

Third Party Payment Declaration Form 第三方付款聲明書

Completion 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. 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。

A. POLICY OWNER INFORMATION 保單主權人資料	
Policy No. 保單編號	Name of Policy Owner 保單主權人姓名

B. PAYER INFORMATION AND PAYMENT DETAILS 付款人資料及付款詳情	
Name of Third Party Payer 第三方付款人姓名	Reason for Third Party Payment 第三方付款原因
HKID Card / Passport No of Third Party Payer 第三方付款人香港身份證 / 護照號碼	The date the policy owner authorized the Third Party Payer to pay 保單主權人授權第三方付款人支付此款項的日期

Relationship with policy owner ^(Note) 與保單主權人之關係 ^(備註). Please tick the appropriate box. 請在適當方格內填上 號。

Important note 重要事項:

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

認可自願醫保計劃及「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。

- | | |
|---------------------------------------|--|
| <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 | |

Payment Amount 付款金額 <input type="checkbox"/> HKD 港元 <input type="checkbox"/> USD 美元 <input type="checkbox"/> RMB 人民幣 \$ _____	Purpose of Payment 款項用途 <input type="checkbox"/> New Business 新生意 <input type="checkbox"/> Lump sum/Top up 整付保費 <input type="checkbox"/> Renewal Premium 續期保費 <input type="checkbox"/> Loan Repayment 償還貸款
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Note 備註

Relationship proof document is required if payment amount is over HK\$1,000,000. If bank draft, cashier order or cheque without account holder's name and is NOT issued by HKMA registered bank, regardless amount, copy of bank receipt or bank account statements for payer identification is required.

如繳付金額超過 1,000,000 港元，必須一併遞交關係證明文件副本。如本票、匯票或沒有列印銀行戶口持有人姓名的支票不是由在香港金融管理局註冊的銀行發出，任何金額，必須提供銀行購票單據或銀行月結單以識別購票人或付款人身份。

C. DECLARATION AND SIGNATURE 聲明及簽署

I hereby declare and agree that the Third Party Payer named above shall make the policy premium payment(s) mentioned in Part B solely on my behalf and no interest in the policy nor contractual right whatsoever is vested or will be vested in the Third Party Payer as a result of such payment(s).
 本人謹此聲明及同意由上述第三方付款人代本人繳付第 B 部分所述之保單款項。第三方付款人純粹代表保單主權人繳款，第三方付款人並不會因該等繳款獲賦予或將賦予任何保單權益或合同權利。

We, Policy Owner and the Third Party Payer, hereby declare that all information given and representations made in this form and in the related documents submitted together with this form are, to the best of our knowledge and belief, true, accurate and complete.
 我們，保單主權人及付款人謹此聲明所有在本聲明書內及隨本聲明書遞交的相關文件內所提供之資料及所作出的陳述，就我們所知及所信乃準確無誤真實及為事實之全部。

Signature of Policy Owner 保單主權人簽署 X	Name of Policy Owner 保單主權人姓名	Date 日期 (DD/MM/YY 日/月/年)
Signature of Third Party Payer 第三方付款人簽署 X	Name of Payer 付款人姓名	Date 日期 (DD/MM/YY 日/月/年)

For Office Use Only

Captured by	Processed by	Checker
Date (DD/MM/YY)	Date (DD/MM/YY)	Date (DD/MM/YY)



/TPF

D. PERSONAL INFORMATION COLLECTION STATEMENT 個人資料收集聲明及授權

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 (of Hong Kong or any other countries); and

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. For group clients, these information may include but not limited to information belonging to the clients' employees, the group members, the insureds and/or their representatives or dependents.

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, Hung Hom, 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.

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。對於團體客戶而言, 這些資料可以包括但不限於屬於客戶的僱員、團體成員、受保人和/或其代表或家屬的個人資料。

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)。

Signature of Policy Owner 保單主權人簽署 X	Name of Policy Owner 保單主權人姓名	Date 日期 (DD/MM/YY 日/月/年)
Signature of Third Party Payer 第三方付款人簽署 X	Name of Payer 第三方付款人姓名	Date 日期 (DD/MM/YY 日/月/年)