

Direct Debit Authorization
直接付款授權書

Policy No. 1 第一張保單號碼	<input type="text"/>	Policy No. 2 第二張保單號碼	<input type="text"/>	Policy No. 3 第三張保單號碼	<input type="text"/>
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CONSULTANT INFORMATION 顧問資料

Name 姓名	District/Branch 區域/分行	Code 編號	Contact Phone no. 聯絡電話
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Please read the Important Notes before you sign this Authorization. Please complete all pages of this Authorization.

請在簽署本授權書前細閱「重要事項」。請填寫本授權書之所有頁數。

Please complete and return this form to the party to be credited 請填寫並將此授權書交予收款之一方。

Name of Party to be credited (the "Beneficiary") 收款之一方(“受益人”) Sun Life Hong Kong Limited 香港永明金融有限公司	Account No. 戶口號碼 006-391-08735018
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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 hereby authorize my /our below named Bank to effect transfers from my/our account to that of the named Beneficiary above, in accordance with such instructions as my/our Bank may receive from the Beneficiary from time to time. 本人/吾等現授權本人/吾等之下述銀行，根據受益人不時給予本人/吾等銀行之指示自本人/吾等之賬戶內轉賬予上述受益人。

I/We agree that my/our Bank shall not be obliged to ascertain whether or not notice of any such transfer has been given to me/us. 本人/吾等同意本人/吾等之銀行無須証實該等轉賬通知是否已交予本人/吾等。

I/We jointly and severally accept full responsibility for any overdraft(or increase in existing overdraft) on my/our account which may arise as a result of any such transfer(s). 如因該等轉賬而令本人/吾等之賬戶出現透支(或令現時之透支增加)，本人/吾等願共同及各別承擔全部責任。

I/We agree that should there be insufficient funds in my/our account to meet any transfer hereby authorized, my/our Bank shall be entitled, in its sole discretion, not to effect such transfer in which event the Bank may make the usual charge and that it may cancel this authorization at any time on one week's written notice. 本人/吾等同意如本人/吾等之賬戶並無足夠款項支付該等授權轉賬，本人/吾等之銀行有權不予轉賬，且銀行可收取慣常之收費，並可隨時以一星期書面通知取消本授權書。

This authorization shall have effect until further notice. 本授權書將繼續生效至另行通知為止。

I/We agree that any notice of cancellation or variation of this authorization which I/We may give to my/our Bank shall be at least two working days prior to the date on which such cancellation/variation is to take effect. 本人/吾等同意，本人/吾等取消或更改本授權書之任何通知，須於取消/更改生效日最少兩個工作天之前交予本人/吾等之銀行。

The HK Dollar equivalent will be based on the US Dollar exchange rate as determined by the Beneficiary at the time the debit is processed. Because of possible fluctuation in the exchange rate, I/We agree not to hold the Beneficiary, responsible for any loss caused by any diminution in the value of the Hong Kong currency. 相等之港元將會以受益人處理自動轉賬時適用之匯率為準。因匯率可隨時變動，本人/吾等同意受益人無需負責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/吾等明白並同意若本人/吾等如非為保單主權人，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。

Important Notes 重要事項

- The Policy Owner MUST sign and date in the Signature of Policy Owner below. If to change mode as well, please complete Change of Payment Mode.
保單主權人必須在下方「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「更改繳付形式」
- The Account Holder must be the Policy Owner of the policy(ies) applying this autopay. If the Account Holder is the immediate family member of the Policy Owner (i.e. parents, children, spouse, grandparents, grandchildren, siblings) or spouse's parents, Policy Owner must complete Declaration of Relationship between the Payor and Policy Owner.
賬戶持有人須為申請此自動轉賬之保單的主權人。若賬戶持有人為保單主權人的直系親屬(即父母、子女、配偶、祖父母、孫、兄弟姊妹)或配偶的父母，保單主權人須填寫「付款人與保單主權人的關係聲明」
- After completion of this Direct Debit Authorization (DDA) request, the payment method of the policy(ies) specified in Debtor's Reference will be defaulted as bank autopay.
完成此直接付款授權申請後，在「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戶口自動轉賬。
- As setup of DDA takes at least 6 weeks, please submit 2 months' premium (for monthly mode)/1 modal premium (annual or semi-annual mode) in advance. And for change of autopay account, premium will be debited from existing account for the said setup period.
由於直接付款授權需最少6星期設立，請預繳未來兩個月保費(月繳)/1期保費(年繳或半年繳)。如只更改自動轉賬戶口，保費會在此等待設立期間繼續從原有的自動轉賬戶口收取。
- Debit date will be based on policy date listed below
自動轉賬日將根據下列的保單日期設定：

