Withdrawal – Traditional Policy
提取保單款項– 傳統人壽保單

Policy No. 保單編號	
Name of Policy Owner 保單主權人姓名	

一個登入，
輕鬆掌握您的保障及強積金資訊
One login. Stay connected to your insurance and MPF information in one place.

幾步即可完成 All in just a few simple steps
- 查看保險保單及強積金戶口概覽 View your insurance policy and MPF account summary
- 提取保險保單價值及提交保單索償申請 Withdraw insurance policy values and submit policy claims
- 使用「積金導航」獲取強積金「參考投資組合」 Get MPF Reference Portfolio from MPF Navigator
- 獲取專屬禮遇及訂閱《Sun活情報》 Enjoy exclusive privileges and subscribe to SunNews

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To ensure you can enjoy our high quality of service, we would like to invite you to update your contact details on My Sunlife Hong Kong Client Platform or by completing the below section:
為確保您能享受完善的服務體驗，我們誠邀您透過My Sunlife Hong Kong客戶平台或填寫以下部份更新您的聯絡資料:

Email 電郵地址	Mobile ( ) 手提

Important Notes 重要事項

1. Please complete this form by typing or in clear handwriting. Any amendments should be endorsed by the Policy Owner in full signature.
   請清楚地填寫此表格。任何資料如有更改，保單主權人必須在更改的位置簽署作實。
2. If you intend to withdraw policy value in this policy in order to use it as premium payment of a new insurance policy, please approach to your licensed insurance intermediary who will assist you to understand the implications and associated risks involved as explained in "Important Facts Statement – Policy Replacement" ("IFS-PR"). You shall read through the details before making the change and return the signed IFS-PR together with the new application (if any) to us.
   如閣下打算在本保單中提取保單價值以繳付新保單之保費，請聯絡閣下的持牌保險中介人，以助閣下了解「**重要資料聲明書—轉保**」（" IFS-PR"）內所述的影響和相關風險。在進行保單更改前，請閣下閱讀詳細內容，並簽署IFS-PR與新申請表（如有）一併遞交。
3. Once the form is submitted to Sun Life Hong Kong Limited ("Sun Life") , whether through Sun Life's licensed insurance intermediary or otherwise, you cannot withdraw or change any of the instructions provided on the form. Any change of instructions will be treated as a new request, which will be processed after the former request is effected by Sun Life.
   此表格一經遞交給香港永明金融有限公司（「永明」），不論是經由永明的持牌保險中介人，或由其他途徑遞交，閣下便不能取消或更改表格上的任何指示。任何更改，將被視作一項新申請，而該新申請會在永明將閣下先前的申請辦妥後處理。
4. When the payment amount is HKD2,000,000.00 (or its equivalent) or more, identity verification for non-corporate entity owner may required to safeguard your interest. SMS will be sent to the registered mobile phone number of policy owner to proceed with the verification. If the identity verification cannot be completed within the required timeframe, Sun Life may not able to process your request.
   如付款金額為港幣2,000,000.00元（或其等值)或以上，我們將可能會核實非法團實體保單主權人身份以保障您的利益。保單主權人的登記手提電話號碼將會收到短訊以進行認證。倘若身份認證未能在指定時間完成，永明金融或未能處理您的申請。
5. If you require other payout method, please state under 'Other Instruction' in this form. If overseas telegraphic transfer is used, please submit 'Telegraphic Transfer Instruction' form for relevant information. All bank charges will be borne by the policy owner and to be deducted from the payment amount.
   倘若您需要其他收款方式，請於本表格「其他指示」內列明。如以海外電匯方式領款，請遞交「電匯指示」提供相關資料。所有銀行手續費將由保單主人承擔並在付款中扣除。
6. The withdrawal of policy values may affect the benefits in the future and may cause policy lapse.
   提取保單價值後或會影響未來利益令保單失效。

