

First Policy No.: 第一份保單編號：								
Second Policy No.: 第二份保單編號：								

## Premium Payment Declaration Form 繳付保費聲明書 (G86)

### Important Notes 重要事項：

- 1) This form should be signed by the Policyowner. If the Policyowner is not the payor, this form should also be signed by the payor.  
保單持有人必須簽署此表格。若保單持有人並非繳款人，繳款人亦須簽署此表格。
- 2) Unless otherwise specified, the "Policyowner" in this form shares the same meaning as "Proposed Policyowner"; "Insured" in this form shares the same meaning as "Proposed Insured".  
除非特別註明，「保單持有人」於此表格中將等同於「準保單持有人」；「受保人」於此表格中將等同於「準受保人」。
- 3) Payment should be made by the Policyowner/Insured. Third-party (including consultant) payment is not allowed unless the payor has a relationship with the Policyowner/Insured, including spouse, parents, children, siblings, grandparents, grandchildren, parents-in-law, children-in-law, and legal guardian, or sole proprietor, partner in a partnership, or company of which the Policyowner/Insured is a director or shareholder.  
款項應由保單持有人／受保人繳付。本公司恕不接受由第三方（包括顧問）代繳保費，除非本公司可接納的繳款人與保單持有人或受保人之一種關係人士，包括配偶、父母、子女、兄弟姊妹、祖父母、孫子女、配偶之父母、子女之配偶、法定監護人、獨資業務東主、合夥公司之合夥人、為董事或股東之公司。
- 4) For bank draft, cashier order, cheque, or any other payment without the account holder's name, regardless of the amount, a copy of the bank receipt or bank account statements for payor identification is required.  
如繳交本票、匯票、支票或任何沒有列印銀行戶口持有人姓名的款項，不論任何金額，必須提供銀行購票單據或銀行月結單以識別購票人或繳款人身份。
- 5) All cash payments or third-party payments accepted by us should be submitted with this form. For each payment made by a third-party payor, identification proof of the payor and relationship proof between the payor and the Policyowner/Insured may be required. For each payment made by an entity, relevant supporting documents from the past year may be required.  
所有現金付款或被本公司接受之第三方付款必須提交此表格。如由第三方付款人支付，每次繳付或須提交繳款人的身份證明文件及繳款人與保單持有人／受保人之關係證明文件。如由實體支付，每次繳付或須提交最近一年內之相關證明文件。
- 6) Insufficient payment information or non-compliance with the latest company guidelines may result in a delay or decline of your application or requested services, the policy may lapse due to non-payment. We reserve the right to withhold or decline the payment(s), and return the payment to the payor without prior notice. No responsibility will be held by us for any loss and/or charges incurred.  
若未能提供足夠的繳款資料，或繳款未能符合本公司之最新指引，閣下的申請或服務可能會被延誤或拒絕，保單可能因欠款而失效。本公司保留扣起或拒收款項，並將款項退回給繳款人的權利，且不作預先通知。本公司概不負責任何可能招致的損失及／或費用。



Part A 甲部 - Payor's Information 繳款人資料			
Name of Payor 繳款人姓名	English: 英文:	Chinese: 中文:	
Payor Role 繳款人身份	Policyowner 保單持有人	Insured 受保人	Others* 其他*
*If the payor is <b>NOT</b> the Policyowner/Insured, please provide the information below: *如繳款人 <u>並非</u> 保單持有人／受保人，請提供以下資料：			
Date of Birth (MM/DD/YY) 出生日期 (月/日/年)		Gender 性別	Male 男      Female 女
Nationality 國籍		ID Number 身份證明文件號碼	
Type of ID 身份證明文件類別		Place of Issue 簽發地	
Occupation and Business Nature 職業及行業性質		Reason for Third Party Payment 代繳付原因	

Part B 乙部 - Source of Fund 資金來源		
In considering this payment, please specify payor's source of funds (Please tick one or more) 就是次繳款，請註明繳款人之資金來源（可選多於一項）		
Earning (e.g. salaries, wages, business income, commission, bonus, etc.) 工作收入（如：薪酬、工資、業務收入、佣金、花紅等）	Other income (e.g. dividend from shares / stocks / bonds, rental income, etc.) 其他收入（如：股份／股票／債券的股息、租金收入等）	Household expenses given by family member 家庭成員給予的家用
Savings 儲蓄	Retirement funds (e.g. pension fund and Mandatory Provident Fund, etc.) 退休金（如：退休基金、強積金等）	Investment (e.g. actively traded stocks, bonds, mutual funds, etc.) 投資（如：成交活躍的股票、債券、互惠基金等）
Others, please specify: 其他，請說明：		