Policy Date 保單日期	Debit Date 自動轉賬日
1-6	1
7-14	7
15-22	15
23-28	23

- The autopay debit will be processed at midnight (0:00a.m.) on the payment date. (Please deposit money in business hour of bank working day)
自動轉賬將於轉賬日之凌晨零時進行。(請於轉賬日前之銀行辦公時間存款)
- 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。

2021

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/DDA

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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			
Account Information 賬戶資料					
Name of Bank and Branch 銀行及分行名稱		Bank No. 銀行編號	Branch No. 分行編號	Bank Account Number 銀行賬戶號碼	
Information of Account Holder 賬戶持有人資料		Information of other Account Holder 其他賬戶持有人資料			
English Name 英文姓名： ID Number 身份證明文件號碼： (must be consistent with Bank's record 必須與銀行記錄相符) Type 類別： <input type="checkbox"/> HKID 香港身份証 <input type="checkbox"/> Passport 護照 <input type="checkbox"/> Business Registration 商業登記證 <input type="checkbox"/> Others 其他 ()		English Name 英文姓名： ID Number 身份證明文件號碼： (must be consistent with Bank's record 必須與銀行記錄相符) Type 類別： <input type="checkbox"/> HKID 香港身份証 <input type="checkbox"/> Passport 護照 <input type="checkbox"/> Business Registration 商業登記證 <input type="checkbox"/> Others 其他 ()			
Date of Birth 出生日期 (dd日 / mm月 / yyyy年)：		Date of Birth 出生日期 (dd日 / mm月 / yyyy年)：			
Nationality 國籍：		Nationality 國籍：			
PERSONAL INFORMATION COLLECTION STATEMENT 個人資料收集聲明					
I/We confirm that I/We have read Sun Life Personal Information Collection Statement ("PICS") 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. I/We understand that the updated version of the PICS is available in the Company website (http://www.sunlife.com.hk > Support and Services > Personal Information Collection > Personal Information Collection Statement) or can also be made available upon request to the Company. 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 > 支援及服務 > 收集個人資料 > 個人資料收集聲明）下載或向貴公司索取。					
Signature 簽署 <<Please DO NOT sign on BLANK form 請勿在空白表格上簽署>>					
X _____ Signature of Account Holder 賬戶持有人簽署 (must be consistent with Bank's record 簽署樣式必須與銀行記錄相符)			X _____ Sign Date (DD/MM/YYYY) 簽署日期 (日/月/年)		
Change of Payment Mode 更改繳付形式					
The payment mode selected below would be applied to all policy(ies) specified in Debtor's Reference except for New Business					
以下所選之繳付形式適用於在「申請人參考資料」註明，除新生意之外的所有保單號碼					
<input type="checkbox"/> Monthly 月繳 <input type="checkbox"/> Annual 年繳 <input type="checkbox"/> Semi-annual (only applicable to TRADITIONAL policies) 半年繳 (只適用於傳統壽險保單)					
Declaration of Relationship between the Payor 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 <input checked="" type="checkbox"/> and sign if Account Holder is other than Policy Owner 如賬戶持有人非為保單主權人，保單主權人請 <input checked="" type="checkbox"/> 及簽署) 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 Account Holder is my: 賬戶持有人為本人之：					
<input type="checkbox"/> Spouse 配偶 <input type="checkbox"/> Parent 父母 <input type="checkbox"/> Grandparent 祖父母 <input type="checkbox"/> Child 子女 <input type="checkbox"/> Grandchild 孫 <input type="checkbox"/> Sibling 兄弟姊妹 <input type="checkbox"/> Spouse's Parents 配偶的父母					

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PERSONAL INFORMATION COLLECTION STATEMENT 個人資料收集聲明

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 MPF 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 Kei Center, 18 Hung Luen Road, Hunghom, 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 / 吾等明白若本人/吾等不同意接受此等推廣資訊, 可於下列方格內填上別號。

永明可為以上任何目的披露本人/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、緊急支援服務供應商、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名的其他人士)、警察和保險業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就法例、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。

假如第三方個人資料是由客戶、客戶的服務供應商、索償人或申請人提供給公司, 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。

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, 可導致永明無法處理本人/吾等的申請或繼續提供服務予本人/吾等。本人/吾等有權查閱及要求更正永明持有有關本人/吾等的個人資料, 有關要求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、附屬企業和相聯公司 (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。

Signature of Policy Owner 保單主權人簽署 <<Please DO NOT sign on BLANK form 請勿在空白表格上簽署>>

<p>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)</p> <p>Name 姓名: (_____)</p>	<p>X _____ Sign Date (DD/MM/YYYY) 簽署日期 (日/月/年)</p>
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