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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

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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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死亡賠償申請書
Death Claim Form



保單號碼
Policy Number

保險代理人姓名 / 獨立理財顧問公司名稱
Name of the Insurance Agent / IFA Company

保險代理人編號 / 獨立理財顧問公司編號
Insurance Agent Code / IFA Company Code

電話
Telephone No.

人壽保險 Life Assurance

付款人死亡豁免保費 Payor Benefit - Death

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By providing this claim form or subsequently investigating the claim, FTLife Insurance Company Limited ("FTLife") shall not be held to admit the validity of the claim nor to waive any requirement as provided under the provisions of the policy.

填表之前請詳細閱讀背頁的「填表須知」
Please read the "Instructions" overleaf carefully before you complete this claim form.

由索償人填寫
To be completed by the claimant

A. 受保人資料 Particulars of the Insured

1. 死者姓名 Name of the Deceased	2. 身份證 / 護照號碼 ID / Passport No.	3. 年齡 / 性別 Age / Sex	4. 出生日期 (日/月/年) Date of Birth (DD/MM/YY)
5. 出生地點 Place of Birth	6. 死亡時的住址 Residential Address at Death		
7. 死亡時的職業 Occupation at Death	8. 最後工作日期(日/月/年) Last Day of Work (DD/MM/YY)	9. 僱主名稱 Name of the Employer	10. 僱主地址 Address of the Employer
11. 死亡日期(日/月/年) Date of Death (DD/MM/YY)	12. 死亡地點 Place of Death	13. 死亡原因 Cause of Death	
14. 有否報警? Did you report this case to police? <input type="checkbox"/> 否 No <input type="checkbox"/> 有 Yes 警署 / Police station:			
15a. 是否將會展開或已舉行死因研訊? Whether a death inquest will be or has been held? <input type="checkbox"/> 否 No <input type="checkbox"/> 不確定 Uncertain <input type="checkbox"/> 有 Yes 進行死因研訊的日期: Date of Death inquest held: _____			
15b. 是否將會進行或已進行解剖驗屍? Whether a post-mortem examination will be or has been held? <input type="checkbox"/> 否 No <input type="checkbox"/> 不確定 Uncertain <input type="checkbox"/> 有 Yes 進行解剖驗屍的日期: Date of Post-mortem examination held: _____			
若閣下擁有裁決結果或驗屍報告, 請提供副本以作參考 If you are in possession of the verdicts or findings, please forward a copy to us for reference			
16. 死者何時開始表示患有導致其死亡的疾病或出現該病的病徵? (日/月/年) When did the deceased first complain of or exhibit symptoms of his/her fatal illness? (DD/MM/YY)	17. 死者何時首次就導致其死亡的疾病求診? (日/月/年) When did the deceased first seek medical treatment for the fatal illness? (DD/MM/YY)	18. 作出診斷之醫生姓名及地址 Name and address of the doctor who diagnosed the illness	
19. 請提供死者在死亡前五年內曾求診的醫生、醫院或機構之姓名/名稱及地址 Please provide the name and address of doctors, hospitals or institutions from whom/which the deceased had received medical treatment during the past 5 years.			
求診日期(日/月/年) Date of Consultation (DD/MM/YY)	病情 / 診斷 Condition/Diagnosis	醫生、醫院及機構的名稱 Name of Doctor, Hospital and Institution	地址 Address

