



特別付款安排 / 大額付款聲明書  
Special Payment Arrangement / Large Amount Payment Declaration Form



保單號碼 Policy Number	<input type="text"/>	保險代理人姓名 Name of Insurance Agent	<input type="text"/>
保單持有人/申請人姓名 Name of Policy owner/Applicant	<input type="text"/>	保險代理人編號 Insurance Agent Code	<input type="text"/>
受保人姓名 Name of Insured	<input type="text"/>	保險代理人聯絡電話 Insurance Agent Contact No.	<input type="text"/>

**重要事項 Important Notes:**

- 此聲明書於以下情況適用：  
This form should be used in the following situations:
  - 金額由本公司接納的第三者繳交，或  
The payment is made by a Third Party accepted by our Company, or
  - 金額為HK\$200,000(或同等價值之外幣)或以上，並直接存款/轉賬至本公司的銀行戶口或以電子繳費方式(如繳費靈/銀行網上付款/電話繳費/自動櫃員機繳交)，或  
The payment is HK\$200,000 (or equivalent value of foreign currency) or above and directly deposited/ transferred to our company's bank account or paid by electronic payment channels (e.g. PPS / E-banking / Phone banking / ATM), or
  - 當本公司就特別個案作出要求時。  
As requested by our company in special cases
- 本公司保留索取付款及/或關係證明及/或身份證明之權利。在收到此聲明書及所需文件前，本公司不會處理所收到的款項及相關指示(包括投資指示及償還貸款)。  
Our company reserves the right to obtain proof of payment and/or relationship and/or identity proof. We will process any payment received and related instruction (including investment instructions or loan repayment) only after this form and the required documents (if any) have been received by our company.

請在適當空格加上「剔號」 Please "tick" as appropriate:

1. 付款詳情 Payment Details	
繳付金額 Amount of Payment	港元 / 美元 / 人民幣 HK\$ / US\$ / CNY _____
付款/轉賬日期 Date of Payment/Transfer	(日 dd / 月 mm / 年 yyyy)
支票 Cheque 銀聯卡 Union Pay Card 自動轉賬 Autopay	信用卡 Credit Card 電子繳費 Electronic payment 其他(請註明) Others (Please specify): _____
易辦事 EPS 電匯 Telegraphic Transfer	
以下選項須提供正本收據 Please provide the original receipt for the selection(s) below : 本票 Bank Draft                      直接存款/轉賬至本公司的銀行戶口 Direct Deposit / Transfer to our company's bank account 如未能提供，請註明原因 Please specify the reason(s) if cannot provide the original receipt : _____	
2. 資金來源 Source of Payment	
繳交款項人士 This payment is made by	保單持有人 / 申請人 Policy Owner / Applicant 受保人 / 準受保人 Insured / Proposed Insured 其他 → 請於第三部份提供付款人資料，付款人亦須在本聲明書上簽名 Others → <b>Please provide payor information in Section 3. Payor needs to sign at the end of this form</b>
如金額為HK\$200,000(或同等價值之外幣)或以上，請提供繳交款項之人士的資金來源(可「✓」一項或以上) If the payment is HK\$200,000 (or equivalent value of foreign currency) or above, please provide the source(s) of fund of the Payor (May "✓" one or more)	薪金 Salary                              累積儲蓄及投資 Accumulative Savings & Investments 收入 Income                              其他投資的收入 Income from other Investments 儲蓄 Savings                              其他(請註明) Others(Pls specify): _____ 經濟支持者(請提供姓名、職業及僱主名稱) Financial Supporter (Please provide the Full name, Occupation and Name of Employer): _____
3. 第三者付款人資料 Third Party Payor's Details	
(如付款人為保單持有人 / 申請人或受保人 / 準受保人，請略過此部份) (If the Payor is Policy Owner / Applicant or Insured / Proposed Insured, please skip this section)	
只適用於由第三者特別付款安排 Only applicable for Third Party payment special arrangement	
作為上述保單持有人，本人明白保費應由本人或受保人(如非本人)繳付。但基於以下原因，本人現申請由以下人仕(下稱第三者付款人)代為繳付保費。 Being the Policy Owner of the above-mentioned policy, I understand that policy premiums should be paid by myself or the life insured (if different from me). However, I would like to propose the following designated third-party (the "Third Party Payor") to pay for my policy on my behalf with the reason(s) below.	
原因 Reason: _____	