(1) Withdraw of Policy Value 提取保單價值

Notes 備註 :
1. Please complete Part 2 'Payment Method' in this form.
   請填寫本表格第二部份「收款方式」。
2. Please state the exact amount if it is a partial withdrawal.
   如提取部份款項，請填寫有關金額(如適用)。

Type of Policy Value 保單價值類別	Amount (in Policy Currency) 金額（以保單貨幣填寫）
Dividend **紅利**	☐ All 全部 ☐ Partial 部份：Please specify 請註明 $ _____
Cash Coupons **可支取現金**	☐ All 全部 ☐ Partial 部份：Please specify 請註明 $ _____
Cash Value of Paid-up Addition **紅利繳清壽險現金價值**	☐ All 全部 ☐ Partial 部份：Please specify 請註明 $ _____
Cash Value of Accumulated Reversionary Bonus **已累積歸原紅利現金價值**	☐ All 全部 ☐ Partial 部份：Please specify 請註明 $ _____
Other policy value (Please Specify) **其他保單價值（請註明）：** _____	☐ All 全部 ☐ Partial 部份：Please specify 請註明 $ _____

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Tel (852) 2103 8928 Fax (852) 2103 8938 A member of the Sun Life group of companies
香港永明金融有限公司 (於百慕達註冊成立之有限責任公司) 香港九龍紅磡紅鸞道 18 號都大中心 B 座地下
電話 (852) 2103 8928 傳真 (852) 2103 8938 永明金融集團成員之一

(2) Payout Method 收款方式

(A) Transfer to Policy
轉至保單

Notes **備註：**

(1) If payment is to be transferred to a policy that is not owned by you, please complete the "Third Party Payment Declaration Form".
如欲轉移款項至非閣下名下的保單，請填寫「第三者付款聲明書」。

(2) Please choose the Amount to be transferred to the policy.
請選擇轉至保單的金額。

(3) If payment is to be transferred to more than one policies, please provide the policy number, amount and payout method of the balance (if any) in option (D). If instruction is not clear, the request can only be processed upon receipt of complete instructions.
如欲轉移款項至多於一份保單，請在(D)部份提供保單號碼、金額及餘額(如有)的收款方式。倘若指示不清晰，只會在收到完整指示後才能處理該申請。

Policy No. 保單號碼：_____ for 作為

☐ Premium & Levy 保費及保費徵費 ☐ Loan repayment 償還貸款

Amount 金額

☐ In Full 全數 ☐ Partial 部份^：Please specify 請註明

_____

^ Please select payout method for the balance by completing option (B) or (C) in this part below.
請於以下(B)或(C)部份選擇餘額收款方式。

(B) Faster Payment Service ("FPS") or Local Bank Transfer
轉數快或本地銀行轉賬

SERVICE TIPS: FPS or local bank transfer is the convenient way to save your time to queue up in the bank.
服務小貼士：轉數快或本地銀行轉賬是快捷的方法為您省卻到銀行排隊輪候的時間。

Notes **備註：**

(1) Bank account holder name must be same as Policy Owner's name, Designated Recipient or the name of the assignee (whichever is appropriate).
銀行賬戶持有人姓名必須與保單主權人或指定收款人或受讓人(視乎何者適用而定)的姓名相同。

(2) Applicable to the payment currency in HKD or RMB of local bank account. If exceed the FPS limit or failed transaction due to any reasons, the payment will be paid by cheque according to the payout currency selected and delivered by mail without further notice. (Applicable to the policy with local correspondence address only.)
適用於付款貨幣為港元或人民幣之本地銀行賬戶。倘若款項超過轉數快的上限或因任何原因交易失敗，有關款項將按已選擇的收取款項貨幣以支票形式及郵寄發出而不作另行通知。(只適用於有本地通訊地址之保單)

(3) The actual time to receive the payment by FPS or local bank transfer may vary among banks. Please enquire relevant bank before application.
轉數快或本地銀行轉賬的實際到賬時間會因應個別銀行而有差異，申請前請先向有關銀行查詢。