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<p>20. 死者是否擁有由本公司或其他保險公司承保或提供之任何其他人士壽、醫療或意外保險? 如有, 請說明 Was the deceased covered by any other life, health or accident insurance underwritten or provided by our Company or other insurance companies? If yes, please provide details.</p> <p>保險公司 Insurance Company 保單號碼 Policy No. 保額 Sum Insured 保單生效日期(日/月/年) Effective Date (DD/MM/YY)</p>			
<p>21. 倘若死亡原因為意外導致, 請提供以下資料 If the cause of death is accident, please provide the following details:</p>			
<p>a. 意外日期(日/月/年) Date of accident (DD/MM/YY):</p> <p>b. 意外發生的確實時間 Time of accident:</p> <p>c. 意外地點 Place of accident:</p>		<p>d. 請詳述意外的經過 How did the accident happen? Please provide details.</p>	
<p>B. 索償人資料 (如超過一個索償人, 每位索償人必須各自填寫一份申請書及簽署。) Particulars of the Claimant (If there is more than one claimant, EACH claimant must complete a separate claim form with signature.)</p>			
1. 索償人姓名 Name of the Claimant	2. 身份證 / 護照號碼 ID / Passport No.	3. 出生日期 (日/月/年) Date of Birth (DD/MM/YY)	4. 出生國家 Country of Birth
<p>5. 國籍 Nationality</p> <p>* 若索償人的國籍是美國, 請填妥並遞交「W9」表格 Please complete and submit "Form W9" if the nationality of Claimant is American</p>		<p>6. 索償人/受益人是否個人或實體? Is the claimant / beneficiary an individual or entity?</p> <p><input type="checkbox"/> 個人 (請回答第7題) Individual (please proceed to Question 7)</p> <p><input type="checkbox"/> 實體 (回答第9題) Entity (please proceed to Question 9)</p>	
個人 Individual		實體 Entity	
<p>7. 索償人/受益人的美國稅務狀況 US Taxation status of the claimant/beneficiary</p> <p>索償人/受益人現時有否於美國報稅? Do you currently file tax return in the US?</p> <p><input type="checkbox"/> 有Yes <input type="checkbox"/> 否No</p> <p>*若「有」, 請填妥並遞交「W9」表格 If "Yes", please complete and submit "Form W9".</p>		<p>9. 索償人/受益人的美國稅務狀況 US Taxation status of the claimant/beneficiary</p> <p>如索償人/受益人是非美國實體, 請填妥並遞交(a) IRS W-8BEN表格; 或 (b) 如閣下為美國實體, 請填妥並遞交 IRS Form W9 Please complete and submit (a) IRS Form W-8BEN if you are a non-US entity; or (b) IRS Form W9 if you are a US entity</p>	
<p>8. 稅務居留司法管轄區 Jurisdiction of Tax Residence</p> <p>若索償人/受益人任何一項答案為「否」, 請填妥及遞交「自我證明表格 - 個人」表格 If the claimant / beneficiary answered "No" to any of the questions, please complete and submit CRS self-certification form - Individual.</p> <p>索償人 / 受益人是否香港稅務居民? <input type="checkbox"/> 是Yes <input type="checkbox"/> 否No Are you a Hong Kong tax resident?</p> <p>香港是否為閣下唯一所屬的稅務居留司法管轄區? <input type="checkbox"/> 是Yes <input type="checkbox"/> 否No Is Hong Kong the only tax resident jurisdiction you belong to?</p>		<p>10. 成立為法團或設立所在的司法管轄區 Jurisdiction of Incorporation or Organization</p> <p>請填妥及遞交「自我證明表格 - 實體」及「自我證明表格 - 控權人」(如閣下為被動非財務實體) Please complete and submit "Self-Certification Form - Entity" and "Self-Certification Form - Controlling Person" (if you are a passive NFE).</p>	

11. 目前通訊地址 Current Correspondence Address

目前居住地址(個人)/目前營業地址(商業組織)(如與目前通訊地址不同)
Current Residential Address(Individual)/Current Business Address(Business association) (if different from Current Correspondence Address)

目前永久地址(個人)/於成立地方之註冊辦事處地址(商業組織)(如與目前居住地址(個人)/目前營業地址(商業組織)不同)
Current Permanent Address (Individual)/Registered Office Address in the Place of Incorporation (Business association) (if different from Current Residential Address (Individual)/Current Business Address (Business association))

12. 聯絡電話
Contact Phone No.

美國聯絡電話
US Contact Phone No.

13. 與死者之關係
Relationship with the deceased14. 閣下以何名義申請賠償?
In what capacity are you submitting this claim?

- 受益人 Beneficiary 監護人 / 父母 Legal Guardian / Parent
 其他 Others:

15. 若您是保單指定之受益人，請列明您有權獲得的死亡賠償金額的百分比
If you are the designated beneficiary under the policy, please state the percentage of the death proceeds you are entitled to receive.**C. 收集個人資料聲明 Personal Information Collection Statement**

在富通保險，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, 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，作為抵押貸款轉讓安排(如為保費融資而作)，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, collateral assignment arrangement (e.g. for premium financing purpose), 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. 代表您的任何保險代理人，獨立理財顧問公司或您的受讓人作在第3 (i) 段中所列出的任何用途；
any Insurance Agent, IFA Company or your assignee 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 adjusters, 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. 富通保險在根據對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 要求富通保險改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 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.

