



### e-BankIn and Direct Debit Authorisation For Bank Account Application

(Only Applicable to HKD Account Set Up in Hong Kong Banks)

「電子入賬服務」及銀行戶口直接付款授權申請 (只適用於香港銀行開設之港元賬戶)

#### Section 1: Policy / AIA Vitality Membership Information 第一部分：保單 / 「AIA Vitality 健康程式」會員資料

- (For application by Policyowner) I / We will apply for BOTH "e-BankIn" and Direct Debit Authorisation by completing this form. If I / We do not intend to apply for "e-BankIn", please put a "√" in the box. (適用於保單持有人的申請) 本人 / 我們填寫此表格將同時申請設立「電子入賬服務」及銀行戶口直接付款授權。如本人 / 我們不欲申請「電子入賬服務」, 請於右面方格內劃上「√」號。
- (For application by others) I / We will apply for Direct Debit Authorisation by completing this form. (適用於其他申請者) 本人 / 我們填寫此表格申請設立銀行戶口直接付款授權。

Policy Number or AIA Vitality Membership Number  
保單號碼或「AIA Vitality 健康程式」會籍編號

Name of Applicant / Policyowner / (Proposed) Insured  
申請人 / 保單持有人 / (準) 受保人姓名

Or Name of Member (only applicable to AIA Vitality Member)  
或會員姓名 (只適用於「AIA Vitality 健康程式」會員)



01702059

Agent / Broker's Name  
營業員 / 經紀姓名

Agent / Broker Code  
營業員 / 經紀號碼

Agent / Broker's Tel. No.  
營業員 / 經紀聯絡電話號碼

Direct Debit Authorisation Setup Request (Option 1 will be assumed if this box is left blank)  
直接付款授權書設立要求 (如此欄留空, 將被視為選擇選項1)

1.  Above-stated Number  
上述號碼
2.  Above-stated Policy Number & Insured's AIA Vitality Membership  
上述保單號碼及其受保人之「AIA Vitality 健康程式」會籍

#### # Designated Bank Account Details 指定銀行戶口資料

Bank Name and Branch  
銀行及分行之名稱

Account Currency  
賬戶貨幣

HKD 港元

Bank No.  
銀行編號

Branch No.  
分行編號

Account No.  
賬戶號碼

Name as recorded on Bank Passbook/ Statement. For joint account, separate holders' names with " / ".  
銀行存摺 / 結單上所記錄之戶口持有人的名稱, 請用「/」分隔聯名戶口的名稱。

#### \* Bank Account Holder's Document Type

銀行賬戶持有人的證件類別

- (1)  I  P  C  B  X
- (2)  I  P  C  B  X

\* Document Type: I = HKID, P = Passport, C = Certificate of Incorporation, B = Business Registration Certificate, X = PRC ID Card / Pass Card / Macau ID  
證件類別: I = 香港身份證, P = 護照, C = 公司註冊證書, B = 商業登記證, X = 中華人民共和國身份證 / 港澳通行證 / 澳門身份證

#### Bank Account Holder's Document Number (Document Number Should Correspond To Bank Record) 銀行賬戶持有人的證件號碼 (證件號碼必須與銀行紀錄相符)

- (1)
- (2)

#### Section 2: Declaration and Authorisation 第二部分：聲明及授權

- (1) (a) (For application of Direct Debit Authorisation for Bank Account and e-BankIn) I / We confirm that I / we have read and agreed to be bound by the \*\*Terms and Conditions of AIA e-BankIn and the Terms and Conditions of Direct Debit Authorisation for Bank Account. (適用於申請銀行戶口直接付款授權及使用電子入賬服務) 本人 / 我們確認本人 / 我們已經閱讀\*\*友邦「電子入賬服務」條款及條件及「銀行戶口直接付款授權」條款及條件, 並同意受此約束。
- (b) (For application of Direct Debit Authorisation for Bank Account only) I / We confirm that I / we have read and agreed to be bound by the \*\*Terms and Conditions of Direct Debit Authorisation for Bank Account. (適用於只申請使用銀行戶口直接付款授權) 本人 / 我們確認本人 / 我們已經閱讀\*\*「銀行戶口直接付款授權」條款及條件, 並同意受此約束。
- (2) I / We declare that the information contained herein and provided to AIA International Limited are in all respects true, correct and complete to the best of my / our knowledge and belief. 本人 / 我們現聲明, 據本人 / 我們所知及所信, 本表格所載之將提供予友邦保險 (國際) 有限公司, 在所有方面均屬真實、準確及完整。
- (3) If the Bank Account Holder is not the same as the Policyowner, please put a "√" in the box below to indicate (a) the identity of the Bank Account Holder for Direct Debit Authorisation setup, or (b) specify the relationship between the Bank Account Holder and Policyowner, and the Policyowner's signature is required. 如銀行賬戶持有人並非保單持有人, 請於下面方格內劃上「√」號註明(a)設立銀行戶口直接付款授權之銀行賬戶持有人身份, 或(b)提供銀行賬戶持有人與保單持有人的關係, 而保單持有人亦必需加簽。

- (a)  (Proposed) Insured  Beneficiary  AIA Vitality Member  
(準) 受保人 受益人 「AIA Vitality 健康程式」會員

Or 或

- (b)  Other relationship (please specify)  Signature of Policyowner   
其他關係 (請註明) 保單持有人簽名

### Signature of Bank Account Holder(s)  
(Must be same as your Bank's record)  
銀行賬戶持有人簽名  
(須與銀行檔案之簽名樣式相同)

On     
於 MM月 DD日 YYYY年

\* The above designated bank account details will be used for the purpose of setting up (1) "e-BankIn" and Direct Debit Authorisation (for application by Policyowner) or (2) Direct Debit Authorisation only (for application by Policyowner who put a "√" in the box under 1st row of Section 1 and persons other than Policyowner). 以上指定銀行戶口資料會作(1)設立「電子入賬服務」及 / 銀行戶口直接付款授權之用 (適用於保單持有人的申請) 或(2)只設立銀行戶口直接付款授權之用 (適用於保單持有人於第一部分首行的方格內劃上「√」號及非保單持有人的申請)。

\*\* For details of the Terms and Conditions of AIA e-BankIn and the Terms and Conditions of Direct Debit Authorisation for Bank Account, please visit: <http://www.aia.com.hk/en/help-and-support/individuals/about-aia-e-services.html>. 有關友邦「電子入賬服務」條款及條件及「銀行戶口直接付款授權」條款及條件的詳情, 請參閱 <http://www.aia.com.hk/zh-hk/help-and-support/individuals/about-aia-e-services.html> 的內容。

\*\*\* Please ensure that you sign the form as well as alterations, if any, in the usual way that you would sign for your Bank Account. Please use a separate form for each policy or AIA Vitality membership number. 請確保此簽名與銀行賬戶簽名相符, 並於任何刪改處如有加上同樣之簽名。請就每一份保單或「AIA Vitality 健康程式」會籍號碼填寫一份申請表。