Part C 丙部 - Payment Information 繳款資料			
Payment Date MM/DD/YY 繳款日期 (月/日/年)			
Payment Method 繳款方式	Cheque 支票	Cashier Order 銀行本票	Credit Card 信用卡
	Bank Transfer 銀行轉帳	Telegraphic Transfer 電匯	ATM 櫃員機
	Bank Counter Service 銀行櫃員服務	FPS 轉數快	PPS 繳費靈
	Autopay 自動轉帳	Internet Bill Payment 網上繳費服務	
	Cash, please specify reason(s): 現金，請註明原因：		
	Others, please specify: 其他，請註明：		

## Part D 丁部 – Payment Purpose 款項用途

### (1) First Policy 第一份保單

<b>Policy No.</b> 保單號碼				<b>Name of the Insured</b> 受保人姓名	
<b>Payment Currency / Amount</b> 繳款貨幣及金額	HKD 港元	USD 美元	RMB 人民幣	Others, please specify: 其他，請註明：	
<b>Payment Purpose</b> 款項用途	New Business 新生意		Renewal Premium 續期保費		Future Premium 未來續期保費
	Unscheduled Premium 非定期保費		Deposit for Change 更改保單		Policy Loan Repayment 償還保單貸款
	Others, please specify: 其他，請註明：				

\*If the payor is **NOT** the Policyowner/Insured, please provide the information below:

\*如繳款人 並非 保單持有人／受保人，請提供以下資料：

<b>Payor Relationship</b> 繳款人關係	The relationship with the 繳款人與	Policyowner 保單持有人 Insured 受保人	held by the payor is: 為以下關係：
	<b>Please tick one of the following 請選擇以下一項：</b>		
	Spouse 配偶	Parent 父母	Child 子女
	Sibling 兄弟姊妹	Grandparent 祖父母	Grandchild 孫子女
	Parent-in-Law 配偶之父母	Child-in-Law 子女之配偶	Legal Guardian 合法監護人
	Sole proprietor, Partner in a Partnership, or Limited Company of which the Policyowner/Insured is a director or shareholder 保單持有人或受保人為該獨資業務東主、合夥公司之合夥人、有限公司之董事、股東		

### (2) Second Policy 第二份保單

<b>Policy No.</b> 保單號碼				<b>Name of the Insured</b> 受保人姓名	
<b>Payment Currency / Amount</b> 繳款貨幣及金額	HKD 港元	USD 美元	RMB 人民幣	Others, please specify: 其他，請註明：	
<b>Payment Purpose</b> 款項用途	New Business 新生意		Renewal Premium 續期保費		Future Premium 未來續期保費
	Unscheduled Premium 非定期保費		Deposit for Change 更改保單		Policy Loan Repayment 償還保單貸款
	Others, please specify: 其他，請註明：				

\*If the payor is **NOT** the Policyowner/Insured, please provide the information below:

\*如繳款人 並非 保單持有人／受保人，請提供以下資料：

<b>Payor Relationship</b> 繳款人關係	The relationship with the 繳款人與	Policyowner 保單持有人 Insured 受保人	held by the payor is: 為以下關係：
	<b>Please tick one of the following 請選擇以下一項：</b>		
	Spouse 配偶	Parent 父母	Child 子女
	Sibling 兄弟姊妹	Grandparent 祖父母	Grandchild 孫子女
	Parent-in-Law 配偶之父母	Child-in-Law 子女之配偶	Legal Guardian 合法監護人
	Sole proprietor, Partner in a Partnership, or Limited Company of which the Policyowner/Insured is a director or shareholder 保單持有人或受保人為該獨資業務東主、合夥公司之合夥人、有限公司之董事、股東		

## Part E 戊部 - Declaration and Authorization 聲明及授權

### Personal Information Collection Statement:

#### Purposes of Personal Information Collection

Your personal information (including a record of your image or voice by whatever means and your health information) collected by or held by YF Life Insurance International Ltd. ("YF Life") may be used for the purposes of: (1) approving, evaluating, or processing your insurance application/policy service request; (2) administering, maintaining, or reinsuring your policies; (3) adjudicating your claims, or conducting any investigation or analysis of your claims; (4) providing services to you in connection with your policies; (5) data matching; (6) investigation or prevention of crime; or (7) fulfilling legal or regulatory requirements. Please note that failure to provide any information requested by YF Life may result in YF Life not being able to process your insurance application/policy services request.

