

# REQUEST FOR PREMIUM HOLIDAY FORM 暫停供款申請表

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

PLEASE USE A SEPARATE FORM FOR EACH POLICY NUMBER. 每一份保單請填寫一份申請表

#### Only applicable to the following plans 只適用於下列計劃

- AIA Asset Accumulator	友邦「財庫之選」投資計劃	- AIA Asset Accumulator (EDB)	友邦「財庫之選」投資計劃 ( 卓越保障 )
- AIG Capital Saver by AIA	AIG資本匯聚友邦投資計劃	- Treasure Accumulator	卓薈之選
- Treasure Advantage	卓智投資計劃	- Treasure Advantage (Enhanced Protect	ion) 卓智投資計劃(卓越保障)

### PART 1: WHAT YOU SHOULD KNOW ABOUT PREMIUM HOLIDAY 第一部分:暫停供款須知

(Please tick ☑ all of the following key points reminder 請剔選☑下列所有備忘要點)

- □ Premium Holiday will be processed only after the Initial Contribution Period and there is account value in the Accumulation Unit Account. 「暫停供款」只可在「最初供款期」完成後及「延續供款戶口」有戶口價值才可以行使。
- □ If application for Premium Holiday is accepted, all existing accumulated FPDA (Future Premium Deposit Amount) will be returned to the Owner. 如「暫停供款」申請被接受,任何現積存於公司的現金儲備金將會退回給持有人。
- □ Premium Holiday is designed only to serve the purpose of providing flexibility for short-term emergency arrangement. Please be reminded that monthly charges will incur and the policy shall continue only if the Account Value is sufficient to cover such monthly charges. With no premium contribution during Premium Holiday, the value of this policy may be significantly reduced due to fees and charges, which are still deductible during premium holiday, and your entitlement to bonuses may also be affected.
  暫停供款旨在可彈性地為您提供短暫應急之用。請注意戶口價值必須足夠支付所需的各項月費,此計劃才可繼續下去。雖然閣下在供款假期內無須供款,但仍須繳付各項費用及收費。有關費用將直接從閣下的戶口扣除,保單價值或會因而大幅減少,而閣下收取賞金的權利亦可能會受到影響。
- □ If application for Premium Holiday is accepted, an appropriate number of Units will be cancelled from each Investment Option proportionately by using the latest available Policy Bid Price for the payment of such fees and regular premium payment. Once the Account Value of your Accumulation Unit Account is exhausted (i.e. reduced to zero), your policy will be terminated automatically. Upon early termination of your policy for any reason (other than cancellation during cooling-off period or death), the early encashment charge as set out in the **Summary of Charges of Product Brochure** shall apply. Such charge is calculated by applying the relevant early encashment charge rate The early encashment charge rate scale times the Account Value of the Initial Unit Account. You may lose all your investments as a result.
- 如「暫停供款」申請被接受,合適的單位數目將會根據最近的單位買入價而釐定並從每項投資選擇中按比例註銷,以繳付該等收費及應繳定期保費。 若延續供款戶口的戶口價值被扣盡(即減至零),您的保單將會被自動終止。在任何情況下提早終止保單(冷靜期內取消或受保人身故除外),產 品小冊子收費一覽表內所列的資金提取費用將會適用,相關收費將會按所列的資金提取費用率乘以由最初供款戶口中的戶口價值。您最終有可能損 失所有的投資款項。
- □ To achieve your wealth accumulation target, persistent and long-term investment is always crucial to your future financal success. You shall contribute regularly at a fixed amount to enjoy the benefits of Dollar Cost Averaging, compounding effect and spreading your risk over time. 要達至財富増值目標,持之以恆的長線投資乃造就未來豐盛成果之重要因素。透過定期以固定金額形式供款,您可盡享資金「平均成本法」及複息 滚存的優點,並透過不同入市時機而達到分散風險效果。

# PART 2: PREMIUM HOLIDAY 第二部分:暫停供款

### OWNER / ASSIGNEE / TRUSTEE'S ACKNOWLEDGEMENT 持有人/受讓人/信託人的確認聲明

(Please select ☑ one of the followings 請選擇☑以下其中一項)

- □ I acknowledge that AIA Representative has clearly explained to me the contents of Part 1 and I fully understand the same. 本人證明友邦業務代表已清楚地向我解釋此表格的第一部分,並完全明白此部分的內容。
- □ I have read through the contents of Part 1 and I fully understand the same.
- 本人已細閱此表格的第一部分並完全明白此部分的內容。

Remarks: 'AIA Representative' denotes either our AIA Representative or your Broker/IFA, as the case may be.

