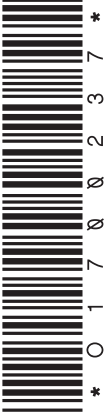




DIRECT DEBIT AUTHORIZATION (Specific form) 直接付款授權書(專用表格)

	Policy Number 保單號碼 <input type="text"/>	Agent / Broker Code 營業員/經紀組別編號 <input type="text"/>	Area Code 區域編號 <input type="text"/>	Agency / Broker Name 營業員/經紀組別 <input type="text"/> Agent / Financial Advisor's Name 營業員/理財顧問姓名 <input type="text"/> Agent / Financial Advisor's Tel. No. 營業員/理財顧問電話號碼 <input type="text"/>	For Office Use CS <input type="radio"/>
	(B) 1 1 1 1 1 1 1 1 1 (E) 2 2 2 2 2 2 2 2 2 (P) 3 3 3 3 3 3 3 3 3 (A) 4 4 4 4 4 4 4 4 4 (M) 5 5 5 5 5 5 5 5 5 6 6 6 6 6 6 6 6 6 7 7 7 7 7 7 7 7 7 8 8 8 8 8 8 8 8 8 9 9 9 9 9 9 9 9 9 0 0 0 0 0 0 0 0 0	1 1 1 1 1 2 2 2 2 2 3 3 3 3 3 4 4 4 4 4 5 5 5 5 5 6 6 6 6 6 7 7 7 7 7 8 8 8 8 8 9 9 9 9 9 0 0 0 0 0			
Name of Insured 受保人姓名 <input type="text"/>					

Please complete and return this form to the party to be credited. 請依次填寫並將此授權書交給收款之一方

Name of party to be credited (The Beneficiary) 收款之一方(受益人) AIA INTERNATIONAL LIMITED	Account No. to be credited 收款賬戶之號碼 0 0 1 0 9 2 3 6 0 0 0 1
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I/We/Our company hereby authorize The Hongkong and Shanghai Banking Corporation Limited (hereinafter referred to as "the Bank") to effect transfers from my/our company MOP account specified below to the account of the above named beneficiary (hereinafter referred to as "the Beneficiary"), details of which are specified below, such sum or sums as the Beneficiary may from time to time advise the Bank. This authorization shall remain valid until further notice. I/We/Our company further agree that:

- The Bank may effect transfers from my/our company said account such sums or sums as advised by the Beneficiary at any time with immediate effect.
- Under no circumstances shall the Bank be held responsible for any consequence(s) as a result of unsuccessful transfer of fund(s) from my/our company account specified below.
- Any variation or cancellation of this authorization has to be given by notice in writing. This authorization shall remain valid unless such notice is given to and received by the Bank.
- Service charge of the Bank may be debited from my/our company account specified below.
- The Bank may disclose details of my/our company said account to any other third party if the Bank finds it necessary and appropriate.
- The Bank shall be entitled to convert the sum or sums to be transferred into the currency accepted by the Beneficiary at a rate determined by the Bank.
- The Bank shall not be obliged to ascertain whether or not notice of any such transfer has been given to me/us/our company.
- Full responsibility for any overdraft (or increase in existing overdraft) on my/our company's account which may arise as a result of any such transfer(s) shall be jointly and severally accepted by me/us/our company.
- If this "Direct Debit Authorization Form" is not directly sent to the Bank, I/We/our company agree to take all the legal or/and economical responsibilities caused by disclosing the details of the said form to any other third party. Under no circumstances shall the Bank be responsible.
- I/We/Our company confirm the below concerned information.