☐ 'FPS' identifier 轉數快識別號碼:

_____

☐ Mobile number 手機號碼 (by FPS 轉數快): (_____) - _____
Country Code 國家代號 Telephone No. 電話號碼

☐ Email 電郵 (by FPS 轉數快):

_____

☐ Transfer to the following local bank account 轉賬至以下本地銀行賬戶*

*Please provide bank account proof true copy which shows single account holder name and account number. If no true copy is provided / insufficient information to prove the policy owner / designated recipient / assignee is the sole bank account holder or failed bank transfer due to any reasons, the payment will be paid by cheque and delivered by mail without further notice, except designated recipient. (Applicable to the policy with local correspondence address only)
請提供載有單一銀行賬戶持有人姓名及銀行賬號的銀行賬戶證明文件真確副本。如未提供證明文件真確副本/資料不全以證明唯一銀行賬戶持有人為保單主權人/ 指定收款人/受讓人或因任何原因未能成功轉賬，有關款項將以支票形式及郵寄發出而不作另行通知，指定收款人除外。(只適用於有本地通訊地址之保單)

Bank No 銀行編號			Branch No 分行編號			Bank Account Number 銀行賬戶號碼								

☐ Transfer to the active autopay bank account registered in the above policy and bank account holder must be the policy owner (payout currency is applicable to HKD Only).
轉賬至上述保單內登記及持有保單主權人為銀行賬戶持有人的有效自動轉賬賬戶。(付款貨幣僅為港元)

Payout currency
收取款項貨幣

☐ HKD 港元

☐ RMB 人民幣 (Only applicable for policies denominated in RMB **只適用人民幣貨幣的保單**)

(2) Payout Method (Continue) 收款方式 (續)

(C) Cheque
支票



SERVICE TIPS: Cheque takes some time for clearance. Please consider FPS or local bank transfer be a better choice to you.
服務小貼士：支票兌現需時，請考慮轉數快或本地銀行轉賬為更佳選擇。

Notes **備註：**
(1) For USD policy, a local USD cheque will be issued unless otherwise specified.
如無特別指示，美元保單將獲發本地結算之美元支票。
(2) Cheque payment is not applicable for designated recipient.
支票支付不適用於指定收款人使用。

Cheque Currency **支票貨幣**

☐ HKD 港元 ☐ Policy Currency 保單貨幣

Cheque to be **支票將**

☐ Posted to my correspondence address 郵寄至本人通訊地址

☐ Delivered via my licensed insurance intermediary 由本人之持牌保險中介人轉交

☐ Collected at Client Service Centre 親臨客戶服務中心領取

☐ By the policy owner 保單主權人領取

_____
Contact Phone No. (if difference from the record under this policy)
聯絡電話號碼 (如與本保單記錄不同)

☐ By the authorized person 授權人領取

Name of Authorized Person 授權人姓名	I.D. No. of Authorized Person 授權人身份證明文件號碼	Contact Phone No. of Authorized Person 授權人聯絡電話號碼

(D) Other Payment Instruction
其他收款指示

(3) Payment Recipient **收款人**

Recipient
收款人

☐ Policy Owner 保單主權人 ☐ Designated Recipient 指定收款人*

*Designated Recipient only applicable to specified product SunJoy Global Insurance Plan II , SunGift Global Insurance Plan II , Stellar Multi Currency Insurance Plan II , SunWing Insurance Plan II, SunPrime Insurance Plan II, SunTreasure Insurance Plan II, RetireFree series

*指定收款人只適用於「萬年青‧星河尊享保險計劃II」 、「萬年青‧星河傳承保險計劃II」 、「富越儲蓄計劃II」 、「萬年青‧瑞永盈保險計劃II」 、「萬年青‧卓金保險計劃II」 、「萬年青‧信盈保險計劃」 、「享悅即享年金保險」

*The designated recipient is limited to the Policy Owner's family members, including a spouse, parent, child, sibling, grandparent, or grandchild, or a registered charity or elderly home in Hong Kong.