註釋:「友邦業務代表」泛指本公司之業務代表或閣下之保險顧問/投資顧問。

I, Owner/Assignee/Trustee, of the above Policy, declare that I have read and understood all the contents in Part 1. I am fully aware of the implications and the loss that I may suffer in exercising Premium Holiday. I decide to exercise Premium Holiday for my Policy. 本人為上述保單的持有人/受讓人/信託人, 謹此聲明已閱讀及清楚明白列於此表格第一部分的內容。本人完全清楚知道暫停供款之含義及此舉可能會 令本人所蒙受的損失。本人決定就此保單行使暫停供款。

Policy Number	保單號碼											
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## DECLARATION AND AUTHORIZATION 聲明及同意

Terms and Conditions: This request is NOT valid until (1) it is recorded as received by American International Assurance Co. (Bermuda) Ltd. (the "Company") during the life time of BOTH the Insured and the Owner and (2) it is finally confirmed as accepted by the Company by way of Endorsement or letter. Receipt of this form by AIA Representative or your broker does not constitute recorded receipt by the Company. The final decision on the validity of this form rests with the Company.

**<u>Request</u>**: I/We request that this Policy be changed according to the above particulars. I/We understand and agree that a copy of this request will be attached to and form a part of the said Policy.

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's associated partners for reference.

條款: 此申請表需於1)受保人及持有人生存期間獲美國友邦保險(百慕達)有限公司(即'貴公司')收到並存檔及2)最終經貴公司以批註或確認信批准 方為有效,而友邦的業務代表或您的經紀收到的申請表並不代表貴公司亦已收到。

**申請:** 本人/我們在此要求保單按照上述細則更改,本人/我們並明白及同意申請表之副本將附於本保單契約內,且構成保單契約之一部份。

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 /我們之個人或其他資料,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 檔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 於 MM月/DD日/YYYY年

on

Signature of Assignee (if applicable) 於 MM月/DD日/YYYY年 受讓人簽名 (如適用)

on

Reminder: This form MUST be signed by you in the presence of an adult witness. The personal particulars of the witness below will not be used by the Company for any marketing purposes, including any data-matching or direct marketing activities. Such data will only be used for the purpose of processing this application form, inparticular, for the authentication of the signature and confirmation of the identity(ies) of the signatory(ies) of this form. No personal data of the witness will be transferred to any unauthorized third parities without his/her consent. If you fail to supply such data, it may affect the validity of this form.

備忘:此申請表必須由閣下在成年見證人的作證下簽署。本公司不會將以下見證人的個人資料用於任何營銷目的上,包括資料配對或直接促銷,見 證人之個人資料只會用於處理本申請表,特別為確實本申請表簽署人的簽名之真確性及核實其身分之用。未經見證人同意,本公司不會將其個人資 料轉移至任何未經授權的第三方機構。倘若閣下未能提供有關資料,或會影響此申請表之有效性。

I DECLARE and AGREE that any personal data relating to me provided below is true and accurate. 本人現聲明並同意以下提供有關本人的個人資料均屬真實及正確。

			Name of Witness:	(English/Chinese Name in Full)		
	on		見證人姓名:	(英文/中文全名)		
Signature of Witness	於	MM 月/DD 日/YYYY 年	First 4 characters of HK/Macau ID Carc	Number of Witness:		
見證人簽名			見證人之首四個位 香港/澳門身分證號码	馬: XXXX		
			OR First 5 characters of Passport No.:	或護照首五個位之號碼:		
			Contact Phone No. of Witness 見證人之聯絡電話號碼:			

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