保單號碼

Policy Number

3. 第三者付款人資料 (續) **Third Party Payor's Details (Continue)**  
(如付款人為保單持有人 / 申請人或受保人 / 準受保人, 請略過此部份)  
(If the Payor is Policy Owner / Applicant or Insured / Proposed Insured, please skip this section)

第三者付款人姓名 Third Party Payor Name	英文姓名 (以英文正楷填寫) Name in English (Use BLOCK letters)	中文姓名 Name in Chinese	
第三者付款人出生日期 (日/月/年) Third Party Payor's Date of Birth (dd/mm/yyyy)		第三者付款人性別 Third Party Payor's Gender	男 Male 女 Female

第三者付款人身份證明文件  
Third Party Payor's Identification Document details

證明文件類別 Type of Identification Document  *請刪去不適用者。 Please delete where appropriate.	*香港永久性居民身份證 / 護照 / 旅遊證件 / 商業登記 / 其它證件, 請註明: _____  *Permanent HKID / Passport / Travel document / Business Registration / Other document, please specify _____
證明文件號碼 Identification Document Number	
簽發地 Place of Issue	

第三者付款人與保單持有人/申請人之關係 **Relationship between Third Party Payor and Policy Owner/Applicant**

只接受下列類別人仕作出之第三者付款 **Only third party payments made by person belonging to the categories listed in the below will be accepted**

配偶 Spouse	祖父母 Grandparent	配偶的父母 Parent-in-law
父母 Parent	孫子女 Grandchild	子女的配偶 Son-in-Law / Daughter-in-Law
子女 Child	兄弟姊妹 Sibling	

- i. 如繳付金額為HK\$200,000 (或同等價值之外幣) 或以上, 請遞交付款人身份證明。  
If the amount of payment is HK\$200,000 (or equivalent value of foreign currency) or above, please submit identity proof of Third Party Payor.
- ii. 如繳付金額為HK\$2,000,000 (或同等價值之外幣) 或以上, 請另行遞交關係證明、由保單持有人填寫相關之財務狀況問卷及提供所須財務要求證明文件 (如適用)。  
If the amount of payment is HK\$2,000,000 (or equivalent value of foreign currency) or above, please also submit **relationship proof, the respective Financial Status Questionnaire completed by policyowner and provide financial proof requirement(s), if applicable.**

合法監護人 Legal Guardian	公司東主 / 董事 Company Owner / Director
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- i. 如繳付金額為HK\$200,000 (或同等價值之外幣) 或以上, 請遞交證明文件如下  
If the amount of payment is HK\$200,000 (or equivalent value of foreign currency) or above, please also submit supporting document(s) as below
- 付款人身份證明 及 Identity proof of Third Party Payor and
  - 合法監護人證明文件 或 Supporting documents of Legal Guardian, or
  - 保單持有人為有限公司東主 / 董事的有關證明文件, 如周年申報表 或  
For limited company owned by the Policyowner or Policyowner being director of the company, supporting document(s) such as Annual Return or
  - 保單持有人為獨資經營的有關證明文件, 如利得稅報稅表 For Policyowner is sole-proprietorship, supporting document(s) such as Tax Return
- ii. 如繳付金額為HK\$2,000,000 (或同等價值之外幣) 或以上, 請另行遞交由保單持有人填寫相關之財務狀況問卷及提供所須財務要求證明文件 (如適用)。  
If the amount of payment is HK\$2,000,000 (or equivalent value of foreign currency) or above, please also submit **the respective Financial Status Questionnaire completed by policyowner and provide financial proof requirement(s), if applicable.**

## 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，聯絡資料，保單資料，交易記錄，學歷及培訓資料，就業資料，財政資料，醫療及健康記錄和您的家庭、生活方式及社會環境資料。

The personal data that we collect and/or hold (whether contained in this form or otherwise obtained) includes your personal details, contact information, policy details, transaction records, education and training details, employment details, financial details, medical and health records and information on your family, lifestyle and social circumstances.

