



太平洋人壽保險有限公司
THE PACIFIC LIFE ASSURANCE CO., LTD.
(INCORPORATED IN HONG KONG IN 1960)

APPLICATION FOR INSURANCE 保險投保書

Important Note: Please ensure that you disclose all material facts within your knowledge in writing in this application form, as failure to do so may result in the insurance being adjusted or even declared void and the Company shall not be liable for claims unless all material facts have been declared in writing. "Material Facts" are facts that an insurer would regard as likely to influence the assessment and acceptance of an application. If you have any doubt as to whether certain facts are material, these facts should be disclosed.

重要指示：請閣下確定能盡已所知在投保書提供一切屬實資料，否則可導致此份保單條款被修改或無效，而本公司亦毋須負責此等賠償。「屬實資料」代表該等事實將會影響保險公司考慮投保申請之核保尺度及接受與否之決定。倘若閣下對某些事實有疑問，應當將全部事實提供。

PART 1 PERSONAL DETAILS OF LIFE TO BE INSURED & APPLICANT 被保人及投保人個人資料		
PLEASE COMPLETE IN ENGLISH BLOCK LETTERS 請用英文正楷填寫		
# Delete as inappropriate # 將不適用者刪除		
PERSONAL DETAILS 個人資料	LIFE TO BE INSURED 被保人	APPLICANT - POLICYOWNER (Complete if different from Life to be Insured) 投保人 — 保單持有人 (若非被保人，請填寫此欄)
1. Name (Surname first, as shown on Identification Document) or Company Name (If it is a body corporate) 姓名 (先姓後名，以身份證明文件為準) 或 公司名稱 (若投保人為法人團體)	In English 英文姓名 In Chinese 中文姓名	In English 英文姓名 In Chinese 中文姓名
2. Relationship with Life to be Insured 與被保人之關係		
3. Sex (If applicable) 性別 (若適用)	<input type="checkbox"/> Male 男 <input type="checkbox"/> Female 女	<input type="checkbox"/> Male 男 <input type="checkbox"/> Female 女
4. # Date of Birth / Date of Incorporation # 出生日期 / 成立日期	日 月 年 DD MM YYYY	日 月 年 DD MM YYYY
5. Age Next Birthday 下次生日年齡	(Date Back 追溯保單生效日期 <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否)	(Date Back 追溯保單生效日期 <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否)
6. Marital Status 婚姻狀況	<input type="checkbox"/> Single 單身 <input type="checkbox"/> Married 已婚 <input type="checkbox"/> Widowed 寡婦 <input type="checkbox"/> Divorced 離婚	<input type="checkbox"/> Single 單身 <input type="checkbox"/> Married 已婚 <input type="checkbox"/> Widowed 寡婦 <input type="checkbox"/> Divorced 離婚
7. # HKID Card No. / Passport No. / Business Registration No. (If it is a body corporate) # 香港身份證號碼 / 護照號碼 / 商業登記證號碼 (若投保人為法人團體)		
8. Nationality (If applicable) 國籍 (若適用)		
9. # Place of Birth / Place of Incorporation # 出生地點 / 成立地點		
10. Citizenship (If other than Hong Kong SAR and U.S. citizenship, please specify. If more than one citizenship, please provide details.) 公民身份 (如非香港或美國公民，請註明哪個地區或國家的公民。如多於一個公民身份，請提供詳細資料。)	<input type="checkbox"/> Hong Kong SAR Citizenship 香港特別行政區公民身份 <input type="checkbox"/> U.S. Citizenship (including "Green Card" holder) 美國公民身份 (包括「綠卡」持有人) <input type="checkbox"/> Other than Hong Kong SAR and U.S. Citizenship 其他地區公民身份	<input type="checkbox"/> Hong Kong SAR Citizenship 香港特別行政區公民身份 <input type="checkbox"/> U.S. Citizenship (including "Green Card" holder) 美國公民身份 (包括「綠卡」持有人) <input type="checkbox"/> Other than Hong Kong SAR and U.S. Citizenship 其他地區公民身份
11. Tax residence ¹ (If more than one tax residence, please provide details.) 稅務地區 ¹ (如多於一個稅務地區，請提供詳細資料。)		
12. Are you subject to U.S. income tax on a basis other than that applicable to a non-resident for any other reason? ² If "Yes", please provide details. 作為非美國居民，閣下是否需要繳納美國收入稅？ ² 如「是」，請提供詳細資料。	<input type="checkbox"/> No 否 <input type="checkbox"/> Yes 是	<input type="checkbox"/> No 否 <input type="checkbox"/> Yes 是
13. U.S. Taxpayer Identification Number (TIN No.) (If applicable) 美國納稅人識別號碼 (若適用)		
14. Residential Address / Registered Address (If it is a body corporate) 住宅地址 / 登記地址 (若投保人為法人團體)	Flat / Rm 室 _____ Floor 樓 _____ Block 座 _____ Building / House 大廈 / 樓 _____ Court / Estate 屋苑 / 屋邨 _____ Street / Road 街道名稱 _____ District / Area 地區 _____ <input type="checkbox"/> HK 香港 <input type="checkbox"/> KLN 九龍 <input type="checkbox"/> NT 新界 City 城市 _____ Country / Jurisdiction 國家 / 司法區 _____ Postal Code 郵政編號 _____	(Complete only if it is different from Life to be Insured's Residential Address 若與被保人之住宅地址不同者，請填寫此欄) Flat / Rm 室 _____ Floor 樓 _____ Block 座 _____ Building / House 大廈 / 樓 _____ Court / Estate 屋苑 / 屋邨 _____ Street / Road 街道名稱 _____ District / Area 地區 _____ <input type="checkbox"/> HK 香港 <input type="checkbox"/> KLN 九龍 <input type="checkbox"/> NT 新界 City 城市 _____ Country / Jurisdiction 國家 / 司法區 _____ Postal Code 郵政編號 _____

