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

繳付保費授權及聲明書 Premium Payment Authorization & Declaration Form (G86M)

Important Notes:

- Payment should be made by the policyowner/insured or the proposed policyowner/insured. Third-party payment is not allowed unless the payer has a relationship with the policyowner/insured, including spouse, parents, children, brothers, sisters, grandparents, grandchildren, parents-in-law, and legal guardian, or sole proprietor, or partner in a partnership, or company of which the policyowner/insured is a director or shareholder. (For each payment submission by an entity, relevant supporting documents from the past year are required.)
- For bank draft, cashier order, cheque or any other payment without account holder's name, regardless of the amount, a copy of the bank receipt or bank account statements for payer identification is required.
- All cash payments should be submitted with this form, together with proof of identification by the third party acceptable to us. Maximum amount of MOP\$120,000 (or equivalent in other currency) is allowed for each policy within the policy year.
- Completion of this form should be by a third party acceptable to us and/or the policyowner. Satisfactory proof of identification and/or relationship documents are required if the payment amount is MOP\$120,000 or more (or equivalent in other currency) for each policy within the policy year.
- If the premium is paid by a third party, we reserve the right to refuse or withhold such payments, which may result in a delay to or our declining of the application or services requested. In such cases, we will not be responsible for any loss or charges entailed and/or policy lapse due to non-payment.
- Submission of incomplete information will cause payment to be returned to the payer which may result in policy lapsation.

重要事項:

- 繳付款項應由保單持有人/受保人或準保單持有人/受保人支付。本公司恕不接受由第三方代繳保費，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、岳父母、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。(如為實體支付，每次繳付須提交最近一年內之相關證明文件)
- 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。
- 所有現金繳付必須填寫此表格及/或本公司可接納的第三方代繳款人的身份證明文件副本。本公司只接受每份保單在該保單週年內最高金額為 120,000 澳門幣 (或同等幣值)。
- 本公司可接納的第三方代繳款人及/或保單持有人必須填寫此表格。如每份保單在該保單週年內繳付金額為 120,000 澳門幣或以上 (或同等幣值)，必須遞交第三方代繳款人的身份證明文件副本及/或連同第三方代繳款人與保單持有人或受保人之關係證明文件一併提交。
- 如有關款項以第三方代繳付，本公司將保留拒收或扣起該筆款項之權利。此舉可能導閣下有關於申請及或服務受到延誤甚被拒絕。本公司概不負責因拒收或扣起該筆款項而導之任何損失，以及引起之手續費用及或保單因欠款而導保單失效之影響。
- 如繳付保費時未能提供足夠資料，本公司會將相關款項退回予繳款人，閣下亦可能因未能如期繳付而引致保單失效。

Please tick the appropriate box. 請在適當方格內填上 號。

Part A 甲部 – Payer's Name and Payment Method 繳款人繳付資料

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|--|---|
| Name of Payer 繳款人姓名 English 中文 | Payment Method 繳付方式 Please complete Part C 請填丙部 <input type="checkbox"/> Cheque <input type="checkbox"/> Cashier Order <input type="checkbox"/> Bank Transfer <input type="checkbox"/> Telegraphic Transfer <input type="checkbox"/> Credit Card <input type="checkbox"/> Others, specify: _____ <input type="checkbox"/> Cash. Reason(s) for cash payment _____ <input type="checkbox"/> 支票 <input type="checkbox"/> 銀行本票 <input type="checkbox"/> 銀行轉賬 <input type="checkbox"/> 電匯 <input type="checkbox"/> 信用卡 <input type="checkbox"/> 其他，詳述：_____ <input type="checkbox"/> 現金，請提供以現金繳付的理由：_____ |
| Payer Relationship 繳款人關係 <input type="checkbox"/> Policy Owner 保單持有人 <input type="checkbox"/> Insured 受保人 <input type="checkbox"/> Others, please complete Part B: 其他，請填乙部： | Payment Date: _____ 繳款日期：_____ |

Part B 乙部 – Policy Owner Authorization 保單持有人授權書

I, (Name of policy owner: _____), am unable to submit payment myself due the reason(s) given below. I therefore hereby authorize the person named below to submit premium payments for my policy(ies).

