提取保單貸款申請書
Request For Policy Loan Application

* L O A N *

AVIVA

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)

重要事項:

(1) 倘若 Aviva Life Insurance Company Limited (下稱「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。
(2) 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。
(3) 如欲查詢保單詳情，包括但不限於費用及收費、最低貸款等，請參閱有關計劃之保單條款及細則。
(4) 如沒有指定付款方式，所有款項將以港元支票形式支付。

Important Note:

(1) 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, Aviva Life Insurance Company Limited ("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.
(2) 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.
(3) For all details including but not limited to fees and charges, minimum loan amount, please refer to the Terms and Conditions.
(4) All payment will be paid by cheque in Hong Kong Dollars unless specified under Payment Settlement instruction.

☐ 1 申請保單貸款 Apply for Policy Loan *(請填妥付款方式 Please complete Payment Settlement Section)*

本人 / 吾等爲保單持有人，現根據保單契約之保單細節及貸款條款向 Aviva 申請貸款。本人 / 吾等明白 Aviva 將就貸款額收取利息，貸款利息亦將不時調整，恕不另行通知。I/ We, the policyholder, hereby request Aviva, to make a loan in accordance with the Policy details and Loan Provision of my/ our Life Insurance Policy numbered above. I/ We, understand that interest applied on any loan balance will be changed from time to time without prior notice by the Company.

貸款金額 (根據保單貨幣)
Loan Amount (in Contract Currency) _____ **或 OR** ☐ **最高貸款額 Maximum Amount Available**

☐ 2 償還保單貸款 Repay Policy Loan *(請附上支票或存款收據 Please attach cheque or deposit slip)*

償還 * 保單貸款 / 自動保費貸款
Repay * Policy Loan / Automatic Non-forfeiture Loan ***(* 請將不適用刪去Please delete where inappropriate)***

金額 (根據保單貨幣)
Amount (in Contract Currency) _____

存款方式
Payment Method:
☐ 連同本申請表附上劃線支票 Cheque is attached
☐ 直接存款至本公司之銀行戶口 Transfer to bank account of the Company
☐ 其他，請註明 Other, please specify：_____

付款方式 Payment Settlement

請以下列方式支付該款項予本人/吾等 (請在適當方格內加上「√」號) Please make payment to me/ us by (Please put a '√' in the appropriate box)

☐ **港元支票 Cheque in Hong Kong Dollars**

☐ **直接存入銀行賬戶 / 電匯 (只供海外戶口使用) Direct Credit to Bank Account / Telegraphic Transfer (For oversea bank account only)**
(請填妥以下資料並遞交有關之銀行戶口簿或月結單副本 Please complete the followings and submit copy(ies) of bank book or statement for payment

銀行及分行名稱
Bank Name and Branch: _____

銀行地址
Bank Address: _____

環球銀行財務電訊協會編號
Swift Code: _____

賬戶持有人姓名 (銀行賬戶所紀錄之名稱)
Name of Account Holder(s) (As recorded on Bank Account): _____

賬戶持有人香港身份證/護照號碼 / 其他
Account Holder(s) HKID / Passport No. / Others: _____

銀行編號 Bank Code | | | | 分行編號 Branch Code | | | | 賬戶號碼 Account No. | | | | | | | | | | |

注意 Note:

1. 如以電匯付款請遞交銀行戶口簿或月結單副本。Please submit copy(ies) of Bank book / statement for Payment by Telegraphic Transfer.
2. 敬請注意，銀行或其代理可能向閣下徵收其他有關的銀行費用。Please note you may incur other bank charges imposed by your bank or its agents.
3. 上述銀行賬戶持有人必須爲保單持有人或受讓人。The above nominated bank account's account holder must be the Policyholder or Assignee.
4. 如使用海外戶口必須填寫銀行地址及環球銀行財務電訊協會編號。Please provide bank address and swift code if oversea bank account is used.

聲明及授權

本人 / 吾等明白星展銀行(香港)有限公司(星展集團成員)("銀行 ")爲 Aviva 的保險代理，本人 / 吾等同意所有由銀行不時發出予客戶的有關資料政策、通知及其他關於客戶資料的其他通訊均適用。客戶可向銀行分行索取該等資料，或瀏覽銀行網頁(www.dbs.com/hk)。本人 / 吾等亦同意所有 Aviva 收集或持有(包括 Aviva 得自其他來源、或因客戶與 Aviva 的關係而所獲得) 有關本人 / 吾等的資料（包括個人資料）（"資料"），Aviva 可使用作(i)處理本人 / 吾等的申請及提供其稍後的服務、其他金融產品及服務（包括款項處理、理賠、轉讓處理、調查及 / 或理賠）；(ii)直銷推廣，及與本人 / 吾等聯絡；(iii) 遵守適用的法律和法規及採取任何可能不利於客戶利益的行動（例如拒絕任何申請或採取法律行動）(以下統稱爲"用途")。

本人 / 吾等亦同意 Aviva 可就用途而(a)向其他組織、機構或人仕引證或收集有關本人 / 吾等的資料；(b)轉移資料至香港特別行政區以外任何地區，包括新加坡；及(c)將資料比較或核對(以下稱統爲"進一步用途")；及因用途與進一步用途而透露資料給予 Aviva 有關人士 / 機構或任何被選定的第三者（在本港或海外的），包括再保險公司、本人 / 吾等的經紀、賠償調查公司、情報資訊服務提供商及有關的行業 / 聯會。

本人 / 吾等明白本人 / 吾等有權查閱 Aviva 所持有有關本人的個人資料及要求改正有關個人資料。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，地址爲香港太古城英皇道 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) 該申請必須附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爲保單更改之根據，並成爲保單之一部份，如有特別註明者除外。

DECLARATION AND AUTHORISATION

I / We, the undersigned, understand that DBS Bank (Hong Kong) Limited (a member of the DBS Group) ("the Bank") is acting as an insurance agent of Aviva. I/We agree that the applicable data policies, notices and other communications to customers concerning their personal information from time to time issued by the Bank shall apply. Copies are available from its website (www.dbs.com/hk). I/We agree that all information relating to me/us (including personal information) collected or held by Aviva (including those obtained by Aviva from any other sources or that arises from my/ our relationship with Aviva ("the Data") may be used by Aviva for the purposes of (i) processing of my/our application and the provision of subsequent services for this and other financial products and services (including payment/claim/ assignment processing, investigation, and/or account collection); (ii) direct marketing and to communicate with me/us, (iii) complying with the applicable laws and regulations and taking any actions that may be adverse to my / our interest (e.g. declining any application or taking legal actions) (collectively, the "Purposes").

I / We further agree that Aviva may, for the Purposes, (a) verify and collect information about me/us from other organisations, institutions or other persons: (b) transfer the Data outside the Hong Kong SAR including to Singapore; and (c) compare or matching the Data (collectively, "Further Uses") and for the Purposes and Further Uses, disclose the Data to individuals / organisations associated with Aviva or any selected third party (within or outside of Hong Kong), including reinsurance company, my/our broker, claims investigating companies, intelligent information provider, and industry / federations.

I / We understand that I / We have the right to obtain access to and to request correction of my / our personal information held by Aviva . Request must be made in writing to the Contact Centre Manager of Customer Services Department of Aviva at 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:	姓名 Name:	姓名 Name:	姓名 Name:
日期 Date:	日期 Date:	日期 Date:	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.