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在索取、列印或填寫表格前，請閣下先詳閱下文。

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免責聲明

閣下凡透過富通保險有限公司 [富通保險] 之電子收發渠道 [如公司網站、互動語音回應系統] 下載或列印任何表格，應自行考慮及衡量需承擔之風險。富通保險概不負責任何因下載或列印表格所引致的列印錯誤及其可能導致之任何損失或毀壞。若閣下提交之下載或列印表格有任何列印錯誤，富通保險有可能在處理閣下的申請前要求閣下填寫一份正確之表格。

當閣下填寫及簽署由網站下載之表格 [互聯網列印表格]，則被視作閣下已詳閱及明白電腦螢幕上出現之表格 [閱覽表格] 之內容，並同意表格內之所有條文。如該閱覽表格與互聯網列印表格出現任何不符、矛盾或分歧時，閣下同意並承諾不會提出任何異議。如閱覽表格與互聯網列印表格出現任何不符、矛盾或分歧時，概以閱覽表格為準。

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銀行戶口直接付款授權書
Direct Debit Authorization



請填寫並將此授權書交給富通保險有限公司
Please complete and return this form to FTLife Insurance Company Limited

- 請勿在空白表格或尚未填寫的表格上簽署。
Please do not sign on blank or incomplete form.
- 直至另行通告為止，本人茲授權富通保險有限公司(簡稱「受益人」)可按其不時給予下述銀行指示，從本人下述賬戶內，以港元貨幣扣除下述保單之保費、保費徵費及行政費(如適用)並轉賬予受益人，及確證本人下述簽名與運作下述賬戶轉賬指示所須的簽署完全相同。
Until further notice, I hereby authorize FTLife Insurance Company Limited (referred to as 'the Beneficiary') to debit and charge the premium, premium levy and administration fee (if applicable) by HK Dollar Currency for the below-listed policy from my account in accordance with the instructions that the Beneficiary may give to the Bank from time to time and confirm my/our signature is/are the same as that/those for operation of my account to be debited for the transfer.
- 本人同意本人之銀行毋須證實該等轉賬通知是否已交予本人。
I agree that my Bank shall not be obliged to ascertain whether or not notice of any such transfer has been given to me.
- 如因該等轉賬而令本人之下述賬戶出現透支(或令現時之透支增加)，本人願共同及各別承擔全部責任。
I agree that my Bank shall not be obliged to ascertain whether or not notice of any such transfer has been given to me.
- 本人確證本人在本直接付款授權書內之簽名，與運作下述賬戶所簽署者完全相同。
I confirm that my signature(s) on this authorization form is the same as that for the operation of my account to be debited for the transfer.
- 本人同意如有任何更改、取消是項自動轉賬付款方式或更改本授權書之情況，需在最少兩個工作天前以書面要求形式通知富通保險有限公司。本人同意如下述賬戶並無足夠款項支付該等轉賬，本人之銀行有權不予辦理轉賬且可收取有關之手續費用，該等費用概由本人支付。
I agree to notify FTLife Insurance Company Limited of any change, of cancellation of payment method or variation of this authorization by a written request at least two working days in advance. I agree that should there be insufficient funds from the below account to meet the 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 service charge to be paid by me.
- 本授權書將繼續生效直至另行通知為止。
This authorization shall have effect until further notice.
- 本人明白若此授權書的中、英文兩個版本有任何抵觸或不相符之處，應以英文版本為準。
I understand that if there is any inconsistency or ambiguity between the English version and the Chinese version of this form, the English version shall prevail.

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
富通保險有限公司 FTLife Insurance Company Limited	024	267	148138001

請填寫以下詳情 Please complete all details shown below:

銀行名稱 (銀行) Bank Name (Bank)	分行名稱 Branch Name
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賬戶號碼 (Account No.)	銀行編號 Bank No.	分行編號 Branch No.	銀行賬戶號碼 Account No.
	—	—	

銀行賬戶持有人的姓名 (與銀行月結單或存摺上的姓名相同) Name of Account Holder(s) (Same as that shown in the bank statement or passbook)
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銀行賬戶持有人的證件號碼及類別 ID No. of Account Holder & ID Type	請在適當位置加上“✓” 別號 Please tick “✓” where appropriate
	<input type="checkbox"/> 香港身份證 HKID <input type="checkbox"/> 公司註冊證明書 Certificate of Incorporation <input type="checkbox"/> 護照 Passport <input type="checkbox"/> 其他 Others: _____ <input type="checkbox"/> 商業登記証 Business Registration

