

Consultant name 顧問姓名	
Code 編號	
District 區域	



Private & Confidential 私人及保密文件

Absolute Assignment Application Form (policy sums or policy benefits) 保單轉讓申請表格 (保單價值或保單保障)

This DEED of ASSIGNMENT is made on the date below between the assignor below ("Assignor") and the assignee below ("Assignee").

WITNESSETH that the Assignor as beneficial owner HEREBY ASSIGNS AND TRANSFERS to the Assignee absolutely all sums or benefits accruing or arising under the policy ("Policy") below as issued by the underwriting company, namely **Zurich Assurance Limited / Zurich Life Insurance Company Limited*** ("Company"), and the Assignee shall for all purposes be subject to and is bound by the terms of the Policy. An acknowledgement signed by the Assignee or his / her estate in respect of any payment made by the Company or rights exercised by the Assignee under the Policy shall fully discharge the Company from its liabilities and obligations under the Policy in respect of which the acknowledgement was given.

AND the Assignor hereby covenants with the Assignee that the Policy is valid and in full force and that the Assignor has the right to assign and transfer the Policy in manner aforesaid free from encumbrances and the Assignor will not do or knowingly suffer anything to be done whereby the Policy may be rendered void or voidable or the Assignee may be prevented from receiving or may be deprived of the right to receive the monies insured or become payable by or under the Policy and that the Assignor will at all times hereafter at the request and cost of the Assignee do all things and execute and assign all deeds and writings reasonably required for perfecting this Absolute Assignment.

This Absolute Assignment shall be governed by and construed according to the Place of Law of the Policy.

IN WITNESS whereof underneath the hand of the Assignor the day and year as written below.

This Absolute Assignment made in this manner will automatically revoke all the prior appointment(s) of all designated Beneficiary(ies).

*Please delete where inappropriate

本轉讓契據於下列之日期簽訂，立約雙方分別為下列之轉讓人（「轉讓人」）及下列之受讓人（「受讓人」）。

立約雙方現協議身為實益擁有人的轉讓人現將由保險公司為**蘇黎世人壽**（「承保公司」）簽發的下列之保單（「本保單」）所獲得或引起的保單價值或保單保障完全轉讓予受讓人，而受讓人在各方面受本保單條款所規限及約束。當受讓人或其遺產承辦人簽署作實由承保公司發出任何本保單款項或受讓人行使任何本保單權利，即表示承保公司已根據本保單履行其保單責任及義務。

轉讓人特此訂立本轉讓契據，對受讓人契諾本保單為有效保單，轉讓人在不受任何產權負擔所規限下有權就本保單作出上述保單轉讓，及轉讓人未來不會對本保單作出或刻意地容許使本保單無效或可使保單無效的事項，從而導致受讓人不能收到或不能行使其應有的權益收到本保單承保的或需支付的金額。轉讓人自簽署日起無論何時都會就受讓人合理地要求和支付所須的費用下為完備此轉讓契據而作出所須的事情和簽署所須的文件。

本轉讓契據將根據本保單訂明的司法管轄地法律詮釋及受其管轄。

轉讓人現於下列之年月日簽署作實。

本保單轉讓將自動撤銷現時所有指定的受益人。

The Policy as referred to above is

上述之保單乃指

Policy number 保單號碼	Name of Policy Owner 保單持有人姓名
HKID no./Passport no. of Policy Owner 保單持有人的香港身份證號碼或護照號碼	Issuing authority 簽發部門
Name of Life Insured 受保人姓名	Type of policy 保單名稱
Amount of insurance (i.e. Basic Sum) 保單投保額（基本保障）	Policy issue date 保單簽發日期

Signed, sealed and delivered by the Assignor 轉讓人簽署、蓋章及交付

Name of Assignor 轉讓人姓名	
HKID no./Passport no. of Assignor 轉讓人之香港身份證號碼或護照號碼	Issuing authority 簽發部門
Signature of Assignor 轉讓人簽署	Date (dd/mm/yyyy) 日期 (年 / 月 / 日)

X L.S.

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Signed, sealed and delivered by the Assignee 受讓人簽署、蓋章及交付

Name of Assignee 受讓人姓名	
HKID no./Passport no. of Assignee 受讓人之香港身份證號碼或護照號碼	Issuing authority 簽發部門
Signature of Assignee 受讓人簽署 <input checked="" type="checkbox"/> L.S.	Date (dd/mm/yyyy) 日期 (年 / 月 / 日)
Address of Assignee 受讓人地址	
Assignee's relationship to life insured 受讓人與受保人的關係	Residential Country 居住國家
Name of witness 見證人姓名	Signature of witness 見證人簽署 <input checked="" type="checkbox"/>
Date (dd/mm/yyyy) 日期 (年 / 月 / 日)	

Declaration:

The Assignor and the Assignee declare and agree that the personal information collected or held by the Company, whether contained in this form or otherwise obtained, may be used by the Company, or disclosed to or transferred to any individual or organization within or outside Hong Kong for the following purposes: (1) assess this application and to provide on-going insurance and customer services, (2) provide marketing material in respect of insurance-related services of the Company or its associated companies and (3) process claims or analysis of the insurance.

The Assignor and Assignee shall have the right of access to and to request correction of any personal information concerning themselves held by the Company. A request for such access may be made to the Personal Data Privacy Officer of the Company at 24-27/F, One Island East, 18 Westlands Road, Island East, Hong Kong.

This form is provided as a courtesy of service. The Company is not responsible for the validity and legality of this assignment.

