American International Assurance Company (Bermuda) Limited
(Incorporated in Bermuda with limited liability)

PREMIUM REPAYMENT FOR PREMIUM HOLIDAY
繳還「暫停繳費」期內之保費

Policy Number(s)保單號碼	Name of Insured 受保人姓名	Name of Owner 持有人姓名
Agent / Broker's Name 營業員/經紀姓名	Agent / Broker Code 營業員/經紀號碼 Area / Agency / Broker Code 區域/營業員/經紀組別編號	Agent / Broker's Tel. No. 營業員/經紀聯絡電話

IMPORTANT NOTES: 注意 事項

1. Please submit payment together with this form to Cashier directly during the service hours (Monday to Friday 8:45a.m. - 5:15p.m. except public holidays) of American International Assurance Company (Bermuda) Ltd. (hereinafter called the Company).
   請將繳還款項連同此表格於美國友邦保險（百慕達）有限公司(本公司)的服務時間內直接遞交到繳費處（星期一至五上午八時四十五分至下午五時十五分。公眾假期除外）
2. If investment allocation is also changed, submit regular premium together with this form to Cashier during the Company's service hours (Monday to Friday 8:45a.m. - 5:15p.m. except public holidays)
   如同時需更改投資分配，請將基本保費連同此表格於本公司的服務時間內遞交到繳費處(星期一至五上午八時四十五分至下午五時十五分。公眾假期除外）
3. Receipt of this form by AIA Representative or your broker does not constitute receipt by the Company. Your request will be processed only after this form and payment are received and accepted by the Company.
   友邦業務代表或您的經紀收到此申請表並不代表本公司亦已收到，您的申請會於本公司收妥此表格和款項及接納後處理。
4. Once the form is submitted to the Company, whether through our AIA Representative or your broker or otherwise, you cannot withdraw or change any of the instructions provided on the form. Any change of instructions will be treated as a new request, which will be processed after the former request is effected by the Company. 此表格一經遞交給本公司，不論是經由友邦業務代表、您的經紀，或由其他途徑遞交，您便不能取消或更改表格上的任何指示。任何更改，將被視作一項新申請，而該新申請會在本公司將您先前的申請辦妥後處理。
5. The instructions will be processed on the next dealing date after it is approved by the Company. 指示經本公司批准後，於下一個交易日進行。

Premium Repayment For Premium Holiday only applicable to the following plans :
繳還暫停繳費期內之保費只適用於下列計劃:

AIA Asset Accumulator	友邦「財庫之選」投資計劃
AIA Asset Accumulator (EDB)	友邦「財庫之選」投資計劃〔卓越保障〕
AIG Capital Saver by AIA	AIG資本匯聚友邦投資計劃
Treasure Accumulator	卓薈之選
Treasure Advantage	卓智投資計劃
Treasure Advantage (Enhanced Protection)	卓智投資計劃(卓越保障)

Please specify the repayment amount below:
請列明繳還金額:

_____

US$ 美元金額

Notes 註:

1. The policy must be in force when repayment is submitted to the Company.
2. The minimum repayment amount will be one modal Regular Premium of the basic policy unpaid during the Premium Holiday.
3. You may only repay the Regular Premium(s) of the basic Policy which were unpaid due to Premium Holiday since the premium due date immediately before the Premium Holiday, and which premium due date(s) fall within the one-year period before the repayment.
4. The repayment must be made in reverse chronological order of the premium due date(s), starting from the most recent premium due date during the Premium Holiday.
5. Units will be allocated to your account at the relevant offer price at an appropriate valuation date which shall be a date after we have accepted your repayment in full and determined by the Company at its absolute discretion.
6. The Company reserves the right to reject any repayment.
1. 於繳還保費給本公司時，保單必須仍然生效。
2. 最低繳還金額為執行「暫停繳費」期間一期未付的基本保費。
3. 您所繳還的金額需為執行「暫停繳費」前一個保費到期日開始之未付的基本保單之基本保費；而該基本保費之保費到期日必需於是次繳還保費日前之一年內。
4. 繳還之保費需按「暫停繳費」執行期間，由最近保費到期日開始按逆時間次序繳交。
5. 本公司收到您繳還的全部金額後，投資選擇單位將根據收到金額後一個適當的評估日的有關單位賣出價分配至您的戶口；本公司有絕對權力決定該評估日。
6. 本公司有權拒絕接受任何繳還保費。

If investment allocation is not specified below, submitted payment will be invested according to the current investment allocation for Regular Premium.
如沒有註明投資分配，所繳金額將按照現時基本保費之投資分配作投資。