本人 (保單持有人姓名: _____) 由於下述原因本人未能自行繳交保費，現授權下列人士替本人繳交保費。

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|---|--|--------------------------------------|
| Payer's Identification No. 繳款人身份證號 | Payer's Gender 繳款人性別 <input type="checkbox"/> Male 男 <input type="checkbox"/> Female 女 | Payer's Date of Birth 繳款人出生日期 |
| Payer's Nationality 繳款人國籍 | Reason for Payment 代繳付原因 | |

Part C 丙部 – Payment Purpose 款項用途

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|--|--|--|
| Policy No. 保單編號 | Relationship with <input type="checkbox"/> Policy Owner <input type="checkbox"/> Insured 與 <input type="checkbox"/> 保單持有人 <input type="checkbox"/> 受保人之關係。 <input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Child <input type="checkbox"/> Brother <input type="checkbox"/> Sister <input type="checkbox"/> Grandparent <input type="checkbox"/> Grandchild <input type="checkbox"/> Parent-in-Law <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Company of which the Policy Owner/Insured is a director or shareholder <input type="checkbox"/> 配偶 <input type="checkbox"/> 父母 <input type="checkbox"/> 子女 <input type="checkbox"/> 兄弟 <input type="checkbox"/> 姊妹 <input type="checkbox"/> 祖父母 <input type="checkbox"/> 孫子女 <input type="checkbox"/> 配偶之父母 <input type="checkbox"/> 合法監護人 <input type="checkbox"/> 保單持有人或受保人為董事或股東之公司 | Purpose of Payment 款項用途 <input type="checkbox"/> New Business 新生意 <input type="checkbox"/> Deposit for Change 更改保單 <input type="checkbox"/> Renewal 續期保費 <input type="checkbox"/> Unscheduled Premium 非定期保費 <input type="checkbox"/> Future Premium 未來續期保費 <input type="checkbox"/> Others, specify: 其他，詳述：_____ _____ |
| Name of Insured 受保人姓名 | | |
| Payment Amount (Currency) 繳付金額 (幣值) | | |



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|--|--|---|
| Policy No. 保單編號 | Relationship with <input type="checkbox"/> Policy Owner <input type="checkbox"/> Insured 與 <input type="checkbox"/> 保單持有人 <input type="checkbox"/> 受保人之關係。 <input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Child <input type="checkbox"/> Brother <input type="checkbox"/> Sister <input type="checkbox"/> Grandparent <input type="checkbox"/> Grandchild <input type="checkbox"/> Parent-in-Law <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Company of which the Policy Owner/Insured is a director or shareholder <input type="checkbox"/> 配偶 <input type="checkbox"/> 父母 <input type="checkbox"/> 子女 <input type="checkbox"/> 兄弟 <input type="checkbox"/> 姊妹 <input type="checkbox"/> 祖父母 <input type="checkbox"/> 孫子女 <input type="checkbox"/> 配偶之父母 <input type="checkbox"/> 合法監護人 <input type="checkbox"/> 保單持有人或受保人為董事或股東之公司 | Purpose of Payment 款項用途 <input type="checkbox"/> New Business 新生意 <input type="checkbox"/> Deposit for Change 更改保單 <input type="checkbox"/> Renewal 續期保費 <input type="checkbox"/> Unscheduled Premium 非定期保費 <input type="checkbox"/> Future Premium 未來續期保費 <input type="checkbox"/> Others, specify: 其他, 詳述 : _____ |
| Name of Insured 受保人姓名 | | |
| Payment Amount (Currency) 繳付金額 (幣值) | | |

Part D 丁部 – Declaration and Signature 聲明及簽署

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| <p>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.</p> <p>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 Macau) for the purposes as specified above or to governmental/regulatory bodies (whether within or outside Macau) 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.</p> <p>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: Avenida Doutor Mario Soares No.320, Finance and IT Center of Macau, 8 Andar A, Macau). YF Life may charge a reasonable fee for the processing of such a request.</p> <p>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請或就閣下之保單提供服務。</p> <p>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（不論在澳門或海外）執行其職務而向以下任何一方（不論在澳門或海外）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。</p> <p>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澳門蘇亞利斯博士大馬路320號澳門財富中心8樓A座。處理上述要求時，萬通保險可能會收取合理費用。</p> | | |
| <p>I hereby declare and agree that the Payer named above shall make the policy premium payment(s) mentioned in Part B solely on my behalf and no interest in the policy nor contractual right whatsoever is vested or will be vested in the Payer as a result of such payment(s). 本人謹此聲明及同意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 Policy Owner and the Payer, 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。</p> | | |
| Name of Policy Owner 保單持有人姓名 | Signature of Policy Owner 保單持有人簽署 | Date 日期 (MM/DD/YY 月/日/年) |
| Name of Payer 繳款人姓名 | Signature of Payer 繳款人簽署 | Date 日期 (MM/DD/YY 月/日/年) |