

Direct Debit Authorization Agreement
For Sun Life Credit Card
永明金融信用卡直接付款授權書



Name of Policy Owner

保單主權人姓名

New Business
新保單

Change of Payment Mode
更改付款形式

Change of Account Number
更改自動轉賬號碼

Please "✓" the appropriate option
請"✓"適當之選項

Please read the "4. Important Notes" before you sign this Authorization. Please complete this Authorization.

請在簽署本授權書前細閱「4. 重要事項」。請填寫及簽署本授權書。

Please complete of this form by the Policy Owner and the payer (who MUST BE a direct family member of the Policy Owner) together with the identification document of the Third Party Payer is required and return this form to Sun Life Hong Kong Limited. 如付款人並非此保單主權人，但被定義為保單主權人直屬家庭成員，保單的主權人及此第三方付款人必須填寫此表格及一併遞交第三方付款人身份證明文件副本，並將此授權書交予香港永明金融有限公司。

I/We, the CardHolder/Applicant of the following credit card account, hereby authorize Sun Life Hong Kong Limited ("the Company") to effect the debits from my/our credit card account, in accordance with such instructions as my/our account may receive from the Company from time to time. This authorization is valid even after the renewal of my/our credit card until written statement to the contrary.

本人/我們，乃下列信用卡之持有人/申請人，現授權香港永明金融有限公司（“公司”）經由下列信用卡戶口，根據該公司不時給予本人/我們信用卡之指示自本人之賬戶內轉賬予上述公司。此授權書於下列信用卡續領後，仍然生效，直至本人/我們以書面另行通知為止。

The HK Dollar equivalent will be based on the US Dollar exchange rate as determined by the Company at the time the debit is processed. Because of possible fluctuation in the exchange rate, I/We agree not to hold the Company, responsible for any loss caused by any diminution in the value of the Hong Kong currency.

相等之港元將會以貴公司處理自動轉賬時適用之匯率為準。因匯率可隨時變動，本人/我們同意貴公司不需負任何因港元貶值而致之損失。

I/We understand and agree that I/We, if not being as the Policy Owner, do not claim any right or title or lien upon the proceeds of the policy(ies) as stated in "1. Debtor's Reference".

本人/我們明白並同意若本人/我們如非為保單主權人，對於在「1. 申請人參考資料」中列明之保單沒有任何權利或其收益上有任何權益。

1. Debtor's Reference 申請人參考資料

Policy No. 1 第一張保單號碼	Policy No. 2 第二張保單號碼	Policy No. 3 第三張保單號碼
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2. Credit Card and Cardholder Information 信用卡及持有人資料

Credit Card no. 信用卡號碼 (only accept Master or Visa Card 只接受 Master 或 Visa 信用卡)	Card Type 信用卡種類	<input type="checkbox"/> Visa	<input type="checkbox"/> Master
Cardholder Name in English 信用卡持有人英文姓名	Card Expiry Date 信用卡有效日期	Month 月	Year 年
ID No. of Cardholder 信用卡持有人身份證明文件號碼	Type 類別	<input type="checkbox"/> HKID 香港身份証	<input type="checkbox"/> Passport 護照 <input type="checkbox"/> Others 其他
Date of Birth of Cardholder 信用卡持有人出生日期(DD 日/ MM 月/ YYYY 年)			
Nationality of Cardholder 信用卡持有人國籍			

Personal Data Collection and Use 個人資料收集及使用

I/We confirm that I/We have read the Personal Information Collection Statement ("PICS") of Sun Life and understood its effect and impact in respect of my/our personal data collected or held by the Company (whether contained in this form or otherwise). I/We hereby give my/our acknowledgement and agree to the use and transfer of my/our personal data by the Company in accordance with the PICS, including the use and provision of my/our personal data for the purpose of direct marketing subject to my/our right of objection. I/We understand that the updated version of the PICS is available in the Company website (<http://www.sunlife.com.hk>). I/We understand it is subject to change and agree that my/our information will be handled accordingly.

