



Policy assignment application form 保單轉讓申請表格

Private and confidential 私人及保密文件

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

WITNESSETH that the Assignor as beneficial owner HEREBY ASSIGNS AND TRANSFERS to the Assignee all sums or benefits accruing or arising under the policy ("Policy") below as issued by the underwriting company, namely **Zurich Assurance Ltd/Zurich Life Insurance (Hong Kong) 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.

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／蘇黎世人壽保險(香港)有限公司*(「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。

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 Assignment.

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。

This Assignment shall be governed by and construed according to the governing law of the Policy.
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。

IN WITNESS whereof underneath the hand of the Assignor the day and year as written below.
轉讓人現於下列之年月日簽署作實。

This Assignment made in this manner will automatically revoke all the prior appointment(s) of all designated beneficiary(ies).
本保單轉讓將自動撤銷現時所有指定的受益人。

I/We declare that I am/we are the beneficial owner of the Policy and not acting on behalf of another person including natural person, legal person or trust.
本人／我們聲明，本人／我們為本保單之實益擁有人並非代表其他人行事，其他人包括自然人、法人或信託。

* Please delete where inappropriate. 請刪去不適用者。

1. Notice to customers relating to the Personal Data (Privacy) Ordinance ("Ordinance") 有關個人資料(私隱)條例(「私隱條例」)的客戶通知

This Notice sets out the privacy policy of each of **Zurich Assurance Ltd/Zurich Life Insurance (Hong Kong) Limited** (each a "Company") in respect of their respective customers. The rights and obligations of each Company under this Notice are several and not joint, whereby no Company shall be liable for any act or omission of another Company.

本通知列載蘇黎世人壽／蘇黎世人壽保險(香港)有限公司(以下個別稱「本公司」)有關各自對其客戶的私隱政策。各公司就本通知所列之權利和責任為獨立而非連帶的，因此各公司無須為其他公司之行為或不作為負責。

The personal information of customers (including policyholders, insured persons, beneficiaries, premium payors, trustees, policy assignees and claimants) collected or held by the Company from time to time, which also includes data collected or generated in the ordinary course of the Company's business and the continuation of relationship with the customer (such as claim information and medical history received from third parties), may be used by the Company and/or a company within its group ("**Zurich Insurance Group**") for the purposes **necessary** in providing services to the customers (otherwise the Company is unable to provide services to customers who fail to provide the required information).

由本公司不時收集或持有的客戶(包括保單持有人、受保人、受益人、保費付款人、信託人、保單受讓人及索償人)個人資料，其中亦包括在公司日常業務過程中以及就持續與客戶的關係而收集或產生的資料(例如從第三方收到的索償資料和病歷)，均可供本公司及／或其所屬集團(「蘇黎世保險集團」)內的公司使用作為向客戶提供服務而必須的用途(否則本公司將無法為未能提供所需資料的客戶提供服務)。



Please read carefully the details of the Company's privacy policy which is made available on our website at www.zurich.com.hk/pics or by scanning the QR code. You may also contact our Customer Care Hotline at +852 2968 2383 or insurance intermediaries for enquiries.

本公司之私隱政策詳載於 www.zurich.com.hk/pics 或可透過掃描 QR 碼細閱。閣下亦可致電 +852 2968 2383 與我們的客戶服務部聯絡或向保險中介人查詢。



Consent for marketing purposes - Voluntary:

就市場推廣用途之同意 – 自願性：

Certain personal information of policyholders and insured persons collected or held by the Company (which also includes data collected or generated in the ordinary course of the Company's business and the continuation of relationship with the customer), in particular, names, contact information, age, gender, identity document reference, marital status, financial background, demographic data, transaction pattern and behavior, policy information, claim information, and medical history may be used by the Company, **only upon having such policyholders' or insured persons' consent or indication of no objection**, for providing marketing materials and conducting direct marketing activities in relation to insurance and/or financial products and services of the Zurich Insurance Group and/or other financial services providers, and/or other related services of business partners, with whom the Company maintains business referral or other arrangements (such as reward, loyalty, co-branding or privileges programs and related services and products, services and products offered by the Company's business or co-branding partners, donations or contributions for charitable and/or non-profit making purposes). For the avoidance of doubt, the latest instruction (for example, consent or indication of no objection, or request for opt-out) received from a customer shall override any previous instruction given to the Company in this regard in relation to all personal information of the customer collected or held by the Company from time to time.

