




**REQUEST FOR SURRENDER**  
**退保申請書**

Policy Number 保單號碼	Name of Insured 受保人姓名	Name of Owner 持有人姓名	 P3972021
Area Code 區域編號	Agency Name 營業員組別名稱	Agent Code 營業員號碼	
Agency Code 營業員組別編號	Agent Name 營業員姓名	Agent Tel. No. 營業員聯絡電話	
TR Membership Number 業務代表會員號碼 <input type="checkbox"/> IA <input type="checkbox"/> ANG			
<p><i>TIPS: Check the checkbox (IA for HK; ANG for Macau) and input the reg. no. using standard format [for HK, it is 2 letters + 4 digits; for Macau, it is 3 letters + 4 digits]</i> 提示：選取方格 (IA-香港；ANG-澳門) 並填入特定的登記號碼 [香港號碼由2個英文字母 + 4位數字組成；澳門號碼由3個英文字母 + 4位數字組成]</p> <p><i>Remark: If the stated AIA financial planner / broker / IFA on this form is not my current servicing AIA financial planner / broker / IFA, I give consent to him/her to handle and follow up my request.</i> 備註：倘若在上述表格上填寫的財務策劃顧問 / 經紀 / 獨立理財顧問並不是本人目前的財務策劃顧問 / 經紀 / 獨立理財顧問，本人同意他/她處理並跟進我的要求。</p>			

**Important Notes 注意事項：**

- 1) Please read through Part 1 and complete Part 2.  
請細閱表格第一部分及填妥第二部分。
- 2) Owner / Trustee / Assignee's signature, whenever applicable, must correspond with the Company's latest available record.  
持有人 / 信託人 / 受讓人 (如適用) 的簽名必須與本公司的最近存檔紀錄相符。
- 3) Receipt of this form by Agent / BEA Branch does not constitute receipt by the Company. Your request will be processed only after this form is received and accepted by the Company.  
營業員 / 東亞分行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及接納後處理。
- 4) Premium collection via autopay will be stopped only after your request is accepted and completed successfully by the Company.  
自動轉賬繳費只會當公司收到及接受退保申請後取消。
- 5) Any premiums and levy (for Hong Kong policies) paid prior to the Company's receipt and approval of the surrender request will not be refunded.  
任何於公司收到及接受退保申請前已繳交的保費與保費徵費 (香港保單適用) 將不會退還。
- 6) Please submit copies of ID card / passport of the Owner. In the case of corporate owner, company documents are required pursuant to the Anti-Money Laundering and Counter-Terrorist Financing (Financial Institutions) Ordinance. Our Company reserves the right to ask for additional documents.  
請遞交持有人的身份證 / 護照副本。倘以公司名義之持有人，必須根據現行之「打擊洗錢及恐怖分子資金籌集 (金融機構) 條例」遞交所需文件。本公司保留權利索取其他文件。
- 7) Please return the Original Policy Contract(s), if applicable, together with this Form.  
請將保單合約正本 (如適用) 連同此申請表格一併交回本公司。
- 8) Any incomplete instruction will result in a delay in processing your instruction and the Company shall not be liable for any direct, indirect, special or consequential loss or damages arising from such delay.  
任何不完整之指示或會導致延遲處理，本公司毋須對因延遲而招致的任何直接、間接、特別或相應損失或損害承擔責任。
- 9) The surrender value payable will be subject to deduction of any indebtedness, encashment charge and / or other fees or charges pursuant to the terms and conditions of the policy. The Company will use the surrender effective date to determine the required deduction and/or charges.  
本公司會根據保單的條款及細則從退保價值中扣除任何欠款、贖回費用及 / 或其他費用或收費 (如有)。本公司將根據退保生效日，用以計算有關的扣款及 / 或收費。
- 10) For the designated insurance policy with premium financing, please note that the Assignee may levy interest and charge handling fee regarding the early repayment of the premium financing. For details, please contact the Assignee.  
如屬已行使保費融資之指定保險保單，承讓人將可能就保費融資的提早還款徵收利息及收取手續費。詳情請向承讓人查詢。

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## PART 1: WHAT YOU SHOULD KNOW ABOUT EARLY SURRENDER OF YOUR INSURANCE POLICY

### 第一部分：保單提早退保須知

Surrendering your policy is an important decision and may not be in your best interests. The surrender value you receive may be less than the total premium you have paid. 退保是一項重要的決定，並可能有損閣下的利益，而你所收取的退保價值可能會少於你已繳付的保費總額。An insurance policy is intended to meet your long term protection and financial needs. In surrendering an insurance policy while it is still in force, you will inevitably lose some valuable benefits. You may not be able to obtain a similar level of protection on the same terms in the future. 閣下的保單是為了切合您的長遠保障及財務需要而成立。當閣下選擇將您現有的保單退保時，您將無可避免地損失保單內若干的利益。而閣下將來也許未能夠以相同的條件得到相若的保障。

