

## Annuity Request Form 年金申請表

Applicable to Leisure Years Retirement Savings Plan 適用於「優悠歲月」退休儲蓄計劃

Policy Number	Name of Insured	Name of Owner
保單號碼	受保人姓名	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



05292044

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]

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]

Remark: If the stat ed 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.

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。

The undersigned hereby requests monthly annuity payment under the Benefit Provisions of the above Policy starting from the Annuitization Date, subject to the below Terms and Conditions for "Life Income with 10 Years of Payment Guaranteed".

下列簽署人在此要求由年金給付日開始,按以下所述之「終身入息及10年保證給付」的條款及條件給付保單利益條款內所述之每月年金。

## Terms and conditions for "Life Income with 10 Years of Payment Guaranteed" (the Scheme) 條款及條件 - 終身入息及10年保證給付(即「計劃 | )

- Terms defined in your Policy contract carry the same meaning when used herein. 您的保單內所載的定義在此含有相同的含義。
- 2. This application is made to AIA International Limited (the "Company") for monthly annuity payment under the BENEFIT PROVISIONS of the Policy. 此書面申請根據保單利益條款內所述之每月年金給付一事而遞交給友邦保險(國際)有限公司 (以下一律稱 "貴公司")。
- 3. Notwithstanding anything to the contrary in the Policy, the Policy shall be revised as set out in the terms and conditions herein. Notwithstanding the Termination clause of the GENERAL PROVISIONS of the Policy, the Policy shall not terminate but shall continue in accordance with your application for the Scheme pursuant to the terms and conditions set out herein and the BENEFIT PROVISIONS of the Policy. 即使本條款及條件所載與保單有任何抵觸,保單將按在此所述的條款及條件修訂。即使保單一般條款內之契約終止條文另有規定,保單將不會被終止,而會根據您按計劃所列明的條款及條件及保單之利益條款而作出的申請而繼續。
- 4. The Company may reject this application if at the time of application the Account Value is less than the minimum amount as determined by the Company at the Company's discretion.
  - 在作出此申請時,如戶口價值少於本公司所設定的最低金額時,本公司有權拒絕此申請。
- 5. The Company shall withdraw and debit all of the Account Value from this Policy and apply the cash amount thus withdrawn (the "Proceeds") as a single premium towards the Scheme. Such Account Value withdrawn shall be calculated by multiplying the number of all Units under the Policy by their respective Bid Price on an appropriate Valuation Date determined by the Company in its absolute discretion after the Company's approval of this application, less any expenses incurred in respect of the acquisition, realization, management, maintenance and valuation of the Units of the Policy, the Funds and / or assets under the Funds, and any taxation liability thereof.
  - 本公司將由此保單提取及贖回所有戶口價值,並將所提取之現金(即「保單利益」)作為計劃的整付保費。本公司會在批准您的申請後, 將保單內所有單位的數目乘以其各自在適當之評估日(本公司有絕對的酌情權決定此評估日)當日的單位買入價,再減去就保單單位、基金及/ 或基金資產之認購、兑現、管理、行政及估值,及任何有關稅務責任而衍生的任何費用,以計算該筆提取之戶口價值。
- 6. Commencing from the Annuitization Date set out on this application form and on each monthiversary of such date thereafter, the Company shall pay the monthly annuity amount ("Annuity Amount") under the Scheme to the Owner provided that the Insured is still living. 於申請上列明之年金給付日開始及在該日之後的每個週月日,本公司將支付計劃內的每月年金(即「年金金額」)予持有人,惟受保人屆時須仍然在生。
- 7. If the Insured dies before the 120th monthly Annuity Amount is paid to the Owner in accordance with the above provision, the Company shall instead pay to the Beneficiary the remaining monthly Annuity Amount(s)under the Scheme up to the 120th monthly Annuity Amount on their respective payment due date(s).
  - 若受保人於本公司根據以上條文支付第一百二十(120)期之每月年金金額予持有人之前身故,本公司會將計劃內餘下的每月年金金額按其各自到期日期支付予受益人,直至支付第一百二十(120)期之每月年金金額為止。
- 8. The Annuity Amount shall be determined by the Company in its absolute discretion in accordance with the amount of Proceeds and the Insured's sex and age, subject to the requirement that satisfactory proof be provided for both the sex and age of the Insured. 本公司有絕對的酌情權根據保單利益的金額及受保人的性別和年齡去決定年金金額,惟須符合提供令本公司滿意之受保人性別和年齡的證明的
- 9. The Policy shall automatically terminate on payment of the 120th Annuity Amount in accordance with the provisions herein or the death of the Insured, whichever is later.
  - 在支付第一百二十(120)期之每月年金金額或受保人身故當日(以較後者為準),此保單將自動終止。
- 10. Prior to making any payment hereunder, the Company reserves the right to require proof to the Company's satisfaction of the entitlement of the person(s) claiming payment, including evidence that the Insured is living on the date on which any payment hereunder is to be made. 在支付此內文所述之任何款項前,本公司保留權利要求申索人提供令本公司滿意的證明(包括受保人於支付任何款項當日仍然在生的證明),以證明其合符資格領取該款項。
- 11. For the avoidance of doubt, the Policy shall no longer possess any Account Value or cash value or surrender value and the PREMIUM PROVISIONS and FUND PROVISIONS of the Policy shall no longer apply.
  - 為免生疑問,保單不再具有任何戶口價值或現金價值或退保價值,而保單內的保費條款及基金條款將不再適用。

