

Please read the following carefully before you retrieve, print or complete this form.
在索取、列印或填寫表格前，請閣下先詳閱下文。

Disclaimer

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For forms downloaded from the Internet (the “Internet Printed Form”), upon completing and signing the Internet Printed Form, you shall be deemed to have read and understood the contents of the form displayed on computer screen (the “Displayed Form”) which shall prevail in case there is any inconsistency, contradiction or difference of whatever kind between the Displayed Form and the Internet Printed Form and have agreed to all provisions contained therein and to have agreed and undertaken not to raise any objection whatsoever in connection with any inconsistency, contradiction or difference of whatever kind between the Displayed Form and the Internet Printed Form.

FTLife reserves the right to update the forms from time to time as it sees fit and also reserves the right to accept or reject the form submitted by you.

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。

提取紅利 / 現金儲蓄 / 可支取現金申請書
Dividend / Cash Endowment / Cash Coupon Withdrawal Request Form



保單持有人姓名 Name of Policy Owner	<input type="text"/>	保險代理人 / 保險經紀姓名 Name of the Insurance Agent / Insurance Broker	<input type="text"/>
		保險代理人 / 保險經紀編號 Insurance Agent / Insurance Broker Code	<input type="text"/>
		保險代理人 / 保險經紀電話號碼 Insurance Agent / Insurance Broker Telephone No.	<input type="text"/>

如閣下未曾遞交保單持有人/受讓人的香港身份證/護照副本，請同時遞交。
Please submit a copy of the Policy Owner's/Assignee's HKID Card/Passport unless such copy has been filed already.

*請刪除不適用者。Please delete whichever is inappropriate.

本人/我們現要求富通保險有限公司(「富通保險」)，處理以下的提取申請。
I/We hereby request FTLife Insurance Company Limited ("FTLife") to proceed the following withdrawal request.

保單號碼 Policy Number	紅利(以保單貨幣計算) Dividend (in policy currency)	可支取現金(以保單貨幣計算) Cash Coupons (in policy currency)	保費餘額(以保單貨幣計算) General Suspense (in policy currency)
<input type="text"/>	美元/港元* US\$/HK\$	美元/港元* US\$/HK\$	美元/港元* US\$/HK\$
<input type="text"/>	美元/港元* US\$/HK\$	美元/港元* US\$/HK\$	美元/港元* US\$/HK\$
<input type="text"/>	美元/港元* US\$/HK\$	美元/港元* US\$/HK\$	美元/港元* US\$/HK\$
<input type="text"/>	美元/港元* US\$/HK\$	美元/港元* US\$/HK\$	美元/港元* US\$/HK\$
<input type="text"/>	美元/港元* US\$/HK\$	美元/港元* US\$/HK\$	美元/港元* US\$/HK\$

付款指示 Payment Instruction

款項將以港幣支票形式發放並寄往保單持有人 / 受讓人通訊地址。如欲更改退款處理方式，請在適當位置加上“✓”別號。
Payment will be made in **HK dollar cheque** and will be sent to Policy Owner's / Assignee's **correspondence address**. If you want to change the payment details, please tick "✓" where appropriate.

- 請以美元支票(本港/中國大陸兌現)形式發放。(註：不適用於保單貨幣為港元之保單)
Please issue cheque in US dollar (HK/Mainland China clearance). (Note: Not applicable to the policy with policy currency is HKD)
- 請以美元本票*(海外兌現)形式發放。(註：不適用於保單貨幣為港元之保單)
Please issue bank draft* in US dollar (foreign clearance). (Note: Not applicable to the policy with policy currency is HKD)
- 請轉交支票予本人之保險代理人/保險經紀。
Please send the cheque to my Insurance Agent/Insurance Broker.
- 請通知本人到位於 _____ 之客戶服務中心提取支票。本人之聯絡電話為 _____。
Please notify me to pick up the cheque at your Customer Service Centre at _____. My contact number is _____.
- 請將款項轉到由本人持有的保單作為下列用途：
Please transfer the amount to policy which is also owned by me for the purpose listed below:

保單號碼 Policy No.	金額 Amount	用途 Purpose
<input type="text"/>	\$	<input type="checkbox"/> 新生意保費 New Business Premium <input type="checkbox"/> 保單更改按金 Deposit for Change <input type="checkbox"/> 續期保費 Renewal Premium <input type="checkbox"/> 償還保單貸款 Loan Repayment

- 請以電匯*形式發放(請以正楷提供以下資料)。本公司將以保單貨幣把款項電匯至以下提供之銀行賬戶。
Please wire the payment by Telegraphic Transfer* to the bank account (Please fill in **block** letters). The company will wire the payment in the **policy currency** to the bank account provided as below.

收款銀行名稱：
Name of Payee's Bank: _____

收款銀行地址：
Address of Payee's Bank: _____

銀行號碼 / SWIFT 號碼：
Bank code / SWIFT code: _____

銀行賬戶號碼：
Account Number: _____

收款人姓名：
Name of Account Holder: _____

(收款人只限於保單持有人及收款人姓名須與收款銀行記錄相符。The Payee will only be made in favour of the policy owner and the Payee's name should be as same as one recorded by the Payee's Bank.)

*註：以電匯或本票方式將款項支付將涉及銀行手續費。
Please note: To receive payment by the means of Telegraphic Transfer or Bank Draft, the bank charges will be incurred.



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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，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, and will be made available upon request.

聲明及授權 Declaration and Authorization

本人 / 我們明白上述申請事項得到富通保險批准後，將於批核日生效或已特別註明較後生效日期起生效。
I / We understand that the request shall take effect on the approval date of this application or a later date as specified subject to the approval of the Company.

以下僅適用於以電匯或本票為款項發送方式時 (Below only applicable when select Telegraphic Transfer or Bank Draft as the payment method)

本人謹此要求富通保險有限公司（「富通保險」）以電匯或本票方式將款項支付予本人，本人知悉透過該等方式領取款項涉及手續費。本人簽署本表格後，表示本人同意支付因電匯或本票領取款項引起的有關手續費，並同意承擔因本人提供資料錯誤而引致本人或富通保險之金錢上的損失以確保富通保險不受任何損失。

I hereby request to receive the payment by the means of Telegraphic Transfer or Bank Draft and understand that bank charges incur as a result of this arrangement. By signing this form, I hereby agreed to bear the bank charge arising from the payment method stated below and I will be solely responsible for any financial loss incurred by me or FTLife as result of any incorrect information as provided by me to hold FTLife harmless.

本人 / 我們明白若此表格的中、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.

X _____
保單持有人及受讓人簽署 (如有)
Signature of the Policy Owner and Assignee (if any)

X _____
簽署日期 (日/月/年)
Signed on (DD/MM/YY)

X _____
見證人 / 保險代理人 / 保險經紀簽署
Signature of Witness / Insurance Agent / Insurance Broker

X _____
簽署日期 (日/月/年)
Signed on (DD/MM/YY)

見證人 / 保險代理人 / 保險經紀姓名
Name of the Witness / Insurance Agent / Insurance Broker (_____)

* 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