¹ You are also considered as a U.S. resident for tax purposes if: i) you are a lawful permanent resident ("Green Card" holder) not eligible for treaty protection; or ii) you qualify as an income tax resident of the U.S. under the "substantial presence test".
閣下被視為美國稅務居民，若 i) 閣下為合法永久居民 (「綠卡」持有人) 而不合資格受美國條約保護，或 ii) 閣下因「實質居住測試」而被定為稅務居民。

² As an example, are you a dual tax resident? Have you elected to be treated as a resident of the U.S. for any purposes, including an election to "file jointly" with a U.S. citizen spouse? Have you expatriated or given up your "Green Card" during the last ten years and are subject to special "sourcing rules"? 例：閣下是否有雙重稅務居民身份？閣下有否因其其他原因而被定為美國稅務居民，包括與美國公民之配偶合併報稅？閣下有否於過去十年內移居國外或放棄「綠卡」而受到特別「來源原則」所限制？

15. Permanent Address 永久地址	(Complete only if it is different from the Residential Address / Registered Address 若與住宅地址 / 登記地址不同者，請填寫此欄) Flat / Rm 室 _____ Floor 樓 _____ Block 座 _____ Building / House 大廈 / 樓 _____ Court / Estate 屋苑 / 屋邨 _____ Street / Road 街道名稱 _____ District / Area 地區 _____ <input type="checkbox"/> HK 香港 <input type="checkbox"/> KLN 九龍 <input type="checkbox"/> NT 新界 City 城市 _____ Country / Jurisdiction 國家 / 司法區 _____ Postal Code 郵政編號 _____	(Complete only if it is different from the Residential Address / Registered Address 若與住宅地址 / 登記地址不同者，請填寫此欄) Flat / Rm 室 _____ Floor 樓 _____ Block 座 _____ Building / House 大廈 / 樓 _____ Court / Estate 屋苑 / 屋邨 _____ Street / Road 街道名稱 _____ District / Area 地區 _____ <input type="checkbox"/> HK 香港 <input type="checkbox"/> KLN 九龍 <input type="checkbox"/> NT 新界 City 城市 _____ Country / Jurisdiction 國家 / 司法區 _____ Postal Code 郵政編號 _____																		
16. Correspondence Address 通訊地址	(Complete only if it is different from the Residential Address / Registered Address 若與住宅地址 / 登記地址不同者，請填寫此欄) Flat / Rm 室 _____ Floor 樓 _____ Block 座 _____ Building / House 大廈 / 樓 _____ Court / Estate 屋苑 / 屋邨 _____ Street / Road 街道名稱 _____ District / Area 地區 _____ <input type="checkbox"/> HK 香港 <input type="checkbox"/> KLN 九龍 <input type="checkbox"/> NT 新界 City 城市 _____ Country / Jurisdiction 國家 / 司法區 _____ Postal Code 郵政編號 _____	(Complete only if it is different from the Residential Address / Registered Address 若與住宅地址 / 登記地址不同者，請填寫此欄) Flat / Rm 室 _____ Floor 樓 _____ Block 座 _____ Building / House 大廈 / 樓 _____ Court / Estate 屋苑 / 屋邨 _____ Street / Road 街道名稱 _____ District / Area 地區 _____ <input type="checkbox"/> HK 香港 <input type="checkbox"/> KLN 九龍 <input type="checkbox"/> NT 新界 City 城市 _____ Country / Jurisdiction 國家 / 司法區 _____ Postal Code 郵政編號 _____																		
17. Have you granted power of attorney or signatory authority to a person with a U.S. address? If "Yes", please provide the mailing address. 有否授權具美國地址之「代理人」或「代簽人」處理閣下之保單？如「有」，請提供上述人士之郵寄地址。	<input type="checkbox"/> No 否 <input type="checkbox"/> Yes 是 *Power of Attorney 代理人 / Authorized Signatory 代簽人 Flat / Rm 室 _____ Floor 樓 _____ Block 座 _____ Building / House 大廈 / 樓 _____ Court / Estate 屋苑 / 屋邨 _____ Street / Road 街道名稱 _____ District / Area 地區 _____ <input type="checkbox"/> HK 香港 <input type="checkbox"/> KLN 九龍 <input type="checkbox"/> NT 新界 City 城市 _____ Country / Jurisdiction 國家 / 司法區 _____ Postal Code 郵政編號 _____	<input type="checkbox"/> No 否 <input type="checkbox"/> Yes 是 *Power of Attorney 代理人 / Authorized Signatory 代簽人 Flat / Rm 室 _____ Floor 樓 _____ Block 座 _____ Building / House 大廈 / 樓 _____ Court / Estate 屋苑 / 屋邨 _____ Street / Road 街道名稱 _____ District / Area 地區 _____ <input type="checkbox"/> HK 香港 <input type="checkbox"/> KLN 九龍 <input type="checkbox"/> NT 新界 City 城市 _____ Country / Jurisdiction 國家 / 司法區 _____ Postal Code 郵政編號 _____																		
18. Do you have any "in-care-of" or "hold mail" address? If "Yes", please provide the address. 有否「轉信地址」或「代存郵件地址」？如「有」，請提供有關地址。	<input type="checkbox"/> No 否 <input type="checkbox"/> Yes 是 *In-care-of address 轉信地址 / Hold mail address 代存郵件地址 Flat / Rm 室 _____ Floor 樓 _____ Block 座 _____ Building / House 大廈 / 樓 _____ Court / Estate 屋苑 / 屋邨 _____ Street / Road 街道名稱 _____ District / Area 地區 _____ <input type="checkbox"/> HK 香港 <input type="checkbox"/> KLN 九龍 <input type="checkbox"/> NT 新界 City 城市 _____ Country / Jurisdiction 國家 / 司法區 _____ Postal Code 郵政編號 _____	<input type="checkbox"/> No 否 <input type="checkbox"/> Yes 是 *In-care-of address 轉信地址 / Hold mail address 代存郵件地址 Flat / Rm 室 _____ Floor 樓 _____ Block 座 _____ Building / House 大廈 / 樓 _____ Court / Estate 屋苑 / 屋邨 _____ Street / Road 街道名稱 _____ District / Area 地區 _____ <input type="checkbox"/> HK 香港 <input type="checkbox"/> KLN 九龍 <input type="checkbox"/> NT 新界 City 城市 _____ Country / Jurisdiction 國家 / 司法區 _____ Postal Code 郵政編號 _____																		
