬，並請提交直接付款授權書表格。請留意以下保費提取日期：

- Policy with issue date on 1st to 15th - Autopay withdrawal takes place on the 1st day of the month.
簽發日期為一至十五號之保單 - 自動轉賬將於該月之一號過數。
- Policy with issue date on 16th to 31st - Autopay withdrawal takes place on the 16th day of the month.
簽發日期為十六至三十一號之保單 - 自動轉賬將於該月之十六號過數。

Any change of premium will be subject to certain limitations as described in policy contract and may be subject to approval.

任何保費變動均受保單合約所述的若干限制約束，並可能須經過審批。

The effective date of the new payment mode must be aligned with the policy year date.

新保費繳付模式的生效日期必須與保單週年日一致。

Signatures
簽署

Signature of Policy Owner*
保單持有人簽署*

Signed at 簽署地點	(Country 國家)	Date 日期	(dd/mm/yyyy 日/月/年)
Name 姓名			
Phone Number 電話號碼	Country Code 國家號碼	Area Code 地區號碼	Phone Number 電話號碼
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	(Country 國家)	Date 日期	(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	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	(Country 國家)	Date 日期	(dd/mm/yyyy 日/月/年)
Name 姓名			
Phone Number 電話號碼	Country Code 國家號碼	Area Code 地區號碼	Phone Number 電話號碼
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 Personal Information Update Form available from your financial representative.
如要更新聯絡資料, 請向您的財務代表索取個人資料更新表格, 並於填妥後交回。

簽署 (續)

抵押受讓人之見證人簽署 (如有)

Signed at 簽署地點	(Country 國家)	Date 日期	
Name 姓名			
ID Number 身份證明文件號碼	Signature 簽署		
Type 類別			
Address 地址			