



## Annuity Request Form 年金申請表

Applicable to Wiz Kid Education Savings Plan / Better Tomorrow Investment Savings Plan / AIA 10-Year Interest

Plus Annuity Account Plan / AIA Interest Safeguard Annuity Account

適用於「智多升」升學儲蓄計劃 / 「美好明天」投資儲蓄計劃 / 友邦10年定息年金戶口計劃 / 友邦利息保證年金戶口

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

*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 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.  
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。



05302048

The undersigned hereby requests monthly annuity payment under the Benefit Provisions of the above Policy starting from the Annuity 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。
- 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」）。
- 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。
- Subject always to the Ownership and Trust Provision of the Policy, 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.  
在不抵觸保單內的擁有權益及信託條文的情況下，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。
- 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、兌現、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。
- Commencing from the Annuity Date set out on this application form and on each anniversary 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。
- 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。
- 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要求。
- 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。
- 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），以證明其合資格領取該款項。
- 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。

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**Declarations 聲明：**

I / We have read the above Terms and Conditions for the Life Income with 10 Years of Payments Guaranteed (the Terms) and fully understand and agree to the terms and conditions therein, including but not limited to the determination of the monthly annuity amount and the operations of the annuity.

本人 / 我們已閱讀以上終身入息及 10 年保證給付的條款及條件（即「條款」）並完全明白及同意所述的條款及條件，包括但不限於年金所定的每月年金金額及其運作。

I / We hereby agree that this request is not valid until this application has been received and accepted by the Company and an endorsement to my Policy contract in respect of the Terms has been duly issued by the Company. Receipt of this application by any AIA Financial Planner or my/our broker does not constitute receipt by the Company.

本人 / 我們同意此申請需於貴公司收到及接納並根據條款所發出的保單批註後方為有效，而友邦的財務策劃顧問或本人 / 我們的經紀所收到的申請表並不代表貴公司亦已收到。

**PERSONAL DATA COLLECTION AND USE**

I / We confirm that I / we have read, understood and agreed to the Personal Information Collection Statement(s) of my / our policy issuer(s) and/or pension scheme provider(s), i.e. AIA International Limited (Hong Kong Branch), AIA International Limited (Macau Branch) and / or AIA Company Limited where applicable, (the "PICS") which is available for download:

<https://www.aia.com.hk/en/privacy-statement-main>.

I / We declare and agree that any personal data and other information relating to me / us or my / our policy(ies), account(s) or investments contained in this application or collected, obtained, compiled or held by my / our policy issuer(s) and / or pension scheme provider(s) by any means from time to time may be collected and utilized in accordance with the PICS.

I / We acknowledge and consent to the transfer of my / our personal data to parties within or outside Hong Kong (for policy(ies) / pension scheme(s) issued in Hong Kong) or Macau (for policy(ies) / pension scheme(s) issued in Macau), as the case may be, for the purposes as set out in the PICS.

The latest version of the PICS which complies with the relevant rules and regulations is / are available for download from the above website and upon request.

**個人資料收集及使用**

我 / 我們確認我 / 我們已閱讀、明白及同意我 / 我們的保單繕發人及 / 或退休金計劃服務提供者（即友邦(國際)有限公司（香港分行）、友邦(國際)有限公司（澳門分行）及/或友邦保險有限公司（如適用））的個人資料收集聲明（「該聲明」），該聲明可在以下網址下載<https://www.aia.com.hk/zh-hk/privacy-statement-main>。

我 / 我們聲明及同意在本申請所載或我 / 我們的保單繕發人及 / 或退休金計劃服務提供者不時以任何方法收集、獲得、編製或持有的任何個人資料及關於我 / 我們的保單、帳戶或投資的其他資料，可根據該聲明收集及使用。

我 / 我們知悉及同意就該聲明所述目的轉移我 / 我們的個人資料至香港境外 / 境內（如保單 / 退休金計劃在香港繕發）或澳門境外 / 境內（如保單 / 退休金計劃在澳門繕發）（視乎情況而定）予該聲明所載的資料承讓人。

該聲明的符合相關守則及法規之最新版本可於以上網址下載及可供索取。

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. 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。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，而以上之有關係款並不適用。）

I / We understand and confirm that nothing herein shall be binding upon you unless and until you approve this application followed by an endorsement signed by your authorized representative.

本人 / 我們明白及確認除非及直至得到貴公司之授權代表所簽發之批註以批准此申請表外，否則貴公司無需負任何責任。

Signature of Owner  
持有人簽名

MM月/DD日/YYYY年

Signature of Witness  
見證人簽名

MM月/DD日/YYYY年

Signature of Assignee  
受讓人簽名  
(if applicable) (如適用)

MM月/DD日/YYYY年

Name of Witness (English / Chinese name in Full)

見證人名姓名：(英文 / 中文全名)

First 4 characters of HK / Macau ID Card Number of Witness

見證人之首四個位香港 / 澳門身份證號碼：XXXX

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：

**Note:**

The Annuity 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兌現後之現金注入計劃之用後方能開始。

"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.

"AIA" 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。