19. E-mail Address 電郵地址																				
20. a. Home Telephone Number 住宅電話號碼 b. Mobile Phone Number 手提電話號碼	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; text-align: center;">Country Code 國家號碼</td> <td style="width:33%; text-align: center;">Area Code 地區號碼</td> <td style="width:33%; text-align: center;">Telephone Number 電話號碼</td> </tr> <tr> <td style="text-align: center;">-</td> <td style="text-align: center;">-</td> <td style="text-align: center;">-</td> </tr> <tr> <td style="text-align: center;">Country Code 國家號碼</td> <td style="text-align: center;">Area Code 地區號碼</td> <td style="text-align: center;">Telephone Number 電話號碼</td> </tr> </table>	Country Code 國家號碼	Area Code 地區號碼	Telephone Number 電話號碼	-	-	-	Country Code 國家號碼	Area Code 地區號碼	Telephone Number 電話號碼	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; text-align: center;">Country Code 國家號碼</td> <td style="width:33%; text-align: center;">Area Code 地區號碼</td> <td style="width:33%; text-align: center;">Telephone Number 電話號碼</td> </tr> <tr> <td style="text-align: center;">-</td> <td style="text-align: center;">-</td> <td style="text-align: center;">-</td> </tr> <tr> <td style="text-align: center;">Country Code 國家號碼</td> <td style="text-align: center;">Area Code 地區號碼</td> <td style="text-align: center;">Telephone Number 電話號碼</td> </tr> </table>	Country Code 國家號碼	Area Code 地區號碼	Telephone Number 電話號碼	-	-	-	Country Code 國家號碼	Area Code 地區號碼	Telephone Number 電話號碼
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21. Occupation 職業																				
22. Nature of Business 業務性質																				
23. Exact Duties 職務範圍	<input type="checkbox"/> Indoor Work 戶內工作 <input type="checkbox"/> Outdoor Work 戶外工作 <input type="checkbox"/> Work at Height 高空工作 <input type="checkbox"/> Work at Construction Site 建築地盤工作 <input type="checkbox"/> Manual Work Involved 牽涉手製、手控或體力勞動的工作 Please provide details 請詳述： _____	<input type="checkbox"/> Indoor Work 戶內工作 <input type="checkbox"/> Outdoor Work 戶外工作 <input type="checkbox"/> Work at Height 高空工作 <input type="checkbox"/> Work at Construction Site 建築地盤工作 <input type="checkbox"/> Manual Work Involved 牽涉手製、手控或體力勞動的工作 Please provide details 請詳述： _____																		
24. Employer's Name 僱主名稱																				
25. Office Address 辦事處地址																				
26. Office Telephone Number 辦事處電話號碼	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; text-align: center;">Country Code 國家號碼</td> <td style="width:33%; text-align: center;">Area Code 地區號碼</td> <td style="width:33%; text-align: center;">Telephone Number 電話號碼</td> </tr> <tr> <td style="text-align: center;">-</td> <td style="text-align: center;">-</td> <td style="text-align: center;">-</td> </tr> <tr> <td style="text-align: center;">Country Code 國家號碼</td> <td style="text-align: center;">Area Code 地區號碼</td> <td style="text-align: center;">Telephone Number 電話號碼</td> </tr> </table>	Country Code 國家號碼	Area Code 地區號碼	Telephone Number 電話號碼	-	-	-	Country Code 國家號碼	Area Code 地區號碼	Telephone Number 電話號碼	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; text-align: center;">Country Code 國家號碼</td> <td style="width:33%; text-align: center;">Area Code 地區號碼</td> <td style="width:33%; text-align: center;">Telephone Number 電話號碼</td> </tr> <tr> <td style="text-align: center;">-</td> <td style="text-align: center;">-</td> <td style="text-align: center;">-</td> </tr> <tr> <td style="text-align: center;">Country Code 國家號碼</td> <td style="text-align: center;">Area Code 地區號碼</td> <td style="text-align: center;">Telephone Number 電話號碼</td> </tr> </table>	Country Code 國家號碼	Area Code 地區號碼	Telephone Number 電話號碼	-	-	-	Country Code 國家號碼	Area Code 地區號碼	Telephone Number 電話號碼
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27. Annual Earned Income 每年工作收入																				
28. Do you or do you intend to live or work outside Hong Kong? If "Yes", please give details. (e.g. frequency, duration, destination.) 閣下是否需要或將到香港以外地方公幹或居住？若「是」，請詳述。(如頻密情況、逗留時間、目的地。) 	<input type="checkbox"/> No 否 <input type="checkbox"/> Yes 是 Frequency 頻密情況： _____ Duration 逗留時間： _____ Destination 目的地： _____																			
29. Are you considering a change of occupation? If "Yes", please give details. 閣下是否正考慮轉換職業？若「是」，請詳述。	<input type="checkbox"/> No 否 <input type="checkbox"/> Yes 是																			
30. If unemployed, please state the job title, duties and salary before unemployment. 如失業或待業，請提供失業前之職位、職務及薪金。	Job Title 職位： _____ Job Duties 職務： _____ Salary 薪金： _____																			

