



**American International Assurance
Company (Bermuda) Limited**
(Incorporated in Bermuda
with limited liability)

Request Form for Maturity Benefit Transfer (For Selected Customers only) 期滿利益轉移申請表 (特選客戶專用)

Policy Number 保單號碼	Name of Insured 受保人姓名	Name of Owner 持有人姓名
Agent's Name 營業員姓名	Agent Code 營業員號碼 / Area Code 區域編號	Agent's Tel. No 營業員聯絡電話



O4402011

New Application Number 新保單申請號碼	:	<input type="text"/>
Relationship with Owner of the Maturity Policy 與期滿保單持有人關係	:	SELF 本人

IMPORTANT NOTES 重要指示

- The cheque of the relevant maturity policy must be submitted together with this Request Form for Maturity Benefit Transfer to Policyowners' Service Department. 此期滿利益轉移申請表必須連同相關的期滿保單之支票一併遞交到保戶服務部辦理。
- The relevant application form for new application should be submitted to Underwriting Department. 相關之新保單投保申請書，請遞交到核保部辦理。

Please tick the appropriate box 請在適當的空格內劃上"✓"號



I apply for paying the initial deposit of new application by the lump sum* of maturity benefit from the matured policy.

本人現申請將上述期滿保單的期滿利益之全數*，繳付上述新保單作首期之按金。

- * If there is any remaining balance after the reduction of initial deposit for the premium payable of the newly applied policy, it will be credited to Future Premium Deposit Account of the newly applied policy. 倘期滿保單的期滿利益扣減新保單首期所需保費後尚有餘額，將存入新保單之現金儲備金戶口內。
- (a) I understand that any benefits payable under the Policy will be paid in the latest policy currency as shown on the Policy Information Page of the Policy or, if applicable, the appropriate subsequent endorsement. Accordingly, the provision of the option to receive any such benefits in a currency other than the latest policy currency (the "Opted Currency") is solely a service offered by the Company at its discretion. 本人明白所有保單利益之款項將根據保單資料頁或隨後所發出之批註(如適用)所載之最近期保單貨幣為準。因此，提供選擇以最近期的保單貨幣以外的貨幣("選擇貨幣")作為收取任何此等利益的貨幣只屬貴公司酌情所提供之服務。
- (b) I understand and agree that should I opt for payment of any benefits payable under the Policy in the Opted Currency, I will bear the necessary exchange difference, such difference being determined by the Company on the basis of the Company's internal exchange rates as at the time of the relevant currency conversion. 本人明白及同意如本人選擇任何保單下所作出的利益款項以"選擇貨幣"支付，本人同意承擔所需的兌換差額，而該差額是有關貨幣兌換時依據貴公司內部貨幣兌換率而釐定。

Declaration & Authorization 聲明及授權

I/We DECLARE and AGREE that any personal data and other information relating to me/us or my/our policy(ies) or investments contained in this application or collected, obtained, compiled or held by the Company by any means from time to time may be used, maintained, processed, stored, transferred, disclosed and/or shared by the Company for the purposes of processing, administering, implementing and effecting the requests or transactions contemplated in this application or any other applications made by me/us from time to time, promoting or providing subsequent or other services or products to me/us, direct marketing, data matching and/or communicating with me/us. I/We further DECLARE and AGREE that the Company may transfer, disclose, grant access of or share such personal data and other information to or with individuals, entities and/or organizations associated with the Company and/or to or with third parties (including, without limitation, reinsurance companies, claims investigation companies, industry associations or federations, fund management companies, financial institutions, or service providers) selected by the Company, in each case whether within or outside of Hong Kong (applicable to policies issued in Hong Kong) / Macau (applicable to policies issued in Macau), for any of the aforesaid purposes and/or for the purposes of providing administrative, data processing, data maintenance or storage, telecommunications, computer, payment or other services to the Company in connection with the operation of its business. I/We understand that I/we have the right to obtain access to and to request correction of my/our personal data held or controlled by the Company. Such request can be made to any of the Company's Customer Service Centres. If I/we do not wish to receive marketing information or materials, I/we will send an opt-out notice to the Company, in which case my/our personal data and other information would be included in a centralized customer opt-out list that may be shared amongst the Company's associated partners for reference. 本人/我們現聲明並同意貴公司可使用、保留、處理、儲存、轉交、透露及/或共用貴公司所收集、索取、整理或保留在此申請表所載或從其他途徑取得之任何有關本人/我們的個人資料或其他有關本人/我們的保單或投資資料，用作處理、管理、落實及實行在此申請表所載或本人/我們從任何其他申請表所提出之要求，及介紹或提供其稍後或其他的服務或產品予本人/我們、直接促銷、資料核對及/或聯絡本人/我們之用途。本人/我們再聲明並同意貴公司可向與貴公司有關的香港(適用於香港簽發之保單)/澳門(適用於澳門簽發之保單)或海外的人士、團體及/或機構及/或任何被選的第三機構(包括並不限於再保險及賠償調查公司，及有關的行業協會/聯會、基金管理公司、金融機構或提供有關服務之公司)轉交、透露、授權取得或共用本人/我們之個人資料，用作以上列明之用途及/或貴公司業務運作之用，包括行政、資料處理、資料保存或儲存、通訊、電腦、付款或其他服務。本人/我們明白到本人/我們有權向貴公司查閱及申請更改貴公司儲存或管理與本人/我們有關的個人資料。有關的申請可於貴公司任何一間客戶服務中心辦理。若本人/我們不想收到貴公司的銷售資料或刊物，本人/我們會發出信函通知貴公司，而本人/我們的個人或其他資料會存於貴公司之中央資料庫內的非聯絡客戶名單，並會供貴公司及有關人士/機構作參考。

Signature of Owner/Trustee 持有人/信託人簽名 on 於 MM 月/DD 日/YYYY 年

PLEASE SIGN & RETURN IMMEDIATELY BUT NO LATER THAN 14 DAYS 請簽署後即時但不遲於 14 天內遞交
PLEASE DO NOT SIGN ON BLANK FORM 請勿在空白表格上簽署