*指定收款人僅限於保單持有人的家庭成員，包括配偶、父母、子女、兄弟姐妹、祖父母/外祖父母、孫子/孫女/外孫子/外孫女; 或香港註冊之慈善機構或安老院舍。

Reason of payout to designated recipient and purpose (mandatory field) 款項支付予指定收款人的原因及用途 (**必填項**)

Particulars for Designated Recipient (Individual)
指定收款人資料 (個人)

Surname **英文姓氏**	Given Name **英文名字**
Chinese Surname **中文姓氏**	Chinese Given Name **中文名字**

Gender **性別** ☐ Male 男 ☐ Female 女

Identity Doc. Type **身份證明文件類別**	ID / Passport No. **身份證/護照號碼**
Date of Birth **出生日期** (DD/MM/YYYY **日/月/年**)	Place of Birth **出生國家**
Nationality **國藉**	Citizenship **公民身份**

Relationship to Policy Owner **與保單主權人的關係**

Supporting documents **證明文件**

☐ Designated Recipient's Identity Document Copy 指定收款人的身份證明文件副本
☐ Relationship Proof for Policy Owner & Designated Recipient 保單主權人與指定收款人的關係證明
☐ Payment Usage Proof 款項用途證明
☐ Bank Account Proof 銀行賬戶證明

Particulars for Designated Recipient (Entity)
指定收款人資料 (實體)

Company Name **公司名稱**

Business Registration No. **商業登記號碼**	Expiry Date **有效日期** (DD/MM/YYYY **日/月/年**)
Date of Incorporation **公司註冊日期** (DD/MM/YYYY **日/月/年**)	Place of Incorporation **公司註冊地點**
Nature of Business **公司業務性質**	Relationship to Policy Owner **與保單主權人關係**

Supporting documents **證明文件**

☐ Designated Recipient's Corporate Documents Certificated Copy 指定收款人的公司證明文件核證副本
☐ Relationship Proof for Policy Owner & Designated Recipient 保單主權人與指定收款人的關係證明
☐ Payment Usage Proof 款項用途證明
☐ Bank Account Proof 銀行賬戶證明

Personal Data Collection and Use **個人資料收集及使用**

I/We understand and consent that, any personal data collected by Sun Life Hong Kong Limited (Incorporated in Bermuda with limited liability) ("Sun Life") (whether collected in this form or otherwise) may be used by Sun Life for the following purposes: (i) processing and evaluating insurance applications and/or any other applications for financial services; (ii) administering and providing services in relation to insurance or financial products; (iii) processing, investigating and settling insurance claims and detecting and preventing fraud (whether or not relating to the policy issued by the Company); (iv) conducting customer surveys; (v) researching and designing financial, insurance or pensions products for clients' use; (vi) selecting and participating in reward, loyalty or privileges program and related service; (vii) contacting clients for the above purposes; (viii) purposes which are directly related to the above purposes; and (ix) complying with applicable laws, regulation or court order or obligation or requirement under an agreement, or other commitment, between Sun Life or any entity within the Sun Life Group and the regulator or government in any jurisdiction (in relation to money laundering, terrorist financing and tax evasion or otherwise) to which Sun Life and its related companies are subject to.

Sun Life may also use my/our contact details, demographic information and policy details to contact me/us with marketing information regarding Sun Life and third party pensions, financial and insurance products, including by phone calls, mail, email, SMS or any type of electronic message. Sun Life may not use my/our data for direct marketing unless Sun Life have received my/our consent (which includes an indication of no objection). I/We know I/we can tick the box below if I/we do not consent to receive direct marketing information.