#### Transfer of Personal Information

Your personal information collected by or held by YF Life may be transferred or disclosed by YF Life to any of the following persons (whether within or outside Hong Kong) for the purposes as specified above or to governmental/regulatory bodies (whether within or outside Hong Kong) for them to carry out their government/regulatory functions: (1) YF Life group companies and their associated/affiliated companies; (2) financial institutions, insurance companies, intermediaries, and reinsurers; (3) claims investigation companies or any companies/persons necessary for claims assessment/investigation; (4) industry associations/federations and their members; (5) governmental/regulatory bodies and law enforcement agencies; (6) crime prevention organizations and their members/participants; and (7) service providers and selected persons which are under a duty of confidentiality to YF Life.

#### Access to or Correction of Personal Information

You have the right to access, and to correct, any of your personal information held by YF Life by writing to our Personal Data Protection Officer. (Address: 27/F, YF Life Tower, 33 Lockhart Road, Wanchai, Hong Kong). YF Life may charge a reasonable fee for the processing of such a request.

### 個人資料收集聲明：

#### 收集個人資料的目的

萬通保險國際有限公司（下稱「萬通保險」）所收集或持有的閣下的個人資料（包括任何形式的肖像、聲音及與健康相關的資料）可能會被用於下列目的：(1) 批核、評審及處理閣下之投保計劃申請／保單服務要求；(2) 就閣下之保單提供行政、持續或再保險的服務；(3) 評核閣下索償，或就閣下之索償進行調查或分析；(4) 就閣下之保單向閣下提供服務；(5) 資料核對；(6) 偵測或防罪行；或(7) 符合法律或合規要求。請注意，閣下必須提供萬通保險所需的個人資料，否則，萬通保險將不能處理閣下之投保申請或就閣下之保單提供服務。

#### 轉移個人資料

萬通保險可能為到上述目的或讓政府／監管機構（不論在香港或海外）執行其職務而向以下任何一方（不論在香港或海外）轉移或透露由萬通保險收集或持屬於閣下的個人資料：(1) 萬通保險集團成員公司及其關聯或相關公司；(2) 金融機構、保險公司、中介人或再保險公司；(3) 賠償調查公司及所需關評索償之公司及／或人士；(4) 行業組織／聯會及其成員；(5) 政府部門或監管機構和執法機構；(6) 防犯罪組織及其會員／參與者；及(7) 與萬通保險有保密協議的服務提供者及其他人士。

#### 查閱或更改個人資料

閣下有權查閱和更改任何由萬通保險持有屬於閣下的個人資料。如有需要，閣下可與萬通保險的資料保護主任提出有關要求、並以書面方式呈交至香港灣仔駱克道 33 號萬通保險大廈 27 樓。處理上述要求時，萬通保險可能會收取合理費用。

I hereby declare and authorize that the Payor named above shall make the policy premium payment(s) stated solely on my behalf and no interest in the policy nor contractual right whatsoever is vested or will be vested in the Payor as a result of such payment(s).

本人謹此聲明及授權由上述第三方代繳款人代本人繳付第乙部分所述之保單款項。第三方代繳款人純粹代表保單持有人繳付，第三方代繳款人並不會因該等繳款獲賦予或將賦予任何保單權益或合同權利。

We, the Policyowner and the Payor, hereby declare that all information given and representations made in this form and in the related documents submitted together with this form are, to the best of our knowledge and belief, true, accurate, and complete. 我們，保單持有人及繳款人謹此聲明所有在本聲明書內及隨本聲明書遞交的相關文件內所提供之資料及所作出的陳述，就我們所知及所信乃準確無誤真實及為事實之全部。

\_\_\_\_\_  
Name of Policyowner  
保單持有人姓名

\_\_\_\_\_  
Signature of Policyowner  
保單持有人簽署

\_\_\_\_\_  
Date (MM/DD/YY)  
日期 (月/日/年)

\_\_\_\_\_  
Name of Payor  
繳款人姓名

\_\_\_\_\_  
Signature of Payor  
繳款人簽署

\_\_\_\_\_  
Date (MM/DD/YY)  
日期 (月/日/年)