### 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，其中包括承保，處理和評估申請，身份和信用檢查，適用性檢查，保單服務，理賠處理，調查，帳戶/債務追收，訴訟，通訊，製作統計，數據分析和研究，內部/外界審計，保持優質的服務，銷售和促銷，建設企業品牌和建設客戶忠誠度的活動；  
administration of insurance or reinsurance related business, which includes underwriting, processing and evaluation of applications, identity and credit checking, suitability checking, policy servicing, claims processing, investigation, account/debt collection, litigation, communications, preparing statistics, data analysis and research, internal and external audit, maintaining quality services, sales and marketing, corporate brand building and customer loyalty building;
- ii 直接促銷，包括透過電子或其他的渠道推廣，促銷或銷售富通保險的保險或保險相關的產品或服務及/或由第三者金融機構所提供及/或促銷的任何金融相關的產品或服務；及  
direct marketing, which includes promoting, marketing or selling, of FTLife insurance or insurance related products or services and /or any financial related products or services provided and/or marketed by third party financial institutions by electronic or other means; and
- iii 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. 直接促銷 Direct Marketing

在獲得您的同意下，富通保險可能會使用您的姓名，電話號碼，電郵地址和通訊地址作如第3(ii)段所載的直接促銷。請您在以下第8段確認您的同意。如果在您提交此表格後，您不希望收到我們的推廣性要約或信息，請通知我們，我們將立即停止使用您的個人資料，並不收取任何費用。請把您的有關要求以書面通知我們的保障資料主任，其聯絡地址載於第7.3段。

FTLife may use your name, telephone number, email address and correspondence address for direct marketing as set out in section 3(ii) only with your consent. Please confirm if you consent in section 8 below. If subsequent to your submission of this form you do not wish to receive our promotional offers or information, please let us know and we will cease to use your personal data immediately, without any charge. Please send your written request to our Data Protection Officer at the address provided in section 7.3.

### 5. 個人資料保密 Personal Data Confidentiality

富通保險會對您提供的個人資料加以保密，除了可能會與下列各方共享：

The personal data you provide to FTLife will be kept confidential, except that it may be shared with the following parties:

- i 代表你的任何保險經紀，獨立財務顧問作在第3(i)段中所列出的任何用途；  
any insurance broker, independent financial advisor acting on your behalf for any of the purposes set out in section 3(i);
- ii 任何富通保險的附屬公司，控股公司，聯營公司或附屬公司作在第3(i)-(iii)段中所列出的任何用途；  
any subsidiary, holding company, associated company or affiliates of FTLife for any of the purposes set out in section 3(i)-(iii);
- iii 任何富通保險的代理人，承包商或會向富通保險提供行政，電訊，電腦，網際網路，付款或其他服務的第三方服務供應商（包括但不限於風險分析顧問，損失公估人，私人調查員，信函裝封服務機構及債務追收員）作在第3(i)和3(ii)段中所列出的任何用途；  
any agent, contractor or third party service provider, including but not limited to providers of risk intelligence, loss adjustors, private investigators, letter shopping service providers and debt collectors who provides administrative, telecommunications, computer, Internet, payment or other services to FTLife for any of the purposes set out in section 3(i) and (ii);
- iv 任何富通保險的實際或建議再保險公司作在第3(i)段中所列出的任何用途；及  
any actual or proposed reinsurers of FTLife for any of the purposes set out in section 3(i); and

- v 富通保險在根據其本身或其任何集團公司具約束力或適用的任何法律規定下的責任或其他原因，或按照及為實施其應該遵守的由任何法定、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所提供或發出的指引或指導，或根據與本地或海外之法定、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任何合約承諾或其他承諾，而必須對其作出披露的任何人士，而該等人士可能處於香港境內或境外及可能是已存在、現有或將來出現的人士。  
any person to whom FTLife is under an obligation or otherwise required to make disclosure under the requirement of any law binding on or applying to FTLife or any of its group companies, or any disclosure under and for the purposes of 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 with which FTLife is expected to comply or any disclosure pursuant to any contractual or other commitment of FTLife 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, all of which may be within or outside Hong Kong and may be existing currently and in the future.

6. 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 (iii) 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 (iii) including data processing or storage.

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

7.1 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；  
check whether FTLife holds personal data about you and, if so, obtain a copy of such data;
- 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.

7.2 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.

7.3 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.