Sun Life may disclose my/our personal data for any of the above purposes: (a) to third parties who provide services in Hong Kong or elsewhere which assist the Company to carry out the above purposes, including claims investigators, insurance adjusters, medical advisors, health care professionals, medical service providers, hospitals, emergency assistance service providers, reinsurers, accountants, solicitors and professional financial advisors; (b) to banks for payment purposes; (c) to insurance brokers who are representing the policy owners or clients directly or indirectly; (d) to the Company's insurance agents and MPF intermediaries; (e) to the Company's related companies (as defined in the Companies Ordinance) including pensions services provider, financial services companies and insurance companies; (f) to the Hong Kong Federation of Insurers (or any similar association of insurance companies) and its members; (g) to the policy owner / employers of an insured employee under a group product; (h) to any third party service provider appointed by the policy owner who provides administrative services for the policy owner; (i) to organisations that consolidate claims and underwriting information for the insurance industry; (j) to fraud prevention organisations; (k) to other insurance companies (whether directly or through fraud prevention organisations or other persons named in this paragraph), the police and databases or registers (and their operators) used by the insurance industry to analyse and check information provided against existing information; (l) to any person to whom the Company or its related companies (inside or outside Hong Kong) are under an obligation to make disclosure under the requirements of any law, regulation or court order binding on or applying to or to which the Company or its related companies (inside or outside Hong Kong) are subject to, or under and for the purposes of any guidelines issued by regulatory or other authorities with which the Company or its related companies (inside or outside Hong Kong) are expected to comply; and (m) as otherwise required or permitted by law.

If third party personal information is supplied to the Company by the clients, clients' service providers, claimants or applicants for services, such clients, service providers, claimants or applicants must inform these third parties about this personal information collection statement before they collect their information and supply it to the Company.

I/We understand that it is voluntary for me/us to supply the information, but failure to provide the requested personal data may mean Sun Life is unable to process my/our application or continue to provide services to me/us. I/We have the right to seek access to and request correction of any personal data Sun Life holds about me/us by sending a written request to The Manager, Client Service Centre, Sun Life Hong Kong Limited, G/F, MU Tower B, No. 18 Hung Luen Road, Hunghom, Kowloon, Hong Kong. Sun Life may charge a reasonable fee for the processing of any such requests.

"Sun Life Group" means Sun Life together with its subsidiaries, subsidiary undertakings and associated companies (whether direct or indirect) from time to time.

☐ Please tick here to reject receiving marketing information from Sun Life.

本人 / 吾等明白及同意香港永明金融有限公司 (於百慕達註冊成立之有限責任公司) (「永明」) 可以將其所收集的任何個人資料(不論由此表格所收集或由其他途徑取得)作以下用途：(i) 處理及評估申請及/或任何其他金融服務申請； (ii) 管理並提供與保險及/或金融產品相關服務； (iii) 處理、調**查**和結清保險索償個案、以及偵測和防止欺詐行為(無論是否與公司發出的保單有關)； (iv) 進行客戶調**查**；(v) 為客戶研究及設計金融 、保險或退休金產品；(vi) 甄選及參與獎賞、忠實或特選客戶計劃；(vii) 因上述目的與客戶聯絡；(viii) 與上述目的直接有關的任何其他目的；及 (ix) 為遵守適用的法例、法規、法庭命令或永明或永明集團內的任何實體與任何管轄區域的監管機構或政府之間的協議項下的義務或要求或其他承諾(其相關於洗黑錢、恐怖分子資金籌集、逃稅或其他)。

永明亦可使用本人/吾等的聯絡資料，基本個人資料及保單資料，就永明及第三方的退休金、金融及保險產品的推廣資訊，以包括電話、郵件、電郵、電話短訊或任何電子信息等方法聯絡本人/吾等。除非得到本人/吾等之同意(包括表示不反對)，否則永明不可使用本人/吾等之資料為該用途。本人/吾等明白若本人/吾等不同意接受此等推廣資訊，可於下列方格內填上剔號。

