

基金調配申請書 (此申請書將不適用於「人生共步」儲蓄投資人壽系列的一筆過繳付額外保費申請)
Request For Fund Transaction Application
 (This application form is not applicable to Single Top Up application of Life Track Assurance Series.)



請在適當方格內加上「√」號，並以正楷填寫。Please put a '√' in the appropriate box and complete in BLOCK LETTERS

保單編號 Policy No.	保單持有人姓名 Name of Policyholder(s)	受保人姓名 Name of Life Assured(s)
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重要事項:

- 只有經正確填妥的申請表正本才會被視為有效的申請。此被視作不可撤回的申請只於 Aviva Life Insurance Company Limited (下稱「本公司」) 接納後才會生效。在決定是否選購或轉換到新的基金前，閣下應該詳閱基金資料。有關基金資料，請瀏覽本公司網站 www.aviva.com.hk 或致電我們的客戶服務熱線 3550 9800。
- 倘若本公司於收到此申請時就此保單仍有未完成或進行中的供款或任何進行中的交易，本公司可全權酌情決定該等指示的處理先後次序或延遲處理閣下指示。在該等情況下，該等指示之執行或會出現延遲，本公司毋須對因延遲招致的任何損失或損項承擔責任。
- 為準確執行閣下的指示，請以全寫及準確地指示所選擇的基金名稱及／或基金編號。如指示不完整，將導致指示被延遲處理，本公司毋須對因延遲而招致的任何損失或損項承擔責任。
- 額外投資及基金轉換之基金價格將按照本公司接納本申請後之下一個合適基金估值日的有關基金價格而定。
- 如欲查詢保單詳情，包括但不限於最低投資及基金轉換金額、費用及收費等，請參閱有關計劃之保單條款及細則。
- 就基金轉換之申請，只有現存所指定之基金結餘將被轉換，而閣下之指示並未包括已存入閣下戶口但並未投資之款項。
- 假如閣下準備投資的某一項投資相連基金之金額（包括是次投資交易及閣下已持有之此項投資相連基金）**高於閣下可投資資產總額的 20%**，為謹慎起見，請閣下考慮分散投資，以避免把資金過度集中在此項投資相連基金。

Important Note:

- Only a correctly completed original form is considered a valid application. The application which is deemed irrevocable will not take effect until approved by Aviva Life Insurance Company Limited ("Company"). You should read the fund information before deciding whether to buy or switch to a new fund. For fund information, please refer to our website at www.aviva.com.hk or our customer service hotline at 3550 9800.
- If any contributions are pending for investment or processing or any transactions for the same policy is in progress at the date of receipt of this instruction, the Company has sole discretion to determine the priority in dealing with such instructions or to defer this instruction. In the event of delay in executing such instruction(s), the Company shall not be liable for any loss or damages whatsoever or howsoever arising from such delay.
- Please clearly indicate your transactions listed below and provide full and precise Fund name(s) and/or Fund code for your instruction to be executed. Any incomplete instruction will result in a delay in processing your instruction and the Company shall not be liable for any loss or damages, whatsoever or howsoever arising from such delay.
- The fund prices of single premium top-up and fund switch will depend on the price of the respective fund(s) on the next appropriate Fund Valuation Date following the Company's acceptance of this request.
- For all details including but not limited to minimum investment and switch limits, fees and charges, please refer to the Terms and Conditions.
- For fund switch, only the existing account balance will be switched and your instruction will not apply to payment which subscription has not yet been completed.
- If the amount of a specific Investment-Linked fund (includes the amount of this investment transaction and the total sum you have already invested in this Investment-Linked fund) represents **more than 20%** of your total investible assets, as a prudent guide, you may consider to diversify your investments to avoid being overly concentrated in this Investment-Linked fund.

1 基金轉換 Fund Switch

基金轉換 Fund Switching	提取 Switch Out From			轉換至 Switch to		
	基金名稱 Fund Name	基金編號 Fund Code	百分比 Percentage	基金名稱 Fund Name	基金編號 Fund Code	百分比 Percentage
1			%			%
			%			%
			%			%
			%			%
			%			%
				總和 Total		100 %
2			%			%
			%			%
			%			%
			%			%
			%			%
				總和 Total		100 %

注意 Note: 基金轉換百分比須以整數填寫，認購或轉入基金總和必須為 100%。The percentage of fund subscribed or switched in must be written in whole number and 100% in total.