Note: Please provide certified copy of Hong Kong Identity Card / passport (for non-HK resident) / Business Registration Certificate / Certificate of Incorporation / Certificate of Registration of Overseas Company / Certificate of Registration of Non-Hong Kong Company / Certificate of Registration of a Society / Certificate of Exemption from Registration / Certificate of Registration (Owners Corporation), whichever applicable, for the Assignee.

聲明

轉讓人及受讓人聲明及同意一切由承保公司（「本公司/貴公司」）從這表格或其他方式所收集或持有的個人資料，均可供貴公司使用或向在香港境外之任何人仕或機構披露作以下用途：(1) 評核此項申請及提供保險和顧客服務，(2) 提供貴公司及關連機構有關保險的推廣資料，及(3) 處理保險的索償或有關之分析。

轉讓人及受讓人有權查閱及要求更改由貴公司所持有有關本人的任何個人資料。任何關於個人資料查閱或更改之要求，可向貴公司之個人私隱主任提出，地址為香港港島東華蘭路18號港島東中心24-27樓。

此申請表是本公司提供優質服務的一部份。本公司不會就此保單轉讓的正確性及合法性負上責任。

注意：受讓人須遞交已核實之香港身份證明文件副本 / 護照副本（如非香港居民）。若受讓人是一間公司或機構，則須遞交已核實之商業登記 / 本地 / 海外公司註冊證書 / 社團 / 組織註冊證書 / 豁免證明書 / 業主立案法團註冊證書副本，該文件副本須由受讓人授權之人士核實。

注意：此乃英文版的翻譯本。如中英文版文意不符，概以英文版為準及為有效版本。

Consultant name 顧問姓名	
Code 編號	
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Letter of Authorization (all rights or interests) 授權書 (包括所有權利與利益)

I, the requestor as set forth below ("Requestor"), hereby authorize the authorized person below ("Authorized Person") to act on my behalf for the purpose of exercising all rights or interests which can be exercised by me under the Policy below ("Policy") prior to this authorization and the Authorized Person shall for all purposes be subject to and bound by the terms of the Policy in the same way as I am subject to and bound by them under the Policy prior to this authorization.

And for the purpose of this authorization I authorize the Authorized Person to sign and seal and deliver or sign any document whatsoever.

And for the purpose of this authorization I allow and confirm all acts whatsoever which the Authorized Person shall lawfully do under the Policy.

I reserve the absolute right to revoke this authorization at any time by giving a written notice of revocation to **Zurich Assurance Limited / Zurich Life Insurance Company Limited*** ("Company"). Until such revocation, this authorization shall continue in force. Such revocation will not apply to any action that has already been taken or any request that has already been proceeded on the basis of this authorization before receipt of such revocation.

*Please delete where inappropriate

本人·為下列之申請人(「申請人」)·現授權下列之獲授權人士(「獲授權人士」)可全權代表本人行使於下列之保單內(「本保單」)本人可行使的一切權利與利益·而獲授權人士於本保單內的一切權限與利益與本人於本保單內的一切權利與利益一樣受制於本保單內條款與規章。

就成立此授權書的目的·本人授權獲授權人士可代本人簽署·印章及交付或簽署任何文件。

就成立此授權書的目的·本人同意及確認獲授權人士將會正當地行使一切於本保單內的權利。

本人保留絕對權利·於任何時間都可以以書面通知**蘇黎世人壽**(「承保公司」)撤銷此授權書。直到此撤銷行動前·此授權書將繼續生效。此撤銷行動將不會影響收到此撤銷行動通知前根據此授權書已採取的任何行動或已辦理的要求。

The Policy as referred to above is

上述之保單乃指

Policy number 保單號碼	Policy issue date 保單簽發日期
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Name of Life Insured 受保人姓名	Name of Policy Owner 保單持有人姓名
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Signed and agreed by the Requester 申請人簽署及同意

Signature of Requester 申請人簽署	Date (dd/mm/yyyy) 日期(年/月/日)
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HKID no./Passport no. of Requestor 申請人之香港身份證號碼或護照號碼	Issuing authority 簽發部門
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Signed and agreed by the Authorized Person 獲授權人士簽署及同意

Signature of Authorized Person 獲授權人士簽署	Date (dd/mm/yyyy) 日期(年/月/日)
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HKID no./Passport no. of Authorized Person 獲授權人士之香港身份證號碼或護照號碼	Issuing authority 簽發部門
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Address of Authorized Person 獲授權人士地址

Witnessed by 見證

Signature of witness 見證人簽署	Name of witness 見證人姓名
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Date (dd/mm/yyyy) 日期(年/月/日)

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Declaration

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(2) This authorization is supplemental to an absolute assignment of policy sums or policy benefits which is made under the Policy and by the Requestor as the assignor and the Authorized Person as the assignee.

(3) The Requestor's rights or interests under the Policy is subject to this authorization.

聲明

申請人及獲授權人士聲明及同意一切由承保公司（「本公司/貴公司」）從這表格或其他方式所收集或持有的個人資料，均可供貴公司使用或向在香港境外之任何人仕或機構披露作以下用途：(1) 評核此項申請及提供保險和顧客服務，(2) 提供貴公司及關連機構有關保險的推廣資料，及(3) 處理保險的索償或有關之分析。

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(2) 此授權書乃保單轉讓申請表（保單價值或保單保障）的一部份，申請人須為轉讓人而獲授權人士須為受讓人。

(3) 申請人的一切權利與利益受制於本授權書。

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Zurich Insurance Group (Hong Kong)

24-27/F, One Island East, 18 Westlands Road, Island East, Hong Kong
Customer Services Hotline: (852) 2535 3500 Fax: (852) 2967 1384 <http://www.zurich.com.hk>

蘇黎世保險集團（香港）

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