本人(等)/本公司茲授權香港上海匯豐銀行有限公司(以下簡稱貴銀行),根據友邦保險(國際)有限公司(以下簡稱公司)不時給予貴銀行之指示,在本人(等)/本公司於貴銀行開立之澳門幣賬戶(賬戶號碼附註如下)內支取款項,繳付上述公司的有關費用,直至另行書面通知為止。

- 貴銀行接到公司的付款通知即可支付,款項按公司所提供之金額扣除。
- 如該賬款未能自本人(等)/本公司之銀行賬戶內支付,一切責任及後果,概與貴銀行無涉。
- 如有任何令授權書失效之變更,本人(等)/本公司必須書面通知貴銀行。貴銀行在收到書面通知前,本授權書繼續有效。
- 貴銀行有權徵收服務費用,並可由本人(等)/本公司之銀行賬戶內支付。
- 貴銀行認為必要和適當時,不必通知或取得本人(等)/本公司同意有權將有關的賬戶資料披露給其他機構。
- 本人(等)/本公司授權貴銀行可根據自動扣賬當天貴銀行所指定的匯率將轉賬款項兌換成受益人指定之收款貨幣。
- 本人(等)/本公司同意貴銀行無義務確定該等支款通知是否已交付本人(等)/本公司。
- 本人(等)/本公司願共同及個別承擔因該等支款而令本人(等)/本公司之銀行賬戶出現透支(或令現時透支增加)之全部責任。
- 本人(等)/本公司同意如由於本授權書並非直接交予貴銀行以致本授權書上所載之資料披露予第三者知悉,由此引起之任何法律或其他經濟責任由本人(等)/本公司承擔概與貴銀行無涉。
- 本人(等)/本公司確認如下資料之內容。

My/Our Bank Name 本人/吾等之銀行 The Hongkong and Shanghai Banking Corporation Limited 香港上海匯豐銀行有限公司		My/Our MOP Account No. 本人/吾等之澳門幣賬戶號碼 <input type="text"/>	
My/Our Name as recorded on Statement / Passbook. Separate holder's names with "/". 本人/吾等在結單/存摺上所紀錄之名稱。請用 "/" 分隔聯名戶口。 <input type="text"/>			
Relationship with (Proposed) Insured / Applicant 與(準)受保人/申請人之關係: <input type="checkbox"/> Applicant 申請人 <input type="checkbox"/> (Proposed) Insured (準)受保人 <input type="checkbox"/> Beneficiary 受益人 <input type="checkbox"/> Other 其他 (Please specify 請註明) _____ *(Proposed) Insured / Applicant sign on the right column *(準)受保人/申請人須於右方格內簽署		*Signature of (Proposed) Insured / Applicant *(準)受保人/申請人之簽名 <input type="text"/>	
Remarks 備註: <input type="text"/>		My/Our Signature(s) 本人/吾等之簽名 <input type="text"/> Please read the terms carefully as stated on the back page before signing the form. 請於簽署前細閱背頁之條款	
Payment Set 付款代號 (Life: D92) (CPA: D91)		For Bank Use Only 以下由銀行填寫 Signature Verified Date 日期 <input type="text"/> / <input type="text"/> / <input type="text"/>	

NOTE
Please ensure that you sign the form in the usual way that you would sign on your Bank Account.
Please use a separate form for each policy number.

附註:
請保證貴戶在此授權書內之簽名,與銀行賬戶所簽者完全相同。
請每一份保單填寫一份銀行戶口直接付款授權書。

PERSONAL DATA COLLECTION AND USE

I / We confirm that 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 Company 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 outside of Macau for the purposes and to the types of transferee as set out in the AIA PIC.

The updated version of AIA PIC is available for download from its website: www.aia.com.hk, and is made available upon request.

個人資料收集及使用

本人/我們確認本人/我們已閱讀及明白AIA個人資料收集聲明（「AIA個人資料收集聲明」）。本人/我們聲明及同意在本申請所載或貴公司不時以任何方法收集所得、編製或持有的任何個人資料及關於本人/我們或本人/我們的保單或投資的其他資料，可根據AIA個人資料收集聲明收集及使用。本人/我們知悉及同意就AIA個人資料收集聲明所述目的轉讓本人/我們的個人資料至澳門境外予AIA個人資料收集聲明所載的資料承讓人。

AIA個人資料收集聲明的最新版本可於以下網址下載：www.aia.com.hk，及可向貴公司索取。