永明可為以上任何目的披露本人/吾等的個人資料予：(a) 為協助公司就上述用途（不論在香港或其他地方）而提供服務的第三方，包括索償調**查**員、保險理算人、醫療顧問、醫護專業人士、醫療服務提供者、醫院、緊急支援服務供應商、再保險公司、會計師、律師、專業理財顧問；(b) 銀行作繳款用途；(c) 直接或間接代表保單持有人或客戶的保險經紀；(d) 公司的保險代理人及強積金中介人；(e) 公司的關連公司(根據公司條例訂明)包括退休金服務提供者、金融服務機構及其他保險公司；(f) 香港保險業聯會(或任何相似的保險公司協會)及其會員；(g) 團體產品的保單持有人 / 受保僱員之僱主；(h) 由保單持有人指定及提供行政服務給保單持有人的第三方服務供應商；(i) 整合保險業索償和承保資料的組織；(j) 防欺詐組織；(k) 其他保險公司(無論是直接地，或是通過防欺詐組織或本段中指名的其他人士)、警察和保險業就現有資料而對所提供的資料作出分析和檢**查**的數據庫或登記冊 (及其運營者)；(l) 公司及其關連公司(不論在香港與否)為遵守監管當局或其他機構發出之指引或其就法例、法規或法庭頒令所約束或規定之責任而需向其作出披露的任何人士；及 (m) 按法例要求或准許的其他人士。

假如第三方個人資料是由客戶、客戶的服務供應商、索償人或申請人提供給公司，該客戶、服務供應商、索償人或申請人必須在收集這些資料前，將此《個人資料收集聲明》告知有關的第三方才把資料提供給公司。

本人/吾等明白本人/吾等提供個人資料均屬自願，然而倘若未能提供所需個人資料，可導致永明無法處理本人/吾等的申請或繼續提供服務予本人/吾等。本人/吾等有權**查**閱及要求更正永明持有有關本人/吾等的個人資料，有關要求可以書面形式郵寄至香港九龍紅磡紅鸞道18號都大中心B座地下香港永明金融有限公司客戶服務中心經理。永明可就處理任何該等要求收取合理費用。