本人/我們確認本人/我們已閱讀永明金融個人資料收集聲明（“該聲明”）及明白該聲明對貴公司所收集或持有之本人/我們的個人資料的影響（不論是否此表格或從其他途徑所取得）。本人/我們特此確認並同意貴公司，根據該聲明使用及轉移本人/我們的個人資料，包括於本人/我們保留反對權利的情況下，在直接促銷中使用及將本人/我們的個人資料提供予其他人士。本人/我們明白該聲明的最新版本可於貴公司網頁(<http://www.sunlife.com.hk>)下載。本人/我們明白該聲明將會不時更新並同意本人/我們的個人資料將根據相關更新處理。

3. Signature 簽署

<<PLEASE DO NOT SIGN A BLANK FORM 請勿在空白表格上簽署>>

X _____

Signature of Cardholder 信用卡持有人簽署

(must be consistent with that in your credit card's record 簽署樣式必須與信用卡記錄相符)

X _____

Date (DD/MM/YYYY)

日期(日/月/年)

2022.01

Page 1 of 2



4. Important Notes 重要事項

Please return this form to Sun Life Hong Kong Limited ("the Company") within 30 days after signing.
請於簽署此表格後 30 天內交回香港永明金融有限公司 ("公司") 處理。

- The Policy Owner MUST sign and date in the "7. Signature of Policy Owner" below. If request to change mode as well, please complete "5. Change of Payment Mode". 保單主權人必須在下方「7. 保單主權人簽署」簽署及填寫日期。如需更改付款形式，請同時填寫「5. 更改繳付形式」。
- The Cardholder must be the Policy Owner of the policy(ies) applying this autopay. If the Cardholder is one of the relationships listed under Section 6 "Declaration of Relationship between the Cardholder and Policy Owner", Policy Owner must complete Section 6. 信用卡持有人須為申請此自動轉帳之保單主權人。若信用卡持有人為保單主權人於第 6 部份「付款人與保單主權人的關係聲明」列出的關係之一，保單主權人須填寫第 6 部份。
- After completion of this Direct Debit Authorization (DDA) request, the payment method of the policy(ies) specified in "1. Debtor's Reference" will be defaulted as credit card autopay. 完成此直接付款授權申請後，在「1. 申請人參考資料」註明的所有保單號碼之繳款方法會設定為以信用卡作自動轉帳。
- As setup of Direct Debit Authorization takes at least 10 days, please submit 1 modal premium in advance. For change of credit card, premium will be debited from existing credit card for the said setup period. 由於直接付款授權需最少 10 天設立，請預繳未來 1 期保費。若更改信用卡戶口，保費會在此等待設立期間繼續從原有的信用卡收取。
- The credit card debit date is set to be the policy date of the policy(ies). If the policy date is on 28th to 31st of the month, the debit date will be set to 28th. 信用卡轉帳日將設定至保單的保單日期。如保單日期為 28 日至 31 日，其信用卡轉帳日期均會設定為 28 日。
- Sun Life Hong Kong Limited reserves the right to reject this Direct Debit Authorization if the information provided does not meet with Sun Life Hong Kong Limited's requirement. 如所提供的資料未符合香港永明金融有限公司的規定，香港永明金融有限公司有權拒絕此授權書。

5. Change of Payment Mode 更改繳付形式

The payment mode selected below would be applied to all policy(ies) specified in "1. Debtor's Reference" except for New Business

以下所選之繳付形式適用於在「1. 申請人參考資料」註明，除新生意之外的所有保單號碼

Monthly 月繳 Annual 年繳 Semi-annual (only applicable to TRADITIONAL policies) 半年繳 (只適用於傳統壽險保單)

6. Declaration of Relationship between the Cardholder and Policy Owner 付款人與保單主權人的關係聲明

Important note 重要事項:

(Policy Owner please tick the appropriate box if Cardholder is other than Policy Owner 如信用卡持有人非為保單主權人，保單主權人請在適當方格內填上 號)

For VHIS Certified Plans or Foresight Deferred Annuity Plan, only policy owner's spouse is accepted as Third Party Payer.

