

Direct Debit/Credit Card Authorisation Form 直接付款 / 信用卡付款授權書



Please complete and return this form to the party to be credited 請填寫並將此授權書交給收款之一方

Name and Account Number of the party to be credited (The Beneficiary) 收款之一方及其賬戶號碼 (受益人)

FWD Life Insurance Company (Bermuda) Limited
富衛人壽保險 (百慕達) 有限公司

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I/We hereby authorise my/our below named Bank to effect transfers from my/our account to that of the above named beneficiary in accordance with such instructions as my/our Bank may receive from the beneficiary and/or its banker from time to time provided always that the amount of any one such transfer shall not exceed the limit indicated below. 本人/吾等現授權本人/吾等之下述銀行, (根據受益人或其往來銀行不時給予本人/吾等銀行之指示) 自本人/吾等之賬戶內轉賬予上述受益人。惟每次轉賬金額不得超過以下指定之限額。

I/We agree that my/our Bank shall not be obliged to ascertain whether or not notice of any such transfer has been given to me/us. 本人/吾等同意本人/吾等的銀行毋須證實該等轉賬通知是否已交予本人/吾等。

I/We jointly and severally accept full responsibility for any overdraft (or increase in existing overdraft) on my/our account which may arise as a result of any such transfer(s). 如因該等轉賬而令本人/吾等之賬戶出現透支 (或令現時之透支增加), 本人/吾等願意共同及個別承擔全部責任。

I/We agree that should there be insufficient funds in my/our account to meet any transfer hereby authorised, my/our Bank shall be entitled, in its discretion, not to effect such transfer in which event the Bank may make the usual charge and that it may cancel this authorisation at any time on one week's written notice. 本人/吾等同意如本人/吾等之賬戶並無足夠款項支付該等授權轉賬, 本人/吾等之銀行有權不予轉賬, 且銀行可收取慣常之收費, 並可隨時以一星期書面通知取消本授權書。

This authorisation shall have effect until further notice or until the expiry date written below (whichever shall first occur). 本授權書將繼續生效直至另行通知為止或直至下列到期日為止 (以兩者中最早的日期為準)。

I/We agree that any notice of cancellation or variation of this authorisation which I/we may give to my/our Bank shall be given at least two working days prior to the date on which such cancellation/variation is to take effect. 本人/吾等同意, 本人/吾等取消或更改本授權書之任何通知, 須於取消/更改生效日最少兩個工作日之前交予本人/吾等之銀行。

⁺Notes 附註:

If the amount of your payments are likely to vary each time, set the **Limit for Each Payment** at the maximum amount you would expect to pay at any one time. If "Limit for Each Payment" is not specified, the debtor's bank will set the limit as "unlimited". 如台端付款的數額每次可能不同, 請將最高者定為每次付款的最高限額。如「每次付款的限額」一欄未有填上, 債務銀行會將轉賬限額設定為「不設上限」。

All debits will be made in Hong Kong currency. If currency conversion is necessary, the rate to be used will be that of FWD Life Insurance Company (Bermuda) Limited applying at the date of lodgement and, if applicable, dishonour. 一切款項以港幣為單位。若需要轉換通用貨幣, 匯率以在入數或不能承兌之當日本公司之匯率為準。

Should any disagreement arise in respect to the interpretation of this Authorisation, the relevant clause as expressed in English will apply. 若對本授權書之解釋有任何爭議, 以英文為準。

Policy No. 保單號碼

1. _____ 2. _____ 3. _____ 4. _____

Direct Debit 直接付款 (Applicable to HKD account only 只限港元戶口)

Bank Name and Branch Name 銀行及分行名稱

Bank No. 銀行編號

Branch No. 分行編號

Account No. 賬戶號碼

⁺Limit for Each Payment 每次付款限額

Expiry Date (day/month/year) 到期日 (日/月/年)

港元HKD

Relationship with Policyowner (if different from insured/policyowner, please specify the relationship.)
賬戶持有人與保單權益人之關係
(若非被保人或保單權益人, 請註明關係)

English Name of Account Holder 賬戶持有人英文姓名

English Name of Other Account Holder (Joint Account) 其他賬戶持有人英文姓名(聯名戶口)

ID No.

