

**Special Arrangement of Premium Payment
Application Form
保費繳付特別安排申請書**



Being the Policyowner of the following policy(ies), I understand that policy premiums should be paid by myself or the life insured (if different from me). However, I would like to propose the following designated third-party (the "Payor") to pay for my policy(ies) on my behalf. Below are the details:

作為以下保單之權益人，本人明白保費應由本人或被保人（如非本人）繳交。唯本人現申請由下述之第三者（簡稱“繳款人”）代本人繳付本人之保單，詳情如下：

Policy No(s) 保單編號 : _____

Payor 繳款人 : _____

I confirm the following relationship between the Payor and me (Policyowner)

本人（保單權益人）確認與繳款人之關係如下：

- Spouse 配偶
 - Parent / Child / Grandparent / Grandchild* 父母/子女 / 祖父母 / 孫子女*
 - Parent-in-law / Son-in-law / Daughter-in-law* 配偶之父或母/女婿 / 媳婦*
 - Employer / Employee* 僱主/僱員*
 - Sole Proprietor / Partner of the Partnership Company / Director of the Limited Company *
獨資業務東主 / 合夥公司之合夥人 / 有限公司之董事*
- (*Please delete where inappropriate) (*請刪除不適用者)

Reason 原因

I understand that the above application is subject to FWD's approval. FWD reserves the rights to (i) request the relevant supporting documents (such as address proof, relationship proof, etc.), and/or (ii) decline any application or withdraw approval at any subsequent time without giving reason.

本人明白上述申請需交由FWD審批。FWD保留以下權利：(i) 索取相關證明文件(如:地址證明、關係證明等)及/或(ii) 拒絕任何申請或其後任何時間取消批准而毋須給與理由。

Signature 簽署:

Policyowner 保單權益人

Witness (Full Name) 見證人(全名)

Date 日期: _____

Declaration by the Payor (繳款人聲明)

I declare and confirm that I agree to pay the premium(s) on behalf of the Policyowner and under no circumstance can I claim for refund of such payment. I further confirm that the money for the premium(s) is proceeds of mine or the policyowner, which are not related to any unlawful activities.本人聲明及確認本人同意代保單權益人繳付有關保費；及在任何情況下，本人無權要求退回該款項。本人進一步確認繳付保費之金錢屬本人或保單權益人所有，並不涉及任何非法活動。

In the case that the above-mentioned policies require either of the followings:

- (i) single/lump sum premium(s) equal to or over HK\$2,000,000 (including but not limited to top-up cases), or
- (ii) annualized premium(s) equal to or over HK\$200,000 (i.e. HK\$16,667 per month),

I opt to attach with this Application Form a copy of my identification document (e.g. Macau Identity Card or passport), for the sole purpose of ascertaining my identity and if lawfully required by any law enforcement agencies providing necessary information for tracking purpose. I understand that it is not compulsory for me to provide copy identity document.

若上述保單涉及以下任何一項：

- (i) 單一/一次總付保費等如或超過 HK\$2,000,000 (包括但不限於追加金額)；或
- (ii) 年度計保費等於或超過 HK\$200,000 (即每月保費 HK\$16,667)。

本人選擇將一份本人之身份證明文件（如澳門身份証或護照）副本附於此申請書，其單一用途是確認本人身份及在任何執法機關合法要求時提供有關資料作追查之用。本人明白本人可選擇不提交身份證明文件副本。

Signature 簽署:

Payor 繳款人

Witness (Full Name) 見證人(全名)

Date 日期: _____

For Office Use Only 公司專用

Handled by 處理人	Approve by 批核人	Date 日期
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