付款人備註 - 保單編號 Debtor Reference - Policy No.	受保人姓名 Name of Insured
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

此欄必須填寫及在適當位置加上“✓” 別號 This Column must be completed and tick “✓” where appropriate

銀行賬戶持有人與保單持有人 / 受保人的關係 Relationship between Account Holder & Policyowner / Insured:
<input type="checkbox"/> 保單持有人 Policyowner: 本人 Self <input type="checkbox"/> 受保人 Insured: 本人 Self <input type="checkbox"/> 保單持有人的直系親屬 Policyowner's direct family: <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"/> 孫兒女 Grandchild <input type="checkbox"/> 合法監護人 Legal Guardian <input type="checkbox"/> 保單持有人擁有的公司 Company owned by the Policyowner
(有關第三者付款之指引，請參閱本公司最新之安排。Please refer to our company latest arrangement in regards to third party payment guidelines.)



收集個人資料聲明 Personal Information Collection Statement

在富通保險有限公司（以下簡稱「富通保險」），保護客戶的個人資料私隱是富通保險所持的其中一個核心價值。作為一間提供保險產品和服務的公司，客戶的個人資料收集和使用是富通保險業務的重要一環。我們尊重您的個人資料的私隱，並致力於完全遵守「個人資料（私隱）條例」（以下簡稱「條例」）。

At FTLife Insurance Company Limited ("FTLife"), we hold as one of our core values the protection of privacy of our customer's personal data. As a provider of insurance products and services, collection and use of personal data of our customers is at the heart of our business. We respect the privacy of your personal data and are committed to fully complying with the Personal Data (Privacy) Ordinance ("the Ordinance").

1. 富通保險所收集及/或持有的個人資料 Personal Data collected and/or held by FTLife

我們所收集及/或持有的個人資料（不論是否從此表格或以其他方式獲得）包括您的個人資料，交易記錄和您的家庭資料。

The personal data that we collect and/or hold (whether contained in this form or otherwise obtained) includes your personal details, transaction records, and information on your family.

2. 收集個人資料的重要性 Importance of Personal Data Collection

富通保險會不時地要求您提供您的個人資料。您提供個人資料予富通保險是出於自願的。然而，如果您沒有按我們所要求而提供您的個人資料予富通保險，富通保險可能無法提供或繼續提供產品和服務給您。

From time to time, you will be requested to provide your personal data to FTLife. Provision of personal data to FTLife by you is voluntary. However, FTLife may not be able to provide or continue to provide products and services to you if you fail to provide your personal data as requested by us.

3. 個人資料收集和使用的目的 Purposes of Personal Data Collection and Usage

富通保險所持有您的個人資料可能會用於以下目的：

Your personal data held by FTLife may be used for the following purposes:

i. 保險管理或再保險業務有關的用途，其中包括身份檢查，保單服務，作為抵押貸款轉讓安排（如為保費融資而作），理賠處理，調查，賬戶追收，訴訟，通訊，製作統計，數據分析和研究，內部/外界審計及保持優質的服務；

administration of insurance or reinsurance related business, which includes identity checking, policy servicing, collateral assignment arrangement (e.g. for premium financing purpose), claims processing, investigation, account collection, litigation, communications, preparing statistics, data analysis and research, internal and external audit, and maintaining quality services;

ii. 為遵守下列適用於富通保險或富通保險應該遵守的有關披露及使用資料的責任、規定或安排：

complying with the obligations, requirements or arrangements for disclosing and using data that apply to FTLife or with which it is expected to comply according to:

(a) 在香港境內或境外，現行或將會存在的，並對其具約束力或適用於其的任何法律；

any law binding or applying to it within or outside Hong Kong existing currently and in the future;

(b) 在香港境內或境外，現行或將會存在的，並由任何法定、監管、政府、稅務、執法或其他機構，或由金融服務提供者的自我監管或業界的團體或組織所發出或提供之任何指引或指導；

any guidelines or guidance given or issued by any legal, regulatory, governmental, tax, law enforcement or other authorities, or self-regulatory or industry bodies or associations of financial services providers within or outside Hong Kong existing currently and in the future;