由本公司收集或持有的保單持有人及受保人的某些個人資料(其中亦包括在本公司日常業務過程中以及就持續與客戶的關係收集或產生的資料),特別是姓名、聯絡資料、年齡、性別、身分證文件資料、婚姻狀況、經濟背景、人口統計數據、交易模式和行為、保單資料、索償資料及醫療紀錄等,於獲該保單持有人或受保人同意或作不反對指示後,均可供本公司使用作為蘇黎世保險集團及/或與本公司維持業務引薦關係或其他安排之其他金融服務供應商的保險及/或金融產品及服務,及/或其他商業合作夥伴之相關服務,提供市場推廣資料及進行直接市場推廣活動。(例如獎賞、忠誠獎勵、合作品牌或優惠計劃以及相關服務和產品,由本公司商業合作夥伴或合作品牌夥伴提供的服務和產品,出於慈善及/或非牟利目的的捐贈或捐款)。為免疑問,就本公司不時收集或持有的所有客戶個人資料,本公司將會以從客戶收到的最新指示(例如同意或表示不反對的指示,或提出反對要求)。

The Company may provide (and may receive money or property in return for providing) certain personal information, in particular, name, contact information, age, gender and policy information of a policyholder and an insured person, **only upon having such policyholder's and insured person's written consent**, to be used by the following parties, within or outside of Hong Kong, for their own and/or the Company's marketing purposes set out above:

於獲保單持有人及受保人書面同意後,本公司方可就以下人士本身及/或就本公司的市場推廣用途,向以下於香港境內或境外的人士提供其某些個人資料(並可能收到金錢或其他財產作為回報),特別是姓名、聯絡資料、年齡、性別、保單持有人及受保人的保單資料等,以供其使用:

- (1) companies within the Zurich Insurance Group;
蘇黎世保險集團成員公司;
- (2) other banking/financial institutions, commercial or charitable organizations with whom the Company maintains business referral or other arrangements;
與本公司維持業務引薦關係或其他安排的其他銀行/金融機構、商業或慈善組織;
- (3) third party reward, loyalty, co-branding or privileges program providers;
第三方獎賞、忠誠獎勵、合作品牌或優惠計劃提供者;
- (4) third party marketing service providers and insurance intermediaries.
第三方市場推廣相關服務供應商及保險中介人。

I/We understand that I/we can withdraw any consent provided for marketing purposes anytime by notice to the Company.

本人/我們明白可隨時通知 貴公司以撤回任何就市場推廣用途所給予之同意。

I/We do not agree to the use or transfer of my/our personal data for marketing purposes as set out above.

本人/我們不同意 貴公司使用或向第三方提供本人/我們的個人資料作上列市場推廣用途。

2. Declaration for data protection 個人資料保障聲明

I/We confirm that I/we and the life insured (if different from the policyholder/assignee) agree to the use or transfer of my/our personal data for the purposes as set out above.

本人/我們確認本人/我們及受保人(如與保單持有人/受讓人不同)同意 貴公司使用或向第三方提供本人/我們的個人資料作上述用途。

I/We declare that proper consent from the life insured (if different from the policyholder/assignee) has been obtained before the personal data are provided to Zurich Assurance Ltd and/or Zurich Life Insurance (Hong Kong) Limited ("the Company").

本人/我們於提供受保人(如與保單持有人/受讓人不同)的個人資料予蘇黎世人壽及/或蘇黎世人壽保險(香港)有限公司(「貴公司」)前已獲得受保人之正式同意。

3. Declaration for commission disclosure 佣金披露聲明

I/We understand, acknowledge and agree that, Zurich Assurance Ltd/Zurich Life Insurance (Hong Kong) Limited will pay the licensed insurance intermediary commission during the continuance of the policy to be assigned to me/us. Where the applicant is a body corporate, the authorized person who signs on behalf of the applicant further confirms to the Company that he or she is authorized to do so.

