

Death benefit settlement option form 身故賠償支付選項申請表

Private and confidential 私人及保密文件

Policy no.
保單號碼

Name of life insured
受保人姓名

Name of policyholder
保單持有人姓名

Important notes 重要事項

- This form is only applicable to policies with death benefit settlement option arrangement.
此表格只適用於身故賠償支付選項之保單。
- If death benefit settlement option has not been chosen, the death benefit amount will be paid in a lump-sum.
如未有選擇身故賠償支付選項，身故賠償金額將以整筆支付。
- The death benefit settlement option must be elected while the life insured is still alive.
身故賠償支付選項必須於受保人在生時選擇。
- If the total death benefit payment amount is less than USD 50,000 at the time of claim, it will be paid in a lump-sum.
如賠償時之總身故賠償少於50,000美元，賠償金額將以整筆支付。
- If there is remaining death benefit and/or accrued interest after the end of designated regular settlement period, the remaining balance will be paid in a lump-sum.
如在指定期限賠償支付期結束後仍有剩餘身故賠償及/或應計利息，餘款將以整筆支付。
- The beneficiary(ies), at all times, does not have the right to change this death benefit settlement option selected by the policyholder.
於任何情況下，受益人不能更改由保單持有人所訂定此身故賠償支付選項的指示。
- The death benefit settlement option will be revoked automatically and pay in a lump-sum, if exercising policy split option.
若行使保單分拆選項，身故賠償支付選項將會自動撤銷至整筆支付。
- If beneficiary(ies) die(s) while receiving the regular installments of death benefit, the remaining amount will be paid in a lump-sum to the respective estate of such beneficiary(ies).
如受益人於領取定期分期支付期間身故，仍未支付的身故賠償餘額將一筆過支付予受益人的相關遺產承繼人。
- The selected death benefit settlement option shall be applied to all beneficiaries if more than one beneficiary is designated.
如多於一位受益人，身故賠償支付選項將適用於所有受益人。
- If no beneficiary is designated, death benefit proceeds for this policy shall be paid to the policyholder or his/her estate in a lump-sum.
如未有委任任何受益人，身故賠償將以整筆支付予保單持有人/其遺產承繼人。
- Please note that the change of death benefit settlement option will not be effective unless and until it is approved and accepted by Zurich Life Insurance (Hong Kong) Limited ("the Company") and upon the Company's issuance of a confirmation letter to the policyholder.
請注意，更改身故賠償支付選項須在得到蘇黎世人壽保險(香港)有限公司(「本公司」)批准、接納及發出確認信予保單持有人後方會生效。
- Please note that Zurich Life Insurance (Hong Kong) Limited will not bear any charges of telegraphic transfer payment.
請注意，蘇黎世人壽保險(香港)有限公司不會承擔匯款所產生的任何費用。
- Please fill in this form in BLOCK LETTERS and please ensure all signature boxes are duly signed.
請以正楷填寫及確保已妥善簽署所有簽署位置。
- Please fill the circle in full when you select the answer.
當閣下選擇答案時，請填滿整個圓圈。

Section A 部

1. Death benefit settlement option 身故賠償支付選項

Please choose one of settlement options below.

請選擇下列其中一項支付選項。

- Payout in a lump-sum
整筆支付
- Payout by regular installments
定期分期支付

a) Designated regular settlement period:
指定定期賠償支付期：_____

Year(s) (specify a period among 1 to 20 years)
年(請於1至20年之間選擇一個年期)

b) Payout mode 支付方式

Annually 每年

Monthly 每月



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Section B 部：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

The personal information of customers (including policyholders, insured persons, beneficiaries, premium payors, trustees, policy assignees and claimants) collected or held by **Zurich Life Insurance (Hong Kong) Limited (“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).

由蘇黎世人壽保險(香港)有限公司(「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)。為免生疑問，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。

Name of policyholder/authorized signor (for corporate policyholder only)

保單持有人/獲授權簽署人(只適用於企業保單人)姓名

Date signed Day日 Month月 Year年

簽署日期

Signature of policyholder/authorized signor (for corporate policyholder only)

保單持有人/獲授權簽署人(只適用於企業保單人)簽署

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Signature of licensed insurance intermediary

持牌保險中介人簽署

Full name of licensed insurance intermediary (IA license no.)

持牌保險中介人姓名(保監牌照號碼)

Company name of licensed insurance intermediary (if applicable)

持牌保險中介人公司名稱(如適用)

Company code of licensed insurance intermediary (if applicable)

持牌保險中介人公司編號(如適用)

PLEASE DO NOT SIGN ON BLANK FORM. 請勿於空白表格簽署。

In the event of any discrepancies or inconsistencies between the English and Chinese versions of this form, the English version shall prevail.

如此表格之中英文版本有任何歧異或不一致，概以英文版為準。

