




**Application Form for Standing instruction**  
**(Only Applicable to “Forever Love Coupon Plan” Series,**  
**“Guaranteed Issue Whole Life Plan” &**  
**“Life Endowment Special AP” for designated medical basic plans)**

常行指示申請表格（只適用於「愛無憂長享計劃」系列、「有投必保」儲蓄壽險計劃  
及「分期支取儲蓄終身壽險連額外保障計劃」至指定醫療基本計劃）

Policy Number 保單號碼 <div style="border: 1px solid black; height: 30px; width: 100%;"></div>	Name of Insured 受保人姓名 <div style="border: 1px solid black; height: 30px; width: 100%;"></div>	Name of Owner 持有人姓名 <div style="border: 1px solid black; height: 30px; width: 100%;"></div>	 05732070
Area Code 區域編號 <div style="border: 1px solid black; height: 30px; width: 100%;"></div>	Agency / Broker Name 營業員組別 / 經紀名稱 <div style="border: 1px solid black; height: 30px; width: 100%;"></div>	Agent / Broker Code 營業員號碼 / 經紀號碼 <div style="border: 1px solid black; height: 30px; width: 100%;"></div>	
Agency Code 營業員組別編號 <div style="border: 1px solid black; height: 30px; width: 100%;"></div>	Agent / TR's Name 營業員 / 業務代表姓名 <div style="border: 1px solid black; height: 30px; width: 100%;"></div>	Agent / TR's Tel. No. 營業員 / 業務代表聯絡電話 <div style="border: 1px solid black; height: 30px; width: 100%;"></div>	

TR Membership Number 業務代表會員號碼 ☐ IA ☐ ANG   
(For Brokers only 僅供經紀使用)

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。

**Application for Standing Instruction to pay the premium of the below policy(ies)^**  
**申請常行指示以繳付以下保單號碼到期之保費^**

Policy Number (Transfer In Policy)^ 保單號碼（轉入保單）^	* Amount (in policy currency) * 金額（以保單貨幣為準）	First Execution Year 首次執行年份
	<input type="checkbox"/> Annual premium of Transfer in Policy 轉入保單的年繳保費 <input type="checkbox"/> Others 其他：_____	
	<input type="checkbox"/> Annual premium of Transfer in Policy 轉入保單的年繳保費 <input type="checkbox"/> Others 其他：_____	
	<input type="checkbox"/> Annual premium of Transfer in Policy 轉入保單的年繳保費 <input type="checkbox"/> Others 其他：_____	
	<input type="checkbox"/> Annual premium of Transfer in Policy 轉入保單的年繳保費 <input type="checkbox"/> Others 其他：_____	
	<input type="checkbox"/> Annual premium of Transfer in Policy 轉入保單的年繳保費 <input type="checkbox"/> Others 其他：_____	
	<input type="checkbox"/> Annual premium of Transfer in Policy 轉入保單的年繳保費 <input type="checkbox"/> Others 其他：_____	

\* If the amount is not specified above, the amount transferred will be the annualized premium and levy (for Hong Kong policies) of the policies.

\* 如沒有註明金額，轉賬金額將會是保單之年繳保費與保費徵費（香港保單適用）。

^ The Transfer In Policy is only applicable to designated medical basic plans which are specified in this form.

^ 轉入保單只適用於本表格內列明的指定醫療基本計劃。



**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。



Signature of Owner / Trustee  
(if other than insured)  
持有人 / 信託人簽名（倘非受保人）

on 

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於 MM月 DD日 YYYY年



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

on 

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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

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下載 AIA+ 手機應用程式以便輕鬆管理您的保單！