本人/我們明白、確知及同意,蘇黎世人壽/蘇黎世人壽保險(香港)有限公司於即將轉讓予本人/我們的保單的有效期內向有關的持牌保險中介人支付佣金。假如申請人為法人團體,代表申請人簽署的獲授權人員須向本公司確認他/她已獲法人團體授權簽署。

I/We further understand that the above agreement is necessary for the Company to proceed with the application.

本人/我們亦明白 貴公司必須取得申請人以上的同意,才可以處理有關申請。

This Policy as referred to above is

上述之保單乃指

Policy no. 保單號碼	Name of policyholder 保單持有人姓名
HKID card/Passport no. of policyholder 保單持有人的香港身份證號碼或護照號碼	Issuing authority 簽發機構
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 (DD/MM/YYYY) 保單簽發日期 (日/月/年)
Reason for assignment 轉讓的原因	

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	Issuing authority 簽發機構
HKID card/Passport no. of assignor 轉讓人的香港身份證號碼或護照號碼	Issuing authority 簽發機構
Contact telephone no. of assignor 轉讓人之聯絡電話號碼	Email address of assignor 轉讓人之電郵地址

Signature of assignor
轉讓人簽署

Date signed¹ 簽署日期¹

Day日 Month月 Year年

Name of assignee 受讓人姓名	Contact telephone no. of assignee 受讓人之聯絡電話號碼
HKID card/Passport no. of assignee 受讓人之香港身份證號碼或護照號碼	Issuing authority 簽發機構
Assignee's relationship to life insured 受讓人與受保人的關係	Place of residence of assignee 受讓人居住地
Address of assignee 受讓人地址	

Occupation information

職業資料

Business nature 業務性質	Occupation title 職位
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Source of funds

資金來源

If the assignee is an existing policyholder/assignee, his/her existing premium levels will be included for the purposes of calculating the limits for which documentary evidence is required.

若受讓人為本公司的現有客戶，其所有現行供款均會一併考慮，以決定所需呈交的證明文件。

Salary 薪酬
 Income 收入
 Savings 儲蓄
 Investments 投資
 Others (Please specify) 其他 (請註明) _____

Signature of assignee
受讓人簽署

Date signed 簽署日期

Day日 Month月 Year年

In the presence of 在見證人面前簽署：

Name of witness²
見證人姓名²Contact telephone no. of witness
見證人之聯絡電話號碼HKID card/Passport no. of witness
見證人之香港身份證號碼或護照號碼Issuing authority
簽發機構Signature of witness
見證人簽署

Date signed ¹	Day日	Month月	Year年
簽署日期 ¹	<input type="text"/>	<input type="text"/>	<input type="text"/>

¹ The date signed for assignor and witness must be the same.
轉讓人與見證人之簽署日期必須一致。

² Witness must be a third party (other than the policyholder, life insured, primary beneficiary(ies), contingent beneficiary(ies) or trustee).
見證人必須為第三者(保單持有人、受保人、基本受益人、後備受益人或信託人除外)。

Name of licensed insurance intermediary
持牌保險中介人姓名Contact telephone no. of licensed insurance intermediary
持牌保險中介人聯絡電話號碼

4. Documents required of Assignee 受讓人所須遞交文件

Complete and submit the following documents to Zurich:
請填妥及提交以下文件至本公司：

- Completed "Automatic Exchange of Information - Self-certification for individuals"
已填妥之「自動交換資料-個人自行核證」
- Certified copy* of Hong Kong permanent identity card
已核實的香港永久性居民身份證副本*
- Certified copy* of valid passport if the assignee holds foreign nationality
已核實的有效護照副本*，如受讓人持有外國國籍
- For Zurich Assurance Ltd - Certified copy*/Original of recent three months proof of permanent residential address such as utility bills, bank statements, tax returns, etc.
蘇黎世人壽 - 已核實的最近三個月永久居民地址證明副本*/正本，如公營業務單據、銀行結單、稅單等

* Suitable Certifier:

