



## Third Party Payment Declaration Form 第三方付款聲明表格

### 1. Filling in this form 請填寫此表格

Please fill in this form and return the original to 12/F., Lincoln House, Taikoo Place, 979 King's Road, Quarry Bay, Hong Kong. If you have any enquiries, please contact our Customer Service Department on (852) 2169 0300.

請填寫下列表格，並將正本寄回香港鰂魚涌英皇道 979 號太古坊林肯大廈 12 樓。若閣下有任何查詢，請致電本公司之客戶服務部 (852) 2169 0300。

Proposal No.  
申請書號碼

First Proposed Life Insured  
第一準保單受保人：

Second Proposed Life Insured(if any):  
第二準保單受保人 (如有):

### 2. Addendum for Third Party Payment 第三方付款補充

The following is submitted as an addendum/supplement to and form part of the application.

此補充表格將成為準保單的一部份。

a) Please confirm the relationship of the third party payer (name: \_\_\_\_\_) to the proposed policy owner

請說明第三方付款人 (姓名: \_\_\_\_\_) 與準保單持有人之關係：

Father  
父親

Mother  
母親

Son  
兒子

Daughter  
女兒

Spouse  
夫妻

b) Please state out the reason for third party payment

請說明第三方付款之原因：

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c) Please confirm the third party payer's source of fund

請說明第三方付款人之資金來源：

Savings  
儲蓄

Salary 薪金

Please provide aggregate amount in past 12 months 請提供過去十二個月內總收入 \_\_\_\_\_

Inheritance  
遺產

Retirement/Provident Fund

退休金 / 公積金

Sale of previous Investments/Property  
出售投資 / 物業

Others 其他

(please specify 請註明) \_\_\_\_\_

### 3. Declaration and Signature 聲明及簽署

I hereby declare and agree that the information provided by me in this supplement are true and complete and not misleading to the best of my knowledge and shall form the basis of and be incorporated into the policy to be issued. If any of the information and statements given here is inaccurate or if any material facts have not been disclosed, the Company shall be entitled to cancel the Policy or to re-issue with modifications.

根據本人所知所信，由本人在此補充表格中提供的資料及陳述均為真實、完整及並無誤導，並且將成為準保單的一部份及構成其緒發的基礎。假如有任何在此提供的資料及陳述為失實，或如有任何重要資料未被披露，則貴公司將有權取消該保單或對其條款進行修訂後重新將之緒發。

\_\_\_\_\_  
Name of Third Party Payer  
第三方付款人姓名

\_\_\_\_\_  
Signature  
簽署

\_\_\_\_\_  
Name of First Proposed Policy Owner  
第一準保單持有人姓名

\_\_\_\_\_  
Signature  
簽署

\_\_\_\_\_  
Name of Second Proposed Policy Owner (if any)  
第二準保單持有人簽署 (如有)

\_\_\_\_\_  
Signature  
簽署

\_\_\_\_\_  
Date Signed (dd/mm/yyyy)  
簽署日期 (日 / 月 / 年)

\_\_\_\_\_  
Location  
地點

\_\_\_\_\_  
Name of Financial Adviser  
理財顧問姓名

\_\_\_\_\_  
Signature with company chop  
簽署及公司蓋章

\* Remark: Please provide the third party payer's identification and proof of address document  
備註：請提供第三方付款人之身份及住址證明文件