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在索取、列印或填寫表格前，請閣下先詳閱下文。

## Disclaimer

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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。

富通保險有權隨時在認為適當情況下更新表格內容，並保留接受或拒絕閣下遞交之申請表格的權利。



保單號碼

Policy Number

**第2部份：資金來源 Part 2 : 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  
 受益人 / 準受益人 Beneficiary / Proposed Beneficiary

繳交款項之人士的資金來源  
(可「✓」一項或以上)  
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) : \_\_\_\_\_

**第3部份：(一) 第三者付款人資料 Part 3 : (A) Third Party Payor's Details**

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: \_\_\_\_\_

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3部份：(二) 第三者付款人身份證明文件 Part 3 : (B) Third Party Payor's Identification Document details**

證明文件類別  
Type of Identification Document

\*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：\_\_\_\_\_

\*請刪去不適用者。  
Please delete where inappropriate.

\*Permanent HKID / Passport / Travel document / Business Registration /

Other document, please specify \_\_\_\_\_

證明文件號碼  
Identification Document Number

國籍  
Nationality

簽發地  
Place of Issue

**第3部份：(三) 第三者付款人與 \*保單持有人 / 申請人 / 受保人之關係 Part 3 : (C) Relationship between Third Party Payor and \*Policy Owner / Applicant / Insured**

\*請刪去不適用者。 Please delete where inappropriate.

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  
 合法監護人 Legal Guardian  公司東主 / 董事 Company Owner / Director

繳交款項之人士的資金來源(可「✓」一項或以上)  
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) : \_\_\_\_\_

文件要求  
Documentation Requirements

HKD 2,500,001 -  
HKD 10,000,000

≥HKD 10,000,001

1. 付款人身份證明文件及關係證明 (註) Identity proof and relationship proof of Third Party Payor (Note)

✓

✓

2. 財務狀況問卷 Financial Status Questionnaire

✓

✓

3. 入息及資產證明 (註) Income and Asset Proof (Note)

✓

✓

註：必須為核證副本 Note: certified true copy is required

### 個人資料收集聲明 Personal Information Collection Statement

本人 / 我們確認本人 / 我們已閱讀及明白富通保險有限公司（以下簡稱“富通保險”）之個人資料收集聲明（“該聲明”）。本人 / 我們聲明及同意貴公司可根據該聲明所述的任何目的收集及 / 或持有、使用及 / 或披露 / 分享任何個人資料（不論是否從此表格或以其他方式獲得）。本人 / 我們明白本人 / 我們必須於此表格提供所須資料，否則貴公司將可能無法執行該聲明之目的及 / 或向本人 / 我們提供產品或服務。本人 / 我們確認及同意本人 / 我們的個人資料可能披露 / 共享給該聲明所指明的第三方；執法機構；保險業就現有資料而對所提供的資料作出分析和檢查而使用的數據庫或登記冊作出於該聲明所述的任何目的。本人 / 我們明白該聲明的最新版本可於富通保險的網址下載：[www.ftlife.com.hk](http://www.ftlife.com.hk)，及可向貴公司索取。

I / We confirm that I / we have read and understood FTLife Insurance Company Limited (“FTLife”)’s Personal Information Collection Statement (“PICS”). I / We declare and agree that any personal data FTLife may collect and/or hold, use and/or disclose/share with (whether contained in this form or otherwise obtained) in accordance with the Purposes as set out in the PICS. I / We understand that if I / we do not provide the required personal data, FTLife may not be able to perform the Purposes and/or provide products or services to me / us. I / We acknowledge and agree that my / our personal data may be disclosed / shared with specified parties in the PICS; law enforcement authorities; databases or registers used by the insurance industry to analyse and check information provided against existing information for any of the Purposes stated in the PICS. I / We understand the updated version of the PICS is available for download from FTLife’s website: [www.ftlife.com.hk](http://www.ftlife.com.hk), and will be made available upon request.

### 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 \_\_\_\_\_

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.

保險經紀 / 保險代理人聲明

Declaration by Insurance Agent / Broker

本人謹此聲明，本人已就此聲明書上所提供的文件資料作出核實。

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

X \_\_\_\_\_

保險經紀 / 保險代理人簽署  
Signature of Insurance Agent / Broker

X \_\_\_\_\_

簽署日期 (日/月/年)  
Signed on (dd/mm/yyyy)