8. 同意使用個人資料作直接促銷 **Consent for Use of Personal Data for Direct Marketing**

富通保險只可在您的同意下使用從您收集的個人資料作直接促銷用途。如果您不希望收到我們的推廣性要約或信息，請在左邊的框中打勾。  
**FTLife Insurance Company Limited may use the data collected from you for direct marketing purpose only with your consent. If you do not wish to receive our promotional offers or information, please put a tick in the box on the left.**

由此文件所示之日開始，此收集個人資料聲明將被視為您與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.**

在英文和中文版本之間出現差異的情況下，應以英文版本為準。

In case of discrepancies between the English and Chinese version, the English version shall prevail.

**聲明及授權 Declaration and Authorization**

本人 / 我們謹此代表本人 / 我們及受保人聲明及同意上述一切資料(包括資金來源及第三者付款人資料)，無論是否由本人 / 我們親手所寫，就本人 / 我們所知所信均為事實之全部並確實無訛。

I/we, HEREBY DECLARE AND AGREE on behalf of myself/ourselves and the insured that all the above information (including the Sources of Funds and Third Party Payor information, whether or not in my/our own handwriting are to the best of my/our knowledge and belief, complete and true.

本人/我們明白富通保險在收到此聲明書及所需的文件(如有)前，富通保險不會處理所收到的款項及相關指示(包括投資指示及償還貸款)。本人/我們亦明白富通保險會在合理時間內處理所收到的款項，和毋須對任何延遲處理款項而引致的任何直接、間接、特別或相應損失或損害承擔責任。

I/We understand that FTLife will process any payment received and related instruction (including investment instructions or loan repayment) only after this form and the required documents (if any) have been received by our company. I/We also understand that FTLife will handle any payment received within reasonable time and shall not be liable for any direct, indirect, special or consequential loss or damages arising from any delay in handling the payment.

本人/我們明白若此聲明書的中、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/We 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.

第三者付款人(如適用)更聲明，其已獲保單持有人/申請人的同意以第三者付款方式繳付第一部份所述之款項，並且其純粹代表保單持有人/申請人繳款，其不會因該項第三者付款人繳款獲賦予或將獲賦予任何利益及/或合法權利。

Third party payor (if applicable) further declares that the payment mentioned in Section 1 is made with the consent of the Policyowner / Applicant. Such payment is being made solely for and on behalf of the Policyowner / Applicant and no interest and /or legal right is vested or will be vested to the third party payor as a result of the third party payment.

本人/我們已閱讀前頁的個人資料收集聲明並對其內容完全同意。

I/We have read the Personal Information Collection Statement on the overleaf and agree to its terms fully.

本人/我們明白富通保險有限公司(富通保險)有權決定是否接納本人的申請。除此之外，本人/我們同意富通保險保留權利去 i) 索取相關證明文件(如住址證明、關係證明等)及/或 ii) 拒絕有關申請或於任何時間撤回已批核的申請而無須提供原因。

I/We understand that the acceptance of my application will be subject to approval by the FTLife Insurance Company Limited ("FTLife"). I/ We further agree that FTLife reserves the rights to (i) request the relevant supporting documents (such as address proof, relationship proof, etc.), and/or (ii) decline any application or withdraw approval at any subsequent time without any reason.

X \_\_\_\_\_  
\* 保單持有人 / 申請人簽署  
\* Signature of Policy Owner / Applicant

X \_\_\_\_\_  
簽署日期(日/月/年)  
Signed on (dd/mm/yyyy)

X \_\_\_\_\_  
付款人簽署(如非保單持有人 / 申請人)  
Signature of Payor (if other than Policy Owner / Applicant)

X \_\_\_\_\_  
簽署日期(日/月/年)  
Signed on (dd/mm/yy)

\* 簽署式樣須與投保書或本公司的最後之紀錄相同  
\* Signature must be consistent with that on the application form or company's latest record.

**保險代理人/保險經紀聲明**  
Declaration by Agent / Insurance Broker

本人謹此聲明，本人已就此聲明書上所提供的證明文件資料作出核實。

I hereby confirmed that I had verified the identification document details as declared in this form.

X \_\_\_\_\_  
保險代理人/保險經紀簽署  
Signature of Agent / Insurance Broker

X \_\_\_\_\_  
簽署日期(日/月/年)  
Signed on (dd/mm/yyyy)