D. 聲明、同意及授權 Declaration, Agreement and Authorizations

本人謹此聲明及同意 (1)上述一切資料、陳述及問題的所有答案，無論是否由本人親手所寫，就本人所知所信均為事實之全部並確實無訛；(2)富通保險有權要求本人或可能有權獲得保單價值或更改保單受益人的任何其他人士包括但不限於任何索償人、受益人和受讓人(以及任何以上人士之遺囑執行人、遺產管理人或遺產代理人) (本第(2)段所述的各人士稱為「相關人士」) 提供富通保險可能合理索取的資料及附屬確證的文件 (及/或填寫及簽署與此相關的文件)，包括但不限於姓名、出生地點、住宅和郵遞地址、納稅人識別編號、社會安全號碼、國籍、居留地、稅務居留地及相關人士在報稅或納稅責任方面須遵守的稅制；(3)本人將就本人可能曾不時向富通保險提供的關於保單或富通保險發給的其他保單的資料的更改或增加從速通知富通保險，包括若相關人士的身分有所改變；(4)為確保富通保險能履行適用於富通保險或富通保險應該遵守的有關披露或使用資料的責任、規定或安排 (「該等責任」)，此包括但不限於其就保單在美國《海外賬戶稅收合規法案》(「海外賬戶稅收合規法案」) 的責任及為自動交換財務帳戶資料的目的在香港《稅務條例》的責任，本人將應富通保險不時提出的合理要求在其所定的時限內填妥並簽署文件、提供文件證據並採取行動；(5)富通保險在某些情況下可能必須將《海外賬戶稅收合規法案》預扣稅強制加於其從閣下的保單所作出的付款或保單所收到的款項。目前，富通保險只在下列情況可能必須採取上述行動(a)倘若香港稅務局沒有根據香港與美國簽訂的跨政府協議(及香港與美國簽訂的相關的稅務資料交換協定) 與美國稅務局(「美國稅務局」) 交換資料，及(b)若本人或任何其他相關人士或賬戶持有人為非參與協議的海外金融機構，則富通保險可能必須從保單所收到的可預扣款項扣減或扣起《海外賬戶稅收合規法案》預扣稅並將其匯付給美國稅務局。不論如何，本人同意富通保險為確保其履行該等責任可把上述的及適用法律不時訂明的必要資料向香港及海外的稅務機構披露及轉移及同意本人的資料將被用作與其他司法管轄區的稅務機構交換資料，及本人謹此放棄禁止或限制該等披露的權利(如有)。

I HEREBY DECLARE AND AGREE that (1) all the above information, statements and answers to all the questions in this claim form whether or not in my own handwriting are to the best of my knowledge and belief, complete and true; (2) FTLife shall have the right to request me or any other person who may be entitled to access the policy value or change a beneficiary under the policy including without limitation any claimant, beneficiary and assignee (and the executor, administrator or personal representative of any of the above) (each person in this paragraph (2), a "Relevant Person"), to provide (and/or complete and sign such document relating to) such information and supporting documentation as FTLife may reasonably require including without limitation, name, place of birth, residential and mailing addresses, taxpayer identification number, social security number, citizenship, residency, tax residency and the tax regime(s) to which the Relevant Person is subject in respect of tax reporting or payment responsibility); (3) I shall update FTLife promptly on any change or addition to information that I may have provided to FTLife from time to time in relation to the policy or other policies issued by FTLife, including change in the identity of a Relevant Person; (4) I shall complete and sign such documents, provide documentary evidence and take such actions within such timeframe as FTLife may reasonably require from time to time to enable it to comply with the obligations, requirements or arrangements for disclosing or using data that apply to it or with which it is expected to comply (the "Obligations"), these include but are not limited to its obligations under the US Foreign Account Tax Compliance Act ("FATCA") and the Inland Revenue Ordinance of Hong Kong in respect of the policy for the purpose of automatic exchange of financial account information; (5) FTLife could, in certain circumstances, be required to impose FATCA withholding tax on payments made to or which it makes from the policy. Currently the only circumstances in which FTLife may be required to do so are (a) if the Hong Kong Inland Revenue Department fails to exchange information with the US Internal Revenue Service ("IRS") under the Intergovernmental Agreement between Hong Kong and the US (and the relevant tax information exchange agreement between Hong Kong and the US), and (b) if I am or any other Relevant Person or account holder is a non participating foreign financial institution; then FTLife may be required to deduct or withhold FATCA withholding tax on withholdable payments made to the policy and remit that to the IRS. In any event, I consent to the disclosure and transfer of the required information stated above and as prescribed by applicable laws from time to time from FTLife to the tax authorities both in Hong Kong and outside Hong Kong and the exchange of information with tax authorities of other jurisdictions to ensure FTLife complies with the Obligations, and I waive all rights I have (if any) to prohibit or restrict such disclosure.

本人茲授權凡知道或擁有任何有關本人或受保人記錄的僱主、任何註冊西醫、醫院、診所、保險公司、其他機構或人仕，均可將該等資料提供給富通保險有限公司。即使本人或受保人死亡或喪失能力，此授權書仍然有效，所有本人及受保人之繼承人及轉讓人亦會受此授權書約束。本授權書影印本與正本具有同等效力。

I hereby authorize any employer, any registered medical practitioner, hospital, clinic, insurance company or other institution or person, that has any records or knowledge of me or the Insured(s) named to give such information to FTLife Insurance Company Limited. This authorization shall bind the successors and assignees of me/the Insured(s) and remain valid notwithstanding the death or incapacity of me/the Insured(s). A photocopy of this authorization shall be as valid as the original.