#### **New Charges / Fees 新的費用**

If you surrender your Policy and buy a new policy, you may incur new charges. You should also consider the estimate loss in a replacement of policies. 如閣下將現有的保單退保轉而購買一份新的保單，您可能需要重新支付新的費用。同時，閣下必須考慮轉保帶來的損失。

#### **Changes in Terms and Conditions 更改條款及條件**

Surrendering your Policy for another policy could result in higher premiums and loss of specific policy features or protection due to changes in age and/or health conditions. The periods under the "incontestability" and "suicide" provisions may start anew under the new policy. 閣下如將現有的保單退保而轉購一份新的保單，您可能因年齡及/或健康狀況的改變而需要支付更高的保費及損失某些現有保單的特點或被拒保。新保單內的「不得提出異議」及「自殺」條款內之有效期亦可能需重新計算。

#### **Alternatives for Surrendering Your Policy 退保以外的選擇**

If your Policy has acquired policy value, you may (if available in your Policy) 如閣下的保單已存有保單價值，根據保單契約內的條款，您可以

- Apply for a policy loan to meet any short term financial needs; or 申請保單貸款以解決任何短期的財務需要；或
- Use the Automatic Premium Loan to settle due premiums and levy (for Hong Kong policies) so that the Policy can be kept in force; or 使用自動貸款來支付到期保費與保費徵費（香港保單適用），令保單繼續有效；或

And及

If your Policy is an Investment Linked or a Universal Life Policy, you may (if available in your Policy) 如閣下的保單是投資連繫式或萬用壽險，根據保單契約內的條款，您可以

- Utilize the premium holiday feature; or 行使保單內之暫停繳費功能；或
- Exercise the fund switch, transfer or partial withdrawal rights under your Policy in order to provide the flexibility according to your own needs. 閣下可靈活地因應個人的需要，行使保單所提供的基金調配、基金轉移或提取部分基金的權利。

However, in exercising these rights, please pay attention to the effects on your account value and other policy benefits. (Please refer to your Policy contract for details.)

可是，當閣下行使這些權利時，請留意該行動對閣下的戶口價值及其他保單利益之影響。（詳情請參閱閣下的保單契約。）

## PART 2: POLICY SURRENDER

### 第二部分：保單退保

#### **OWNER / ASSIGNEE / TRUSTEE'S ACKNOWLEDGEMENT**

#### **持有人 / 受讓人 / 信託人的確認聲明**

(Please select one of the followings 請選擇以下其中一項)

I acknowledged that Agent has clearly explained to me the contents of Part 1 and I fully understand the same.

本人證明營業員已清楚向我解釋此表格的第一部分，並完全明白此部分的內容。

I have read through the contents of Part 1 and I fully understand the same. 本人已細閱此表格的第一部分並完全明白此部分的內容。

I, Owner / Assignee / Trustee, of the above Policy, declare that I have read and understood all the contents in Part 1. I am fully aware of the implications of and the loss that I may suffer in surrendering my Policy. In particular, I am fully aware that should I wish to buy a similar policy in the future, I may incur additional charges and / or I may not be able to secure similar level of protection. I decide to surrender my Policy.

本人為上述保單的持有人 / 受讓人 / 信託人，謹此聲明已閱讀及清楚明白列於此表格第一部分的內容。本人完全清楚知道退保之含義以及此舉可能會令本人所蒙受的損失。此外，本人亦完全明白如將來本人欲購買相似的保單時，本人可能需要支付額外的費用及 / 或本人未必能夠得到相若近似程度的保障。本人決定將此保單退保。

I, Owner / Assignee / Trustee of this policy, hereby surrender the above mentioned life insurance policy ("the Policy") for its cash value or account value, whichever is applicable according to its terms, and any other benefits provided under this Policy. The liability of the AIA Everest Life Company Limited ("the Company") upon or in connection with the Policy is as of this date fixed and limited to such cash value or account value, and credits, if any. Upon payment thereof, the said Company shall be and is hereby completely discharged.

We the undersigned, declare and certify that (1) the Policy is not now assigned, except as indicated below by the signature of the assignee, if any, and (2) we are not aware of any bankruptcy proceedings instituted against the Owner / Assignee as at this date.