「認可自願醫保計劃」或「豐碩延期年金計劃」只接受保單主權人的配偶為第三方付款人。

The Cardholder is my: 信用卡持有人為本人之:

- | | | | |
|------------------------------------|--|---------------------------------------|--|
| <input type="checkbox"/> Spouse 配偶 | <input type="checkbox"/> Spouse's Parent 配偶的父母 | <input type="checkbox"/> Parent 父母 | <input type="checkbox"/> Grandparent 祖父母 |
| <input type="checkbox"/> Child 兒女 | <input type="checkbox"/> Grandchild 孫兒女 | <input type="checkbox"/> Sibling 兄弟姊妹 | |

Personal Data Collection and Use 個人資料收集及使用

I/We understand and consent that, any personal data collected by Sun Life Hong Kong Limited (Incorporated in Bermuda with limited liability) ("Sun Life") (whether collected in this form or otherwise) may be used by Sun Life for the following purposes: (i) processing and evaluating insurance applications and/or any other applications for financial services; (ii) administering and providing services in relation to insurance or financial products; (iii) processing, investigating and settling insurance claims and detecting and preventing fraud (whether or not relating to the policy issued by the Company); (iv) conducting customer surveys; (v) researching and designing financial, insurance or pensions products for clients' use; (vi) selecting and participating in reward, loyalty or privileges program and related service; (vii) contacting clients for the above purposes; (viii) purposes which are directly related to the above purposes; and (ix) complying with applicable laws, regulation or court order or obligation or requirement under an agreement, or other commitment, between Sun Life or any entity within the Sun Life Group and the regulator or government in any jurisdiction (in relation to money laundering, terrorist financing and tax evasion or otherwise) to which Sun Life and its related companies are subject to. Sun Life may also use my/our contact details, demographic information and policy details to contact me/us with marketing information regarding Sun Life and third party pensions, financial and insurance products, including by phone calls, mail, email, SMS or any type of electronic message. Sun Life may not use my/our data for direct marketing unless Sun Life have received my/our consent (which includes an indication of no objection). I/We know I/we can tick the box below if I/we do not consent to receive direct marketing information.

Sun Life may disclose my/our personal data for any of the above purposes: (a) to third parties who provide services in Hong Kong or elsewhere which assist the Company to carry out the above purposes, including claims investigators, insurance adjusters, medical advisors, health care professionals, medical service providers, hospitals, emergency assistance service providers, reinsurers, accountants, solicitors and professional financial advisors; (b) to banks for payment purposes; (c) to insurance brokers who are representing the policy owners or clients directly or indirectly; (d) to the Company's insurance agents and MIPF intermediaries; (e) to the Company's related companies (as defined in the Companies Ordinance) including pensions services provider, financial services companies and insurance companies; (f) to the Hong Kong Federation of Insurers (or any similar association of insurance companies) and its members; (g) to the policy owner / employers of an insured employee under a group product; (h) to any third party service provider appointed by the policy owner who provides administrative services for the policy owner; (i) to organisations that consolidate claims and underwriting information for the insurance industry; (j) to fraud prevention organisations; (k) to other insurance companies (whether directly or through fraud prevention organisations or other persons named in this paragraph), the police and databases or registers (and their operators) used by the insurance industry to analyse and check information provided against existing information; (l) to any person to whom the Company or its related companies (inside or outside Hong Kong) are under an obligation to make disclosure under the requirements of any law, regulation or court order binding on or applying to or to which the Company or its related companies (inside or outside Hong Kong) are subject to, or under and for the purposes of any guidelines issued by regulatory or other authorities with which the Company or its related companies (inside or outside Hong Kong) are expected to comply; and (m) as otherwise required or permitted by law.

If third party personal information is supplied to the Company by the clients, clients' service providers, claimants or applicants for services, such clients, service providers, claimants or applicants must inform these third parties about this personal information collection statement before they collect their information and supply it to the Company.

I/We understand that it is voluntary for me/us to supply the information, but failure to provide the requested personal data may mean Sun Life is unable to process my/our application or continue to provide services to me/us. I/We have the right to seek access to and request correction of any personal data. Sun Life holds about me/us by sending a written request to The Manager, Client Service Centre, Sun Life Hong Kong Limited, G/F, Tower B, Cheung Kai Center, 18 Hung Luen Road, Hungghom, Kowloon, Hong Kong. Sun Life may charge a reasonable fee for the processing of any such requests.