2 更改定期投資金額 Change of Regular Contribution

增加 Increase 減低 Reduce 新投資金額 (根據保單貨幣)
 New Contribution Amount (in Contract Currency)

基金分配如下 Fund allocation as below table :

基金名稱 Fund Name	基金編號 Fund Code	百分比 Percentage
		%
		%
		%
		%

總和 Total = 100%

注意 Note:

- 除個別計劃列明外，一般增加保費須提交「投保資料申報書」，詳情請參閱有關計劃之主要銷售冊子或保單條款及細則。Please submit "Statement of Insurability" for Increase of Premium, unless otherwise stated in specific plan. Please refer to principal brochure or policy terms and conditions for details.
- 更改保費將於下一個合適的保費到期日生效。Change of Premium will be effective on the next appropriate premium due date.
- 基金分配將適用於整份保單；如欲更改基金分配，請填寫**第 4 部分 - 更改基金分配**。The fund allocation is applicable to the whole policy, please complete **Part 4 - Fund Redirection For Future Renewal Premium** for change of fund allocation.

3 申請保費假期 Apply for Premium Holiday

開始保費假期 Commence Premium Holiday (保費假期將於下一個保費到期日生效)
 (Premium Holiday will commence on next premium due date)

終止保費假期 Cease Premium Holiday (請一併提交終止保費假期申請及下期定期保費)
 (Please submit the next regular premium installment payment together with the cessation of premium holiday request)

繳付所有保費假期內未繳清之定期保費 **及** 終止保費假期 Paying all outstanding regular premium within premium holiday **AND** cease premium holiday

注意 Note: 保費假期只可於初始供款期完結後申請。Premium Holiday can only be applied after the Initial Contribution Period.

4 更改基金分配 Fund Redirection For Future Renewal Premium

基金名稱 Fund Name	基金編號 Fund Code	百分比 Percentage
		%
		%
		%
		%
		%
		%
		總和 Total = 100%

注意 Note: 基金分配百分比須以整數填寫, 其總和必須為 100%。The percentage of fund allocation must be written in whole numbers and 100% in total.

聲明及授權

本人/吾等同意所有由星展銀行(香港)有限公司(星展集團成員)(“銀行”)及/或 Aviva Life Insurance Company Limited (“Aviva”) 不時發出予客戶的所有資料政策、通知及其他關於客戶資料的通訊均適用。客戶可向銀行各分行或 Aviva 索取該等資料, 或瀏覽相關銀行網頁(www.dbs.com/hk)或(www.aviva.com.hk)。本人/吾等同意就本申請所提供的資料, 或得自其他來源、或得自客戶與銀行或與任何其他星展集團公司之間及/或 Aviva 的關係而獲得的資料(“資料”)均受制於該等政策/或其他通訊(包括不時發出之更改)。本人/吾等特此同意: (a) 銀行及/或 Aviva 可向其他組織、機構或人仕印證、提供或收集客戶的資料; (b) 銀行可轉移本人/吾等之資料至 Aviva 作為財務審批本申請之用; (c) 銀行及/或 Aviva 可轉移資料至香港特別行政區以外任何地區, 包括新加坡; 及(d)銀行及/或 Aviva 可將任何資料與客戶的資料比較, 並利用比較結果作任何用途, 包括任何不利於客戶利益的用途(包括拒絕此申請)。本人/吾等同意附上文件作為處理本申請之用, 包括(i) 香港身份證/護照之副本; (ii) 有關之醫療報告/醫生診斷報告/病歷卡; (iii) 貸款協議/經審核之財務報告/稅務記錄; 及(iv) 公司業權查察報告。在無損害前述的情況下, 銀行及/或 Aviva 可保留、使用或透露銀行及/或 Aviva 所收集或保留之任何有關本人(等)之資料, 給予銀行及/或 Aviva 有關人士/機構或任何被選定的第三者(在本港或海外的), 包括再保險及賠償調查公司、及有關的行業/ 聯會, 用作處理本申請及提供其稍後的服務、其他金融產品及服務、直銷推廣, 及因此等用途與本人(等)聯絡。本人/吾等明白本人/吾等有權隨時翻查及修改此申請表格內有關本人/吾等的資料。有關要求必須以書面形式通知 Aviva 顧客服務部客戶中心經理, 地址為香港太古城英皇道 1111 號太古城中心第一期 1701 室。本人/吾等明白如本人/吾等欲拒絕接收由 Aviva 發出的直銷推廣刊物, 有關要求亦必須以書面形式通知 Aviva (地址同上)。如本人/吾等及所有受保人不能提供任何此申請書所需的資料, 貴公司可能因此不能接受此服務申請。

本人/吾等謹此要求本人/吾等之保單依照本申請書之選擇作出更改, 本人/吾等代表本人/吾等/及所有受保人明白並同意: (1) 要求更改或增加保額或投資金額時所需之可保證明將包括本申請書及健康狀況聲明, 並需符合下列條件方可生效: (a) 繳清所有申請所需之款項; (b) 該申請是於受保人在生及仍可受保之情況下經貴公司批核; (c) 該申請必須符合保單條款及細則之內容。(2) 本申請書及所需之可保證明將成為保單更改之根據, 並成為保單之一部份, 如有特別註明者除外。