身份證明文件號碼

Type 類別

- HKID 香港身份證 Passport 護照 China ID 內地身份證
 Business Registration 商業登記
 Certificate of Incorporation 公司註冊證書

ID No.

身份證明文件號碼

Type 類別

- HKID 香港身份證 Passport 護照 China ID 內地身份證
 Business Registration 商業登記
 Certificate of Incorporation 公司註冊證書

Signature of Account Holder and Date 賬戶持有人簽署及日期

X

DD 日/ MM 月/ YYYY 年

Note: If the Policyowner or Insured is not the holder of the above bank account, please read the "Personal Information Collection Statement" overleaf.

注意: 若上述銀行戶口非由保單權益人或被保人所持有, 請先細閱背頁的「收集個人資料聲明」。

All the above information provided must be consistent with the Bank's record. 以上所提供的資料必須與銀行紀錄相符。

For change of direct debit account, please choose your preference here 如客戶更改付款戶口, 請選擇下列項目。

(Not Applicable to Credit Card Payment 不適用於信用卡付款。)

(If not specified, the existing direct debit account will be stopped immediately 如客戶未有指示, 本公司將即時停用舊轉賬戶口)

- Stop the existing direct debit account immediately and two months premium was paid
即時停用舊轉賬戶口, 並繳交未來兩個月的保費

- Stop using the existing direct debit account two months later
於兩個月後停止使用舊轉賬戶口

For Ofce use Only 本公司專用

Adviser Name 理財顧問

Debtor's Reference 扣賬資料:

1. _____ 2. _____ 3. _____ 4. _____

Credit Card Payment 信用卡付款 (Applicable to Credit Card issued in HK only 只適用於香港發出之信用卡)

Please charge the following credit card account 請在以下信用卡戶口扣除有關款項:

FWD Credit Card Account 富衛信用卡戶口

_____ - _____ - _____ - _____

VISA/MasterCard Account VISA咭/萬事達咭戶口

_____ - _____ - _____ - _____

Card Expiry Date (Month/Year) 信用卡有效至 (月/年)

____ / 2 0 ____

Credit Card payment is not available for specified products. 信用卡付款並不適用於個別產品。

Credit Card Holder Name 持有人的姓名

Relationship with Policyowner (If different from insured/policyowner, please specify the relationship.) 持有人與保單權益人之關係
(若非被保人或保單權益人, 請註明關係)

Signature of Card Holder and Date 持有人的簽名及日期

X

DD 日/ MM 月/ YYYY 年



Data Protection 資料保護

I confirm that I have read, understood and agreed to the Personal Information Collection Statement (“PICS”) of the Company. I agree that any personal data and other information relating to me or my policy(ies) collected, generated, compiled, or held by the Company by any means from time to time may be collected and utilized in accordance with the PICS. I agree that the Company may transfer, disclose, grant access to or share my personal data within or outside Hong Kong to the types of transferees set out in the PICS. I understand that the updated version of the PICS is available for download from <https://www.fwd.com.hk> and is made available upon request.

本人現確認本人已閱讀、明白及同意公司的收集個人資料聲明。本人同意公司不時以任何方式收集、製作、匯編或保留任何關於本人的個人資料或保單的其他資料，可根據收集個人資料聲明收集及使用。本人同意公司可能將本人個人資料轉移，披露予收集個人資料聲明所載的資料承讓人（不論在香港境內或境外者），或讓其查閱或與其共同使用。本人知悉收集個人資料聲明的最新版本可於<https://www.fwd.com.hk>下載及可向公司索取。