本人謹此聲明本人明白富通保險會從保單的給付金額中扣除任何逾期保費，包括由保險業監管局收取之相關保費徵費。

I HEREBY DECLARE that I understand that FTLife will deduct any outstanding premium from the payout amount under the policy including the associated levy collected by the Insurance Authority.

本人明白若此死亡賠償申請書的中、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 Death Claim Form, the English versions shall prevail.

本人確認，本人已經細讀本「聲明、同意及授權」章節的以上段落，並且富通保險或本人的保險代理人/獨立理財顧問公司已經向本人作出充分的解釋；本人完全明白本章節以上段落的含義，亦明白本人根據本章節以上段落作出的同意、豁免及確認均不可撤銷。本人進一步同意，對於本人/相關人士由於富通保險採取以上段落准許的行動而蒙受的任何代價或損失，富通保險概不負責。

I confirm that I have read the above paragraphs in this "Declaration, Agreement and Authorizations" section and have received adequate explanation from FTLife or my insurance agent/IFA Company; I fully understand the implications of the above paragraphs in this section; my agreement, waiver and confirmations given under the above paragraphs in this section are irrevocable. I further agree that FTLife shall not be liable for any costs or loss that I/the Relevant Person may incur because of FTLife taking any of the actions permitted by the above paragraphs.

受保人姓名(死者) : _____
Name of Insured(Deceased)

索償人與受保人關係 : _____
Claimant's relationship with the Insured

身份證 / 護照號碼 : _____
ID / Passport No.

索償人簽署 : **X** _____
Signature of the Claimant

見證人簽署 : **X** _____
Signature of the Witness

索償人姓名(大寫) : _____
Name of the Claimant
(in block letters)

見證人姓名(大寫) : _____
Name of the Witness
(in block letters)

身份證 / 護照號碼 : _____
ID / Passport No.

身份證 / 護照號碼 : _____
ID / Passport No.

日期(日/月/年) : _____
Date (DD/MM/YY)

日期(日/月/年) : _____
Date (DD/MM/YY)

填表須知 INSTRUCTIONS

1. 請回答申請書的所有問題。
Please answer All questions of this claim form.
 2. 請遞交所需文件包括：(i)保單正本、(ii)死亡證書正本、(iii)**死者和受益人的身份証/護照副本、(iv)**死者和受益人的關係證明文件(如出世紙/結婚證書副本)以供審核、(v)受益人最近三個月之目前居住地址（及目前永久地址，如兩者不相同）的證明。如有需要，本公司可要求索償人提供其他證明文件。
Please enclose supporting documents including: (i) Original policy, (ii) Original Death Certificate, (iii)** Copy of ID card / passport of both the deceased and beneficiary(ies), (iv)** Proof of Relationship between the deceased and the beneficiary(ies) (e.g. Copy of Birth Certificate / Marriage Certificate), (v) Proof of beneficiary(ies)'s residential address (and permanent address, if different) within the last 3 months for our assessment of the claim. We may request for other supporting documents if necessary.
 3. 如因意外引致死亡，請提供有關是次意外及死因的證明文件，例如警署報告、死因法庭報告、剪報等等。
If the cause of death is accident, please provide supporting documents for the circumstances and the cause of death, such as Police Report, Coroner's Report, newspaper clippings, etc.
 4. 如有需要，我們會要求提供由死者主診醫生撰寫的醫療報告，此項費用須由索償人負擔。
If necessary, we may request for medical report to be provided by the attending doctor of the deceased at the claimant's own expenses.
 5. 請將填妥的索償申請書連同其他所需文件一併交予本公司理賠部辦理。地址：香港干諾道中111號永安中心27樓。電話: 2866 8898
Please send the completed claim form(s) and other supporting documents to our Claims Dept. Address: 27/F, Wing On Centre, 111 Connaught Road Central, Hong Kong Tel.: 2866 8898
 6. 請注意，閣下於此索償申請表頁一上填寫的保險代理人/ 獨立理財顧問公司將會是閣下授權唯一能跟進及處理是次索償的人士。
Please note that the Insurance Agent / IFA Company that stated on page 1 would be regarded as the only authorized agent to follow up and handle the claim.
- ** 必須由保險代理人/ 獨立理財顧問公司或 客戶服務部確認和核證每頁副本為核證無誤的副本。
Each copy shall be verified as a true copy of the original by our Insurance agent / IFA Company or Customer Service Department.

INSURANCE AGENT / IFA COMPANY REMARKS**REMARKS FOR RM OR ABOVE**

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