		Policy Number 保單號碼	
			ed (the Terms) and fully understand and nuity amount and the operations of the
annuity.	-	•	·····,包括但不限於年金所定的每月
年金金額及其運作。 /We hereby agree that this request	is not valid until this application	has been received and accepted by the	ne Company and an endorsement to my
proker does not constitute receipt by 本人 / 我們同意此申請需於貴公司收到	the Company.		顧問或本人/我們的經紀所收到的申請表
並不代表貴公司亦已收到。	TION AND LICE		
ssuer(s) and/or pension scheme Branch) and / or AIA Company L https://www.aia.com.hk/en/privac / / We declare and agree that a nvestments contained in this ap scheme provider(s) by any mear / / We acknowledge and consen pension scheme(s) issued in Ho the purposes as set out in the PI	ead, understood and agreed a provider(s), i.e. AIA International imited where applicable, (the cy-statement-main. In personal data and other application or collected, obtains from time to time may be at to the transfer of my / our and Kong) or Macau (for policics).	ational Limited (Hong Kong Branch e "PICS") which is available for down information relating to me / us or ined, compiled or held by my / ou collected and utilized in accordance personal data to parties within or of cy(ies) / pension scheme(s) issued	my / our policy(ies), account(s) or repolicy issuer(s) and / or pension
website and upon request.	•	3	
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			·劃服務提供者(即友邦(國際)
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		www.aia.com.hk/zh-hk/privacy-state	
		繕發人及/或退休金計劃服務	
		單、帳戶或投資的其他資料,可	
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該聲明的符合相關守則及法規 			
not acting for, or on behalf of, a land act on it. In the event this sta Any policy issued may according evy (for Hong Kong policies) les Note: A false statement or misre	J.S. person. I / We understal tement is incorrect / false, the ly be considered void in which is reasonable charges and propresentation of tax status by the presentation of tax status by the presentatio	nd that the Company, believing this e Company reserves the right and s ch case the Company shall notify m olicy withdrawals / loans.	al income tax and that I am / we are statement to be true, will rely on it shall be entitled to cancel the policy. e / us and repay any premiums and es under U.S. law. If your tax status ause is not applicable to
J.S. citizens or residents, who m	nust complete IRS Form W- 9	9)	• •
行事。本人/我們明白貴公司	司相信此陳述是真實的, 保單。任何依據此陳述而總	·並以此為依據及代為行事。從 善發的保單可視作無效。在這情》	並非美國人,及並不代表美國人 始若此陳述是不正確 / 虚假的, 紀下,貴公司將通知我 / 我們償還
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			ou approve this application followed
oy an endorsement signed by yo 本人 /	our authorized representative	). . 66.悠然う바釯以批准此中詩主州	、, 否則貴公司無需負任何責任。
个人/我们奶口及唯秘你升及!	11年付到貝公内之仅作八衣	们效效之似在以似准此中明权外	、, 口别真公司無需其任何其任。
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Signature of Owner 寺有人簽名	MM月/DD日/YYYY年	Signature of Witness 見證人簽名	MM月/DD日/YYYY年
Signature of Assignee	MM月/DD日/YYYY年	First 4 characters of HK / Macau	ID Card Number of Witness

受讓人簽名

(if applicable) (如適用)

The Annuitization Date must be a date 10 years after the Policy Date but prior to the Owner's 70th birthday. Please also note that in practice, time has to be allowed for realizing the entire Account Value under the Policy into cash and applying the cash thus realized to the Scheme. 年金給付日必須為保單日期起計十年後及於持有人滿七十歲前這段期間內的任何日子。請注意在操作上,年金給付必須等待贖回所有戶口價值並將兑現後之現金注入計劃之用後方能開始。

見證人之首四個位香港/澳門身份證號碼:

OR First 5 characters of Passport No.

或護照首五個位之號碼: Contact Phone No. of Witness 見證人之聯絡電話號碼:

"AIA" shall refer to AIA International Limited (Incorporated in Bermuda with limited liability), AIA Company Limited (Incorporated in Hong Kong with limited liability), as the case may be, depending on the issuing company of the relevant insurance policies this form / request / correspondence is subject to.

"AIÁ" 指友邦保險(國際)有限公司(於百慕達註冊成立之有限公司),友邦保險有限公司(於香港註冊成立之有限公司)(視情況而定),具體取決 於本表格/要求相關保單的簽發公司。