

Consultant name	
Consultant code	
District	



**Private and Confidential**

# Request for Partial / Total Surrender / Maturity Encashment

Policy number	Name of Policy Owner	Contact telephone number
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**Section 1 Surrender questionnaire** (Please mark "✓" in appropriate box)

Being our valuable customer, your concerns are very important to us. Therefore, we would like to ensure you are aware of the implications of surrendering your policy before maturity and also we are eager to understand the reason(s) of your request to surrender your policy.

Q1 Please state the reason(s) for you to surrender this policy.

Financial reason  
 Emigrate to the other countries  
 Agent's service related  
 Servicing agent leaves the Company  
 Product features related  
 Investment return related  
 Claim results related  
 Purchase another policy at the Company  
 Purchase another policy in other company  
 Others

Q2 If you are thinking of switching to another insurer or buying a new policy, are you aware that you may need to pay a higher premium due to changes in your age and/or health condition?

Yes  
 No  
 Not applicable

Q3 We care about your concern, so we would like to see if you are aware of the financial implication of surrendering your policy. Are you aware that you may suffer a financial loss if you surrender your policy before maturity because extra charges may be imposed?

Yes  
 No

Q4 Before making your decision, we think it would be beneficial to have a better understanding of the policy situation. Have you ever received an illustration document showing the total amount you may get before policy maturity (e.g. current surrender value) and at policy maturity?

Before maturity	At maturity
<input type="radio"/> Yes	<input type="radio"/> Yes
<input type="radio"/> No	<input type="radio"/> No

Q5 Instead of surrendering the policy, you may have other choices (where relevant). Are you aware of these options? They may include:

i) Reducing the benefit amount;  
 ii) Adjusting protection & savings portion of the premium;  
 iii) Policy loan;  
 iv) Reducing premium/contribution;  
 v) Change of payment frequency to monthly mode;  
 vi) Paid up or Extended Cover Option;  
 vii) Contribution holiday

Yes  
 No – go to Q7

Q6 If yes to Q5, how did you find out above options?

From insurance consultant/agent  
 From customer services staff  
 From policy contract  
 Others

Q7 Do you know your current insurance consultant/agent and do you have his/her contact telephone number?

Name only. Name   
 Name and contact number. Name   
 Don't know my current consultant/agent – go to Q12

Q8 Your insurance consultant/agent may help you understand your policy better. Have you contacted your insurance consultant/agent regarding this surrender request?

Yes, consequence of policy surrender before maturity has been explained by consultant/agent  
 Yes, consequence of policy surrender before maturity has not been explained by consultant/agent  
 No

Q9 How would you evaluate the services provided by your current insurance consultant/agent?

Good  
 Average  
 Below average

Q10 How would you evaluate your current insurance consultant/agent in the following aspects:

	Good	Average	Below average
Frequency of contact	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trustworthiness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Service attitude	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Professionalism	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q11 When did your current insurance consultant/agent last contact you?

Within 1 month  
 Over 1 month to 3 months  
 Over 3 months to 1 year  
 Over 1 year  
 Never

Q12 Have you contacted our customer services staff for this surrender request?

Yes, other options have been explained  
 Yes, but other options have not been explained  
 No

Q13 How would you evaluate the services provided by our customer services staff?

Good  
 Average  
 Below average  
 Never call customer services hotline

Q14 How did you get the surrender request form?

From current insurance consultant/agent  
 From customer services staff  
 Others

Q15 To help us serve you better in the future, overall speaking, how satisfied are you with the services provided by the Company?

Very satisfied  
 Quite satisfied  
 Average  
 Not quite satisfied  
 Definitely not satisfied

The service that has impressed me is

The area for improvement would be

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## Section 2 Type of Surrender (Please select either A or B and put "✓" in appropriate box) \* Delete as inappropriate

- A.  **Policy Surrender / Maturity Surrender (for both Living Series & Active Insurance Series)**  
 I, undersigned, as Policy Owner\* / Assignee\* / Trustee\* / Executor\* / Administrator\* hereby request a total surrender in respect of the above policy, which is enclosed for retention by the Underwriting Company (the Company) on final settlement of this surrender.  
 For **Living Series Policy**, please specify the effective date [ ] (dd/mm/yyyy) (e.g. Maturity Option Date or Maturity Date) or otherwise the request shall have immediate effect. (Note: The effective date is not applicable for Active Insurance Series under which filling this date will not affect the effective date of surrender. The value and date of surrender will be calculated according to the clause specified in the Policy terms and conditions.)
- B.  **Partial Surrender (For Active Insurance Series, Delight Living and Golden Retirement)**  
 I, undersigned, as Policy Owner\* / Assignee\* / Trustee\* / Executor\* / Administrator\* hereby claim  
 [ ] percentage (%) or  Amount [ ] (please specify currency) or  
 Other: please specify [ ],  
 of the fund value of the investment account, as partial surrender, and agree the Company to adjust the benefit, if necessary, in respect of the policy. (The minimum and maximum Partial Surrender Value are 10% and 90% respectively.)

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

- I request that subject to proof of title the surrender 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 Account holder name [ ]  
 Credit to designated account : Account number [ ]  
 Name of bank [ ]  
 Other, please specify [ ]  
 For overseas bank account, please provide bank name, bank sort code, account number, bank address, IBAN number and Swift BIC.
- 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 (Please "✓" either box)

- I hereby enclosed the Original COMPLETE Policy Document.
- I do not enclose the Original COMPLETE Policy Document. I, in consideration of the surrender payment will be processed without provision of the original Policy, HEREBY UNDERTAKE that I will, at all times, keep the Company indemnified against all actions proceedings, claims, demands, cost and expenses which may be brought or made against the Company or which the Company may suffer or incur in consequence of the Policy Document for this Policy being outstanding.
- And I hereby warrant and agree that:
1. I have not assigned pledged or on any other way dealt with the Policy or any interest in the Policy or the moneys insured by the Policy;
  2. If the original Policy Document should come into my possession I will promptly deliver it to the Company;
  3. In the event of my death this indemnity shall be binding on my personal representatives as it is binding on me;
  4. This indemnity shall be governed in all respect by laws of Hong Kong and I hereby submit to the non-exclusive jurisdiction of the Courts of Hong Kong.

## 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 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) process and give effect to the Direct Debit Authorization, (iii) provide marketing material in respect of insurance related services of the Company or its affiliated company(ies) and (iv) 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 amount received (net of any sums owing to the Company) will be full and final settlement and discharge of all claims under the Policy and agree to give or procure all such further receipts therefor as may be required.

# I warrant that I am legally and beneficially entitled to the amount received according to the above percentage of the fund value of the Investment Account net of any charges owing to the Company. I also understand that this amount is subject to the fluctuation of the unit price from time to time.

[ ] Date (dd/mm/yyyy)	[ ] Claimant's signature	[ ] Claimant's HKID no. / passport no.
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# Only applicable for Active Insurance Series Policy(ies)

- NOTES :**
1. **Certified copy of HKID 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.**
  2. Please use BLUE ball pen to fill in the form.

### For Office Use Only

LPP :	Last doc rec'd date :	Exchange rate :
Payment method : C / T / P / O	Send to : Company record / c-o Agent (District code : [ ]) / At present / Other	
Remark :		