適合核實人：

- a licensed insurance intermediary in Hong Kong
香港持牌保險中介人
- a member of the judiciary in an equivalent jurisdiction
在對等司法管轄區的司法人員
- an officer of an embassy, consulate or high commission of the country of issue of documentary verification of identity
發出身分核實文件的國家的大使館、領事館或高級專員公署的人員
- a Justice of the Peace
太平紳士
- a solicitor practicing in Hong Kong
在香港執業的律師
- a certified public accountant practicing in Hong Kong
在香港執業的執業會計師
- a trust company registered under Part VIII of the Trustee Ordinance (Cap.s29) carrying on trust business in Hong Kong
根據《受託人條例》(第29章)第VIII部註冊並在香港經營信託業務的信託公司
- overseas intermediary carrying on business or practicing in an equivalent jurisdiction, including a lawyer, a notary public, an auditor, a professional accountant, a tax advisor, a trust or company service provider; or a trust company carrying on trust business
在對等司法管轄區經營業務或執業的律師、公證人、核數師、專業會計師、稅務顧問、信託或公司服務提供者、經營信託業務的信託公司

We may request you to provide additional documents apart from documents listed above where necessary. If you have any questions on how to complete this form, please call our Customer Care Hotline at +852 2968 2383.

如有需要，除上述文件外，我們可能會要求閣下提供額外之證明文件。倘若閣下在填寫此表格時有任何疑問，請致電我們的客戶服務熱線 +852 2968 2383。

Letter of authorization (all rights or interests) 授權書 (包括所有權利與利益)

Private and confidential 私人及保密文件

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") 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.

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。

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

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

I reserve the absolute right to revoke this authorization at any time by giving a written notice of revocation to **Zurich Assurance Ltd/Zurich Life Insurance (Hong Kong) 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.

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／蘇黎世人壽保險（香港）有限公司*（「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。該撤銷行動將不會影響收到該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。

I/We declare that I am/we are the beneficial owner of the policy and not acting on behalf of another person including natural person, legal person or trust.

本人／我們聲明，本人／我們為本保單之實益擁有人並非代表其他人行事，其他人包括自然人、法人或信託。

* Please delete where inappropriate. 請刪去不適用者。

This Policy as referred to above is

上述之保單乃指

Policy no.
保單號碼

Name of policyholder
保單持有人姓名

HKID card/Passport no. of policyholder
保單持有人之香港身份證號碼或護照號碼

Issuing authority
簽發機構

Signed and agreed by the requestor

申請人簽署及同意

Name of requestor
申請人姓名

Contact telephone no. of requestor
申請人之聯絡電話號碼

HKID card/Passport no. of requestor
申請人之香港身份證或護照號碼

Issuing authority
簽發機構

Signature of requestor
申請人簽署

Date signed¹
簽署日期¹

Day 日	Month 月	Year 年
<input type="text"/>	<input type="text"/>	<input type="text"/>

Signed and agreed by the authorized person

獲授權人簽署及同意

Name of authorized person

獲授權人士姓名

Contact telephone no. of authorized person

獲授權人士之聯絡電話號碼

HKID card/Passport no. of authorized person

獲授權人之香港身份證號碼或護照號碼

Issuing authority

簽發機構

Address of authorized person

獲授權人士地址

Signature of authorized person

獲授權人士簽署

Date signed 簽署日期

Day日 Month月 Year年

In the presence of 在見證人面前簽署：

Name of witness²見證人姓名²

Contact telephone no. of witness

見證人之聯絡電話號碼

HKID card/Passport no. of witness

見證人之香港身份證號碼或護照號碼

Issuing authority

簽發機構

Signature of witness

見證人簽署

Date signed¹ 簽署日期¹

Day日 Month月 Year年

¹ The date signed for requestor and witness must be the same.

申請人與見證人之簽署日期必須一致。

² Witness must be a third party (other than the policyholder, life insured, primary beneficiary(ies), contingent beneficiary(ies) or trustee).

見證人必須為第三者(保單持有人、受保人、基本受益人、後備受益人或信託人除外)。

Name of licensed insurance intermediary

持牌保險中介人姓名

Contact telephone no. of licensed insurance intermediary

持牌保險中介人之聯絡電話號碼