Minimum allocation to a selected code is 10%
所選擇的每項代號之分配不得少於10%

* Code 代號		Investment Allocation 投資分配
⌊_ _⌋⌊_ _⌋⌊_ _⌋	=	⌊_ _⌋⌊_ _⌋⌊_ _⌋%
⌊_ _⌋⌊_ _⌋⌊_ _⌋	=	⌊_ _⌋⌊_ _⌋⌊_ _⌋%
⌊_ _⌋⌊_ _⌋⌊_ _⌋	=	⌊_ _⌋⌊_ _⌋⌊_ _⌋%
⌊_ _⌋⌊_ _⌋⌊_ _⌋	=	⌊_ _⌋⌊_ _⌋⌊_ _⌋%
⌊_ _⌋⌊_ _⌋⌊_ _⌋	=	⌊_ _⌋⌊_ _⌋⌊_ _⌋%
⌊_ _⌋⌊_ _⌋⌊_ _⌋	=	⌊_ _⌋⌊_ _⌋⌊_ _⌋%
⌊_ _⌋⌊_ _⌋⌊_ _⌋	=	⌊_ _⌋⌊_ _⌋⌊_ _⌋%
⌊_ _⌋⌊_ _⌋⌊_ _⌋	=	⌊_ _⌋⌊_ _⌋⌊_ _⌋%
⌊_ _⌋⌊_ _⌋⌊_ _⌋	=	⌊_ _⌋⌊_ _⌋⌊_ _⌋%
Total 共	=	100 %

The above new investment allocation will also apply to investment of all future premiums.
上述新的投資分配亦會適用於將來所有保費之投資。

Declaration & Authorization聲明及授權

I/We DECLARE and AGREE that any personal data and other information relating to me/us or my/our policy(ies) or investments contained in this application or collected, obtained, compiled or held by the Company by any means from time to time may be used, maintained, processed, stored, transferred, disclosed and/or shared by the Company for the purposes of processing, administering, implementing and effecting the requests or transactions contemplated in this application or any other applications made by me/us from time to time, promoting or providing subsequent or other services or products to me/us, direct marketing, data matching and/or communicating with me/us. I/We further DECLARE and AGREE that the Company may transfer, disclose, grant access of or share such personal data and other information to or with individuals, entities and/or organizations associated with the Company and/or to or with third parties (including, without limitation, reinsurance companies, claims investigation companies, industry associations or federations, fund management companies, financial institutions, or service providers) selected by the Company, in each case whether within or outside of Hong Kong (applicable to policies issued in Hong Kong) / Macau (applicable to policies issued in Macau) , for any of the aforesaid purposes and/or for the purposes of providing administrative, data processing, data maintenance or storage, telecommunications, computer, payment or other services to the Company in connection with the operation of its business. I/We understand that I/we have the right to obtain access to and to request correction of my/our personal data held or controlled by the Company. Such request can be made to any of the Company's Customer Service Centres. If I/we do not wish to receive marketing information or materials, I/we will send an opt-out notice to the Company, in which case my/our personal data and other information would be included in a centralized customer opt-out list that may be shared amongst the Company's associated partners for reference.

本人/我們現聲明並同意貴公司可使用、保留、處理、儲存、轉交、透露及/或共用貴公司所收集、索取、整理或保留在此申請表所載或從其他途徑取得之任何有關本人/我們的個人資料或其他有關本人/我們的保單或投資資料，用作處理、管理、落實及實行在此申請表所載或本人/我們從任何其他申請表所提出之要求，及介紹或提供其稍後或其他的服務或產品予本人/我們、直接促銷、資料核對及/或聯絡本人/我們之用途。本人/我們再聲明並同意貴公司可向與貴公司有關的香港(適用於香港簽發之保單)/澳門(適用於澳門簽發之保單)或海外的人士、團體及/或機構及/或任何被選的第三機構(包括並不限於再保險及賠償調查公司，及有關的行業協會/聯會、基金管理公司、金融機構或提供有關服務之公司)轉交、透露、授權取得或共用本人/我們之個人或其他資料，用作以上列明之用途及/或貴公司業務運作之用，包括行政、資料處理、資料保存或儲存、通訊、電腦、付款或其他服務。本人/我們明白到本人/我們有權向貴公司查閱及申請更改貴公司儲存或管理與本人/我們有關的個人資料。有關的申請可於貴公司任何一間客戶服務中心辦理。若本人/我們不想收到貴公司的銷售資料或刊物，本人/我們會發出信函通知貴公司，而本人/我們的個人或其他資料會存於貴公司之中央資料檔內的非聯絡客戶名單，並會供貴公司及有關人士/機構作參考。

_____	on _____	_____	on _____
Signature of Owner/Trustee 持有人/信託人簽名	於 **MM**月/**DD**日/**YYYY**年	**Signature of Assignee** 受讓人簽名 (if applicable 如適用)	於 **MM**月/**DD**日/**YYYY**年

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PLEASE SIGN & RETURN IMMEDIATELY BUT NO LATER THAN 14 DAYS請簽署後即時但不遲於14天內遞交
PLEASE DO NOT SIGN ON BLANK FORM 請勿在空白表格上簽署