(c) 富通保險因其在本地或海外的司法管轄區或與該司法管轄區相關的金融、商業、營業或其他利益或活動而須承擔與該本地或海外的法定、監管、政府、稅務、執法或其他機構或金融服務提供者的自我監管或業界的團體或組織之間的現有或將來之任何合約承諾或其他承諾。

any present or future contractual or other commitment with local or foreign legal, regulatory, governmental, tax, law enforcement or other authorities, or self-regulatory or industry bodies or associations of financial services providers that is assumed by or imposed on FTLife by reason of its financial, commercial, business or other interests or activities in or related to the jurisdiction of the relevant local or foreign legal, regulatory, governmental, tax, law enforcement or other authorities, or self-regulatory or industry bodies or associations.

4. 移轉個人資料至香港以外的地方 Transfer of Personal Data Outside Hong Kong

富通保險可能會不時地將您的個人資料移轉至香港以外的地方作在第3(i)和3(ii)段中所列出的任何用途，包括資料處理或貯存。

FTLife may from time to time transfer your personal data outside Hong Kong for any of the purposes set out in section 3(i) and (ii) including data processing or storage.

5. 個人資料的查閱/改正要求 Personal Data Access / Correction Request

5.1 根據條例的規定，您有下列權利：

In accordance with the Ordinance, you have the right to:

i. 查詢富通保險是否持有您的個人資料，如有，您有權獲得這些資料的副本；及

check whether FTLife holds personal data about you and, if so, obtain a copy of such data; and

ii. 要求富通保險糾正任何有關您的不準確的個人資料；及

require FTLife to correct any personal data relating to you which is inaccurate; and

iii. 確定富通保險對個人資料處理的有關政策和做法，並獲告知由富通保險持有您個人資料的種類。

ascertain FTLife policies and practices in relation to personal data and to be informed of the kind of personal data held by FTLife.

5.2 富通保險有權就處理任何個人資料查閱要求收取合理的費用。

FTLife has the right to charge a reasonable fee for the processing of any personal data access request.

5.3 有關要求可向位於香港特別行政區上環干諾道中111號永安中心27樓富通保險有限公司客戶服務中心的「保障資料主任」以書面形式提出。

Requests shall be made in writing to our Data Protection Officer, FTLife Customer Service Centre, FTLife Insurance Company Limited, 27/F, Wing On Centre, 111 Connaught Road Central, Hong Kong SAR.

由此文件所示之日開始，此收集個人資料聲明將被視為您富通保險之間已經簽署或準備簽署的所有合約，協定和其他具有約束力的安排的一個組成部分。

This Personal Information Collection Statement shall from the date hereinafter appearing be deemed to form an integral part of all contracts, agreements and other binding arrangements which you have entered into or intend to enter into with FTLife.

本人明白若中、英文兩個版本有任何抵觸或不相符之處，應以英文版本為準。

I understand that if there is any inconsistency or ambiguity between the English version and the Chinese version, the English version shall prevail.

簽署 Signature

本人，銀行戶口的合法擁有人，以本人以下的簽署確認：

I, the lawful owner of the Bank Account, confirm by my signature below, that:

(1) 本人已細閱及明白，並自願同意接受本授權書內所有條款約束；及

I have read and understood, and voluntarily agree to be bound by all provisions of this form; and

(2) 在此收款授權書提供的或與其一起提供的所有資料及文件均為事實之全部、正確、準確及有法律效力；及

All information and documents provided in or with this Debit Authorization Form are true, accurate, complete and legally valid; and

(3) 本人明白若此收款授權書的中、英文兩個版本有任何抵觸或不相符之處，應以英文版本為準。

I understand that if there is any inconsistency or ambiguity between the English version and the Chinese version of this Debit Authorization Form, the English version shall prevail.

X

銀行戶口持有人簽署
(請確定上述簽署與銀行紀錄的簽署相同)
Signature of the Bank Account Holder
(Signature must be the same as that on the Bank's record)

X

簽署日期(日/月/年)
Date (DD/MM/YY)

保險顧問姓名/保險經紀公司名稱
Name of the Insurance Agent/Insurance Broker company

保險代理人編號/保險經紀公司編號
Insurance agent's/Insurance Broker company code

日期(日/月/年)
Date (DD/MM/YY)

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