



**To 致: AIA International Limited 友邦保險(國際)有限公司**  
 (Incorporated in Bermuda with limited liability 於百慕達註冊成立之有限公司)  
 8/F, AIA Financial Centre, 712 Prince Edward Road East, Kowloon, Hong Kong  
 香港九龍太子道東 712 號友邦九龍金融中心 8 樓  
 Employer Hotline 僱主熱線: 2100 1888  
 Member Hotline 成員熱線: 2200 6288  
 Fax No. 傳真號碼: 2565 0001

## Direct Debit Authorization 直接付款授權書

Date 日期: \_\_\_\_\_

Please fill in a separate form if the direct debit authorization is to be effective for more than one plan.  
 每份授權書只適用於辦理單一計劃, 如欲為多個計劃辦理自動轉賬授權, 請為每計劃填寫一份授權書。

<b>For Employer Plan only 只適用於僱主計劃</b>	<b>For Self-employed Person Plan/ Happy Retirement Savings Program / AIA MPF Tax Deductible Voluntary Contribution Programme only 只適用於自僱人士計劃 / 退休儲蓄計劃 / AIA 強積金可扣稅自願性供款計劃</b>	
Plan No. 計劃編號	Plan No. 計劃編號	
Name of the Company 公司名稱	Name of the Self-employed Person/Member 自僱人士/成員名稱	
	Member Account No. 成員賬戶編號	HKID Card/Passport No. 香港身份證/護照號碼

I/We have read and understood the AIA Personal Information Collection Statement ("AIA PIC"). 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 Trustee by any means from time to time may be collected and utilized in accordance with the AIA PIC. I/We acknowledge and consent to the transfer of my/our personal data in or outside of Hong Kong for the purposes and to the types of transferee as set out in the AIA PIC. 本人 / 吾等已閱讀及明白友邦保險收集個人資料聲明 (「收集個人資料聲明」)。本人 / 吾等聲明及同意在本申請書所載或受託人不時以任何方式收集所得、編製或持有的任何個人資料及關於本人 / 吾等或本人 / 吾等的保單或投資的其他資料, 可根據收集個人資料聲明收集及使用。本人 / 吾等確認及同意就收集個人資料聲明所述目的在香港境內轉移本人的個人資料或轉移有關資料至香港境外, 及轉移予收集個人資料聲明所載的資料承讓人。

Signature\* 簽署\*

# Please ensure that your signature(s) under this section is/are the same as the signature specimen in AIA International Ltd. 請確保在此部分之簽名與貴戶於友邦保險(國際)有限公司之簽名式樣完全相同。

Name of Party to be Credited (The Beneficiary) 收款之一方(受益人):	<b>AIA Co (Trustee) Ltd – Prime</b>
Bank No. 銀行編號	Branch No. 分行編號
0 0 4	5 0 0
Account No. to be Credited 收款賬戶號碼	
6 7 3 2 2 3 0 0 3	

- I/We hereby authorize my/our below-named Bank to effect transfers from my/our account to that of the above named beneficiary in accordance with such instructions as my/our Bank may receive from the beneficiary and/or its banker from time to time.
  - I/We agree that my/our Bank shall not be obliged to ascertain whether or not notice of any such transfer has been given to me/us.
  - I/We jointly and severally accept full responsibility for any overdraft (or increase in existing overdraft) on my/our account which may arise as a result of any such transfer(s).
  - I/We agree that should there be insufficient funds in my/our account to meet any transfer hereby authorized, my/our Bank shall be entitled, in its discretion, not to effect such transfer in which event the Bank may make the usual charge and that it may cancel this authorization at any time on one week's written notice.
  - This authorization shall have effect until further notice.
  - I/We agree that any notice of cancellation or variation of this authorization which I/we may give to my/our Bank shall be given at least two working days prior to the date on which such cancellation/variation is to take effect and at the same time I/we confirm that I/we have given such notice to the beneficiary.
- 本人/吾等現授權本人/吾等之下述銀行, (根據受益人或其往來銀行不時給予本人/吾等銀行之指示)自本人/吾等之賬戶內轉賬予上述受益人。
  - 本人/吾等同意本人/吾等之銀行毋須證實該等轉賬通知是否已交予本人/吾等。
  - 如因該等轉賬而令本人/吾等之賬戶出現透支(或令現時之透支增加), 本人/吾等願共同及各別承擔全部責任。
  - 本人/吾等同意如本人/吾等之賬戶並無足夠款項支付該等授權轉賬, 本人/吾等之銀行有權不予轉賬, 且銀行可收取慣常之收費, 並可隨時以一星期書面通知取消本授權書。
  - 本授權書將繼續生效直至另行通知為止。
  - 本人/吾等同意, 本人/吾等取消或更改本授權書之任何通知, 須於取消/更改生效日最少兩個工作天之前交予本人/吾等之銀行及受益人。

Please write in BLOCK letter 請以英文正楷填寫。

My/Our Bank Name 本人/吾等之銀行之名稱		Branch Name 銀行分行之名稱:	
Bank No. 銀行編號: <sup>[043]</sup>	Branch No. 分行編號: <sup>[043]</sup>	My/Our Account No. 賬戶號碼: <sup>[043]</sup>	
My/Our Name(s) as recorded on Statement/Passbook 本人/吾等在結單/存摺上所紀錄之名稱: <sup>[044][045]</sup>			
Limit for Each Payment / Month* 每次/月付款限額*: [ If the amount of your payments are likely to vary each time, set this box at the maximum amount you would expect to pay at any one time. 如台端付款的數額可能每次不相同, 則請將最高者定為每次付款的最高限額。 If this box is not specified, the debtor's bank will set the limit as "unlimited". 如本欄未有填上, 債務銀行將設定轉賬限額為「不設上限」。 ]			
Expiry Date (day/month/year) 到期日 (日/月/年): [ This Direct Debit Authorisation will be cancelled automatically on the date included in this box. If you wish the Direct Debit Authorisation to have effect indefinitely (or until cancelled by you), please leave box blank. 本直接付款授權書將於本欄所填寫的日期自動撤銷。如貴戶意欲直接付款授權書無限期有效(或直至貴戶予以撤銷為止), 則請將本欄留空。 ]			
My/Our Address as recorded on Statement/Passbook 本人/吾等在結單/存摺上所紀錄之地址:			
Name of Debtor (if Debtor is not the Account Holder) 債務人之姓名(若債務人非賬戶持有人):		My/Our Signature(s)* 本人/吾等之簽名*	
Relationship to the Account Holder (if Debtor is not the Account Holder) 與賬戶持有人關係(若債務人非賬戶持有人):			
For AIA 本公司 Use Only 專用欄	Debtor's Reference 債務人參考編號:		
For Bank 銀行 Use Only 專用	Remarks 註:		Signature Verified 簽名核實

Note 附註: \* Please ensure that your signature(s) on this form is/are the same as that of your Bank Account. 請確保在此授權書內之簽名與貴戶之銀行賬戶所簽者完全相同。  
 † Please delete whichever is inappropriate. 請刪去不適用者。

Attention 注意: In order to avoid late payment of contribution causing default contribution, please make contribution by cheque in the meantime until the effective date as specified on the Direct Debit Instruction confirmation letter. 在未收到直接付款指示確認函前, 請繼續以支票方式繳交供款直至確認函上所述的生效日期, 以免延誤供款而導致被視作拖欠供款。