Declaration & Authorization

I/ We agree that the applicable data policies, notices and other communications to customers concerning their data from time to time issued by DBS Bank (Hong Kong) Limited (a member of the DBS Group) (“the Bank”) and/ or Aviva Life Insurance Company Limited (“Aviva”) shall apply. Copies are available, respectively from any Bank branch and from Aviva or from its website (www.dbs.com/hk) or (www.aviva.com.hk). I/ We agree that all information in this application, or that is obtained from any other sources or that arises from my/ our relationship with the Bank, or any other DBS Group company and/ or Aviva (“data”) will be subject to such policies/ or other communications (as may be varied from time to time). I/ We agree in particular that: (a) the Bank and/ or Aviva may verify, provide and collect information about me/ us from other organisations, institutions or other persons; (b) the Bank may release my/ our financial information to Aviva for the purpose of financial underwriting of this application; (c) the Bank and/ or Aviva may transfer the data outside the Hong Kong SAR including to Singapore; and (d) the Bank and/ or Aviva may compare any data obtained with my/ our data, and use the results for taking of any actions including actions that may be adverse to my/ our interest (including declining this application). I/ We agree to attach the documents for the purpose of processing this application, including: (i) Copy of Hong Kong Identity Card/ Passport; (ii) Relevant Medical Report/ Physician Statement/ Patient Card; (iii) Loan Agreement/ Audited Financial Report/ Inland Revenue Tax Record; and (iv) Company Search Report. Without prejudice to the foregoing, such data is provided and may be held, used, and disclosed by the Bank and/ or Aviva to individuals/ organisations associated with the Bank and/ or Aviva or any selected third party (within or outside of Hong Kong), including reinsurance and claims investigating companies and industry/ federations processing of this application and the provision of subsequent services for this and other financial products and services, direct marketing and to communicate with me/ us for such purposes. I/ We understand I/ we have the right to obtain access to and to request correction of my/ our information under this application. Request must be made in writing to the Contact Centre Manager of Customer Services Department of Aviva, Suite 1701, Cityplaza One, 1111 King’s Road, Taikoo Shing, Hong Kong. I/ We also understand that if I/ we do not wish to receive direct marketing materials from Aviva in the future, request must be made in writing to Aviva at the same address. If I/ We/ and all Covered Person(s) fail to provide any information requested in this application, it may result in the Company’s inability to accept this service application.

I/ We hereby request that my/ our policy shall be changed in accordance with the particulars set out in this application and I/ We understand and agree on behalf of myself/ ourselves/ and all Covered Person(s) that: (1) The request for change or addition of sum assured or investment which requires evidence of insurability shall consist of this application and the Health Declaration and shall not take effect unless all of the following conditions are met: (a) any required payment for the application is paid in full, (b) the application is approved by the Company at its Head Office during the lifetime and continued insurability of the persons insured by the policy, (c) the application must fulfill the policy terms & conditions. (2) This application and the evidence of insurability of the Life Assured(s) if required by the Company shall be the basis for change in the policy and will form part of the policy unless otherwise specified.

見證人簽署 Signature of Witness	保單持有人簽署 Signature of Policyholder(s)	*受保人簽署 (如非保單持有人) *Signature of Life Assured(s) (If other than Policyholder)	受讓人/不可撤換受益人簽署 Signature of Assignee/ Irrevocable Beneficiary
姓名 Name: 日期 Date:	姓名 Name: 日期 Date:	姓名 Name: 日期 Date:	姓名 Name: 日期 Date:

*滿 18 歲或以上之人士必須簽署。Signature is required for the person whose age is 18 or above.

業務代表見證指引(業務代表詳細資料如下) Witnessed and conducted by the Technical Representative (T.R. details appear below):

業務代表姓名 (與業務代表登記紀錄相同) Name of T.R. (Same as T.R. Reg. Record):	業務代表登記編號 T.R. Reg. No.:	有關人士註冊編號(適用於投資相連人壽保障計劃) Relevant Individual (R.I.) Reg. No. (Applicable to investment-linked life plans):	業務代表簽署 Signature of T.R.:
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備註: 在銷售投資相連人壽保障計劃前, 業務代表必須持有有關人士牌照 Note: The T.R. must also hold R.I. license before selling any investment-linked life plan

銀行專用 For Bank Use Only			
分行 (分行編號) Branch (Clearing Code):	若為職員申請, 請提供職員編號 For Staff Application, please provide staff no.:		
客戶主任編號 A/C Officer Code:	客戶主任姓名 Name of A/C Officer:	業務代表聯絡電話 TR Contact Phone No.:	
推廣計劃編號 Campaign Code (如適用 if any):	推介職員 Referral Staff:	推介職員編號 Referral Staff No.:	
銀行授權職員核對 Checked by Bank Authorized Signer:	姓名 Name:	簽署 Signature:	