本人（上述保單之持有人 / 受讓人 / 信託人），現申請將上述人壽保單終止，請依照保單內之條款退回現金價值或投資戶口結餘（以適合者為準）及其他利益（如有），友邦雋峰人壽有限公司（以下一律簡稱“公司”）於即日起對該保單只負上述之現金價值或投資戶口結餘等之責任，當上述之款項給付後，公司方面對該保單之責任便告了結。

簽署本申請書者特現證明（一）該保單並無轉讓之事情，除非得受讓人同意並於下列簽署（二）申請人等並未有破產訴訟之事項。

#### **Surrender Reason 退保原因**

Please indicate your reason(s) for surrender by putting a "✓" in the appropriate box(es):

請於下列適當空格內加✓說明退保原因（可作多項選擇）：

Product not meeting my needs anymore 產品不再切合需要

Replaced by another insurance plan 以其他保險產品取代

Change of financial condition 財務狀況改變

Residing overseas 移居外地

Others: Please specify \_\_\_\_\_

其他：請註明 \_\_\_\_\_



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**If e-Bankin / FPS has not been registered or if cheque payment is requested, please select:**

**如未有登記使用「電子入賬服務」/「轉數快」，或要求以支票支付，請選擇：**

- a) Cheque Payment in 支票貨幣：  
 Hong Kong Dollar 港元  
 Policy Currency 保單貨幣
- b) Send cheque to 請將支票：  
 My correspondence address registered with the company 寄往本人於公司登記的通訊地址  
 BEA branch 東亞分行：\_\_\_\_\_

# If not indicated above, the cheque will be sent to the Owner's correspondence address #如沒有註明指示，支票會寄往保單持有人的通訊地址

1. I understand that any benefits payable under the Policy will be paid in the latest policy currency as shown on the Policy Information Page of the Policy or, if applicable, the appropriate subsequent endorsement. Accordingly, the provision of the option to receive any such benefits in a currency other than the latest policy currency (the "Opted Currency") is solely a service offered by the Company at its discretion.  
 本人明白所有保單利益之款項將根據保單資料頁或隨後所發出之批註（如適用）所載之最近期保單貨幣為準。因此，提供選擇以最近期的保單貨幣以外的貨幣（“選擇貨幣”）作為收取任何此等利益的貨幣只屬貴公司酌情所提供之服務。
2. I understand and agree that should I opt for payment of any benefits payable under the Policy in the Opted Currency, I will bear the necessary exchange difference, such difference being determined by the Company on the basis of the Company's internal exchange rates as at the time of the relevant currency conversion.  
 本人明白及同意如本人選擇任何保單下所作出的利益款項以“選擇貨幣”支付，本人同意承擔所需的兌換差額，而該差額是有關貨幣兌換時依據貴公司內部貨幣兌換率而釐定。

**Declaration 聲明：**

1. I / We warrant to the Company that no proceedings in bankruptcy or insolvency have been instituted or are pending against me / us.  
 本人 / 我們亦向貴公司保證，本人 / 我們並無進行或有仍未了結之破產或無力償債的訴訟。
2. By signing below, I / we represent that I am / we are not a U.S. person for purposes of U.S. federal income tax and that I am / we are not acting for, or on behalf of, a U.S. person. If the Owner is a body corporate, I / We represent that the Owner does not have any beneficial owner(s) with a 10% or more direct or indirect interest in the corporate who is a U.S. citizen, resident or U.S. Entity. I / We understand that the Company, believing this statement to be true, will rely on it and act on it. In the event this statement is incorrect / false, the Company reserves the right and shall be entitled to cancel the policy. Any policy issued may accordingly be considered void in which case the Company shall notify me / us and repay any premiums and levy (for Hong Kong policies) less reasonable charges and policy withdrawals / loans.  
 Note: A false statement or misrepresentation of tax status by a U.S. person could lead to penalties under U.S. law. If your tax status changes and you become a U.S. citizen or resident, you must notify us within 30 days. (This Clause is not applicable to U.S. citizens or residents, who must complete IRS Form W- 9.)

於下方簽署作實，本人 / 我們聲明，就美國聯邦薪俸稅之有關事項而言，本人 / 我們並非美國人，及並不代表美國人行事。如持有人為法人，本人 / 我們聲明股東中沒有美國公民 / 美國居民 / 美國機構直接或間接持有大於10%的股權。本人 / 我們明白貴公司相信此陳述是真實的，並以此為依據及代為行事。倘若此陳述是不正確 / 虛假的，貴公司保留權利，並有權取消保單。任何依據此陳述而繕發的保單可視作無效。在這種情況下，貴公司將通知我 / 我們償還扣除合理的費用及保單提款 / 貸款後的保費與保費徵費（香港保單適用）。

備註：根據美國法律，任何美國人就其稅務狀況有虛假或失實陳述，將會受到刑罰。若閣下的稅務狀況有更改，並且成為美國公民或居民，請於三十日內通知本公司。（美國公民或居民必須填寫IRS之W-9表格，而以上之有關條款並不適用。）

3. I / We acknowledge and irrevocably agree that the information contained in this form and information regarding the Applicant(s) and any Reportable Account(s)\* may be provided to the tax authorities of the country / jurisdiction in which this account(s) is / are maintained and exchanged with tax authorities of another country / jurisdiction or countries / jurisdictions in which the Applicant(s) may be tax resident pursuant to intergovernmental agreements to exchange financial account information.