"Sun Life Group" means Sun Life together with its subsidiaries, subsidiary undertakings and associated companies (whether direct or indirect) from time to time.

Please tick here to reject receiving marketing information from Sun Life.

本人 / 吾等明白及同意香港永明金融有限公司 (於百慕達註冊成立之有限責任公司) ("永明") 可以將其所收集的任何個人資料 (不論由此表格所收集或由其他途徑取得) 作以下用途: (i) 處理及評估申請及/或任何其他金融服務申請; (ii) 管理並提供與保險及/或金融產品相關服務; (iii) 處理、調查和結清保險索償個案，以及偵測和防止欺詐行為 (無論是否與公司發出的保單有關); (iv) 進行客戶調查; (v) 為客戶研究及設計金融、保險或退休金產品; (vi) 甄選及參與獎賞、忠實或特選客戶計劃; (vii) 因上述目的與客戶聯絡; (viii) 與上述目的直接有關的任何其他目的; 及 (ix) 為遵守適用的法例、法規、法庭命令或永明集團內的任何實體與任何管轄區域的監管機構或政府之間的協議項下的義務或要求或其他承諾 (其相關於洗黑錢、恐怖分子資金籌集、逃稅或其他)。

永明亦可使用本人 / 吾等的聯絡資料，基本個人資料及保單資料，就永明及第三方的退休金、金融及保險產品的推廣資訊，以包括電話、郵件、電郵、電話短訊或任何電子信息等方法聯絡本人 / 吾等。除非得到本人 / 吾等之同意 (包括表示不反對)，否則永明不可使用本人 / 吾等之資料為該用途。本人 / 吾等可於下列方格內填上別號。

永明可為以上任何目的收集本人 / 吾等的個人資料予: (a) 為協助公司就上述用途 (不論在香港或其他地方) 而提供服務的第三方，包括索償調查員、保險理算人、醫療顧問、醫護專業人士、醫療服務提供者、醫院、緊急支援服務提供者、再保險公司、會計師、律師、專業理財顧問; (b) 銀行作繳款用途; (c) 直接或間接代表保單持有人或客戶的保險經紀; (d) 公司的保險代理人及強積金中介人; (e) 公司的關連公司 (根據公司條例訂明) 包括退休金服務提供者、金融服務機構及其他保險公司; (f) 香港保險業聯會 (或其任何相似的保險公司協會) 及其會員; (g) 團體產品的保單持有人 / 受保僱員之僱主; (h) 由保單持有人指定及提供行政服務給保單持有人的第三方服務供應商; (i) 整合保險業索償和承保資料的組織; (j) 防欺詐組織; (k) 其他保險公司 (無論是直接地，或是通過防欺詐組織或本段中指定的其他人士)、警察和保險業就現有資料而對所提供的資料作出分析和檢查的數據庫或登記冊 (及其運營者); (l) 公司及其關連公司 (不論在香港與否) 為遵守監管當局或其他機構發出之指引或其法例、法規或法庭頒令所約束或規定之責任而需向其作出披露的任何人士; 及 (m) 按法例要求或准許的其他人士。

本人 / 吾等明白本人 / 吾等提供個人資料均屬自願，然而倘若未能提供所需個人資料，該客戶、服務供應商、索償人或申請人必須在收集這些資料前，將此《個人資料收集聲明》告知有關的第三方才把資料提供給公司。有關資料可以書面形式郵寄至香港九龍紅磡紅鸞道 18 號祥祺中心 B 座地下香港永明金融有限公司客戶服務中心經理。永明可就處理任何該等要求收取合理費用。

"永明集團"指永明及其不時之附屬公司 (無論是直接的還是間接的)。

若不同意收取由永明發出的推廣資訊，請於方格內填上別號。

7. Signature of Policy Owner 保單主權人簽署

<<PLEASE DO NOT SIGN A BLANK FORM 請勿在空白表格上簽署>>

X

Signature of Policy Owner 保單主權人簽署

(must be consistent with policy's record 簽署樣式必須與保單記錄相符)

X

Date (DD/MM/YYYY)

日期 (日/月/年)