"永明集團"指永明及其不時之附屬公司、附屬企業和相聯公司（無論是直接的還是間接的）。

☐ 若不同意收取由永明發出的推廣資訊，請於方格內填上剔號。

Declaration & Authorization 聲明及授權

I/We confirm that, by signing below, I /We have read, fully understood and agreed to the notes throughout the form.
本人／我們已細閱，完全明白及同意本表格的注意事項並簽署作實。
I/We understand and agree Sun Life to collect my/our personal information via electronic means for identity verification upon request.
本人／我們明白及同意永明金融透過電子方式收集本人／我們的個人資料作身份驗證。
I/We understand that this policy service instruction is bound by the policy provisions of the above policy.
本人／我們明白上列的保單服務指示須受上述保單的條款約束。
I/We understand and agree that should I select payout amount in a different currency other than the Policy Currency, I will bear the necessary exchange difference, such difference being determined by Sun Life on the basis of the internal exchange rates as at the time of the relevant currency conversion.
本人／我們明白並同意，如果我選擇保單貨幣以外的其他貨幣付款金額，我將承擔必要的匯兌差額，該差額由永明根據當時的內部匯率確定相關貨幣換算。
I/We understand and agree, all of the bank charges or transaction fee occurred by local and/or overseas payment shall be borne by me.
本人／我們明白並同意，所有本地及/或海外付款而產生的銀行續費及交易費用一律由本人承擔。
I/We understand and agree, the overseas bank account transfer is supported by third party service provider ('the service provider') who can transfer payment to the designated countries and currencies ONLY.
本人／我們明白並同意，海外銀行賬戶轉賬由第三方服務供應商(「服務供應商」)提供，該供應商只支援轉賬付費到指定國家及貨幣。
I/We understand and agree, if choose to receive payment by overseas bank account, the payment amount is subject to (a) the daily exchange rates of Sun Life Hong Kong Limited ('Sun Life') and the service provider at the time of the relevant currency conversion and (b) transaction fees (if any) of the service provider and such fees shall be borne by me and deducted from the payment amount which is non-refundable.
本人／我們明白並同意，如選擇以海外銀行入賬方式收取款項，付費金額將按照香港永明金融有限公司(「永明」)及服務供應商在(a)貨幣轉換當天的兌換率，及(b)服務供應商的交易費用(如有)中扣除，有關費用將由本人承擔及不會退還。
I/We understand and agree, the overseas countries may have different requirements on overseas bank account information for payment transfer by the service provider; failure to provide completed information may lead to unsuccessful payment transfer.
本人／我們明白並同意，海外國家對服務供應商處理海外銀行賬戶時會有不同要求，若提供資料不足將會導致付款轉賬失敗。
I/We understand and agree, the payment amount is subject to the maximum limit and such limit is based on by different countries and/or different banks in different countries; any payment amount exceeds the maximum limit will not be processed. The maximum limit is determined by the overseas banks / overseas countries and may change from time to time without prior notice.
本人／我們明白並同意，付費金額設有上限而該上限是根據不同國家及/或不同國家的不同銀行而定；如任何付費金額超過上限將不會能被處理。有關上限由海外銀行 / 海外國家而定，並不定時有改變而不作預先通知。
I/We understand and agree, the currency of overseas bank account must be same as the beneficiary bank carried the same currency; except the bank account in Euro dollar must be issued by the banks in United Kingdom.
本人／我們明白並同意，除了在英國的銀行賬戶必需收取歐元外，其他海外銀行賬戶在收款時的貨幣必需與開戶銀行相同。
I/We understand and agree, minimum payout amount is HKD1,000 or its equivalent per country level.
本人／我們明白並同意，每個國家的最低付款金額為港元1,000或其等值。
I/We understand and agree, my personal data will be transferred to the service provider during processing the overseas payment.
本人／我們明白並同意，處理海外付款時我的個人資料會被轉移至服務供應商。
I/We understand and agree, no third party payment allowed.
本人／我們明白並同意，不接受付款予第三方。

Required Item and Signature 所需項目及簽署

To proceed your request, please submit the below item.
保單主權人需要遞交以下項目以處理閣下的申請。

- ☐ True copy of the Policy Owner/Designated Recipient's valid identity proof (if it has expired or not provided before).
  保單主權人/指定收款人有效之身份證明文件真確副本（若已過有效期或之前未曾提交）。
- ☐ True copy of bank account proof to show the information of bank account number and name of bank account holder.
  載有銀行賬戶號碼及賬戶持有人姓名資料的銀行賬戶證明文件真確副本。

<<PLEASE DO NOT SIGN A BLANK FORM **請勿在空白表格上簽署**>>

X Signature of Policy Owner 保單主權人簽署	Sign Date (DD/MM/YYYY) 簽署日期 (日/月/年)
X Signature of Irrevocable Beneficiary (if any) 不可撤換受益人簽署 (如有)	Sign Date (DD/MM/YYYY) 簽署日期 (日/月/年)
X Signature of Assignee (if any) *Please refer to Note 1 below 受讓人簽名 (如有) ***請參見下列附註一**	Sign Date (DD/MM/YYYY) 簽署日期 (日/月/年)

* Note 1: By signing in this box, the receipt of policy value at the account specified above or by such other means specified above shall be a full discharge and release of Sun Life of its liability to pay the amount to the Assignee under the collateral assignment arrangement relating to the Policy, whether the amount is paid by Sun Life to the Assignee or the Assignor (Policy Owner).

* **附註一： 透過在此方格簽署，上述賬戶收到保單價值已透過上述其他方法被收取即等如受讓人解除及撤銷永明金融在上述保單相關的抵押轉讓安排下需向受讓人繳付該金額的責任，不論永明金融將該金額向受讓人或轉讓人(保單主權人)繳付亦一樣。**

Please return a full set of this form within 30 days of signing **請於簽署後30天內提交完整的表格**