\*“**Reportable Account**” has the meanings ascribed to it under the “Common Standard on Reporting and Due Diligence for Financial Account Information” promulgated by the Organisation for Economic Cooperation and Development.

**For individual applicant(s)** - I / We certify that I am / we are the Applicant(s) (or am authorized to sign for the Applicant(s)) of all the account(s) to which this form relates.

**For corporate applicant(s)** - I certify that I am authorized to sign for the Applicant in respect of all the account(s) to which this form relates.

- I / We declare that all statements made in this declaration are, to the best of my / our knowledge and belief, correct and complete.
- I / We undertake to advise the Company within 30 days of any change in circumstances which affects the tax residency status of the party / parties identified as Applicant of this form or causes the information contained herein to become incorrect or incomplete, and to provide the Company with a suitably updated self-certification and Declaration within 30 days of such change in circumstances.
- I / We agree to indemnify the Company against any loss, claim and action in connection with any false, misleading or incomplete information of my / our nationality, residence and / or tax status.

本人 / 我們知悉並完全同意這表格內，所有資料及有關申請人之個人資料，和任何須申報帳戶\*，將有可能提供予管理該帳戶的國家 / 司法管轄區之稅務機關，及轉交予其他國家 / 司法管轄區之稅務機關或申請人所屬之國家 / 司法管轄區為根據跨政府協議所訂之財務帳戶資料交換要求的國家 / 司法管轄區。

\* “**須申報帳戶**”之定義請參考經濟合作與發展組織頒佈的“共同申報準則及財務帳戶資料之盡職調查”

**由個人作申請人** - 本人 / 我們在此聲明，本人 / 我們是本申請書相關之全部帳戶的申請人（或獲申請人授權簽署）。

**由公司作申請人** - 本人在此聲明，本人是獲申請人授權簽署本申請書相關的全部帳戶。

- 本人 / 我們聲明一切在這份聲明之條款是基於本人 / 我們的據知及所信，並且是正確及完整的。
- 本人 / 我們承諾，如有任何改動會影響認定為申請人之一方 / 多方之稅務居民狀況內容，或導致其所載資料失實或不完整，本人 / 我們將於有關改動發生後30日內通知貴公司，並在該變動發生後30日內，向貴公司提交最新的自我證明書。
- 本人 / 我們同意賠償貴公司就本人 / 我們的國籍、居住及 / 或稅務狀況有關資料之虛報、誤導或不完整所導致的任何損失，索償及訴訟。



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**PERSONAL DATA COLLECTION AND USE**

I / We confirm that I / We have read and understood the AIA Everest Life Company Limited's (AIA Everest) Personal Information Collection Statement (the Statement).

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 AIA Everest by any means from time to time may be collected and utilized in accordance with the Statement. I / We acknowledge and consent to the transfer of my / our personal data to parties within or outside Hong Kong for the purposes as set out in the Statement. The updated version of the Statement which complies with the relevant rules and regulations is available for download from its website: <https://www.aia.com.hk/content/dam/hk-wise/pdf/privacy-statement/AIAE-PICS-English.pdf>, and is also available upon request.

**個人資料收集及使用**

本人 / 我們確認本人 / 我們已閱讀及明白友邦雋峰人壽有限公司（友邦雋峰）個人資料收集聲明（「該聲明」）。本人 / 我們聲明及同意在本申請所載或友邦雋峰不時以任何方法收集所得、編製或持有的任何個人資料及關於本人 / 我們的保單或投資的其他資料，可根據該聲明收集及使用。

本人 / 我們知悉及同意就該聲明所述目的轉讓本人 / 我們的個人資料至香港境內或境外各方。

該聲明符合相關守則及法例的最新版本可於以下網址下載：

<https://www.aia.com.hk/content/dam/hk-wise/pdf/privacy-statement/AIAE-PICS-Traditional-Chinese.pdf>，及可向貴公司索取。

Signature of Owner / Trustee  
持有人 / 信託人簽名

on      
於 MM月 DD日 YYYY年

Signature of Assignee 受讓人簽名  
 Signature of Irrevocable Beneficiary  
不可撤換受益人簽名  
(if applicable 如適用)

on      
於 MM月 DD日 YYYY年

Signature of Financial Intermediary (if applicable)  
金融中介機構簽名 (如適用)

on      
於 MM月 DD日 YYYY年

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

"AIA" herein refers to AIA Everest Life Company Limited (Incorporated in Hong Kong with limited liability).

"AIA" 指友邦雋峰人壽有限公司（於香港註冊成立之有限公司）。



Download our mobile app AIA Connect to manage your policy anytime, anywhere!  
下載AIA「友聯繫」手機應用程式以便輕鬆管理您的保單！