

Consultant name	
Code	
District	



Request for Policy Loan / Dividends Withdrawal **Private and Confidential**

Policy number	Name of Policy Owner	Contact telephone number
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Section 1 Loan Type (Please mark "✓" in appropriate box) * Delete as inappropriate

Part 1: Policy Loan
I, the undersigned, as Policy Owner* / Assignee* hereby apply to the Underwriting Company (the Company) for a loan of _____ pursuant to the above policy (the Policy).

Part 2: Free Interest Loan *(ONLY available at any time after Maturity Option Date, or for Policy(ies) attached with Education Fund Schedule / Advance Payment option.)*
I, the undersigned, as Policy Owner* / Assignee* hereby apply to the Underwriting Company (the Company) for a free interest loan of _____ pursuant to the above policy (the Policy).

Section 2 Dividends Withdrawal

Dividends withdrawal (Only available for LEAP Savings Protector)
I, the undersigned, as Policy Owner* / Assignee* hereby apply to the Underwriting Company (the Company) for a dividends withdrawal of _____ pursuant to the above policy (the Policy).

Section 3 Payment Instruction (Please mark "✓" in appropriate box) * Delete as inappropriate

I request that subject to proof of title the loan payment shall be converted into
 HK\$ GBP US\$ AUD Others, please specify _____ and the remittance shall be made by :
 A. Name of payee
 Policy Owner Assignee
 If payee other than Policy Owner / Assignee - Name of payee _____ Relation to Policy Owner / Assignee _____
 Policy Owner / Assignee countersign if the payee is not Policy Owner / Assignee / Life Insured / Beneficiary: _____
 B. Collection method
 By cheque
 Credit to designated account : Account number _____ Name of bank _____
 Other, please specify _____
 C. Delivery method
 To be sent by mail to my correspondence address
 To be collected by myself (Contact telephone number _____)
 To be collected by agent (Agent code _____ Agent name _____ District _____)
 To be sent by mail to my new address _____
 Please update the above mentioned address as my future correspondence address to the above policy

Section 4 Declaration of Policy Status

I, in consideration of your payment of the loan value without my provision of the original policy, HEREBY SOLEMNLY AND SINCERELY DECLARE as follows:
 1. That to the best of my knowledge the Policy has not been lodged for safe-keeping with my solicitor or banker or accountant or with any other person(s).
 2. That to the best of my knowledge the Policy has not been transferred, assigned or lodged for security or otherwise deposited charged or dealt with nor has the Policy Document been disposed of by me not have the moneys payable thereunder or my interest therein been transferred to any other person(s).
 3. That I have never been declared bankrupt and no proceedings in bankruptcy or insolvency have been instituted or are pending against me or I have not made / am not making any composition of my debts with creditors.
 4. That I will, at all times, keep you indemnified against all actions, proceedings, claims, demands, cost and expenses which may be brought or made against you or which you may suffer or incur in consequence of the Policy Document for the Policy being outstanding.

Section 5 Declaration

I HEREBY DECLARE AND AGREE that (1) all information in this form whether or not written by my own hand is to the best of my knowledge and belief complete and true; (2) if the relevant persons of the Policy fail to provide any information requested in this application, the Underwriting Company (the Company) shall have the right to reject or delay such application; (3) any 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 purpose to (i) assess, process and deal with this application and to provide on-going insurance and customer services, by the Company and its affiliated company(ies), (ii) provide marketing material in respect of insurance related services of the Company or its affiliated company(ies) and (iii) process claims or analysis of the insurance.
 I understand that I shall have the right of access to and to request correction of any personal information concerning relevant persons of this Policy held by the Company. A request for such access may be made in writing and addressed to the Personal Data Privacy Officer of the Company at 24-27/F, One Island East, 18 Westlands Road, Island East, Hong Kong.
 I acknowledge that the Investment Account and any dividends payable thereon will be adjusted to take account of the policy loan. I agree that the policy loan amount, unless repaid, will be deducted from any amount payable by way of claim/surrender under this Policy.

_____ Date (dd/mm/yyyy)	_____ Claimant's signature	_____ Claimant's HKID no. / passport no.
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To help you understand more about Policy Loan, we encourage you to contact your Insurance Consultant.

Notes :

- The Request Received Date will be the day on which all matters and documentation considered necessary by the Company for settlement have been finalized and received.
- Where payment is required in a currency other than the currency of the Policy, the rate of exchange applicable on the Request Received Date will be used.
- Certified copy of Hong Kong Identity Card or Passport (for non-HK resident) of the Policy Owner/Assignee and Payee is required if the certified copy has not been provided before.**
- Please use BLUE ball pen to fill in the form.

For Office Use Only

LPP :	Last doc rec'd date :	Exchange rate :
Remark :		