PART 2 POLITICALLY EXPOSED PERSON (PEP) 政治人物

1. Are you considered as a Domestic / Foreign PEP* or International Organization PEP**? Yes 是 No 否

If “Yes”, please provide the following details.

閣下是否被視為本地 / 外地政治人物*或國際組織政治人物**？
若「是」，請詳述下列資料。

a. English Name of the PEP 政治人物之英文姓名

b. Chinese Name of the PEP 政治人物之中文姓名

c. Relationship with the Applicant 與投保人之關係

d. Name of Company / Organization 公司 / 組織之名稱

e. Title 職位

* A Domestic / Foreign PEP is defined as:

- (a) an individual who is or has been entrusted with a prominent public function in a place within / outside the People’s Republic of China, and
 - (i) Includes a head of state, head of government, senior politician, senior government, judicial or military official, senior executive of a state-owned corporation and an important political party official;
 - (ii) But does not include a middle-ranking or more junior official of any of the categories mentioned in paragraph (i) above;
- (b) A spouse, a partner, a child or a parent of an individual falling within paragraph (a) above, or a spouse or a partner of a child of such an individual; or
- (c) A close associate of an individual falling within paragraph (a) above.
 - (i) An individual who has close business relations with a person falling under paragraph (a) above, including an individual who is a beneficial owner of a legal person or trust of which the person falling under paragraph (a) above is also a beneficial owner; or
 - (ii) An individual who is the beneficial owner of a legal person or trust that is set up for the benefit of a person falling under paragraph (a) above.

本地 / 外地政治人物被界定為：

- (a) 在中華人民共和國以內 / 以外地方擔任或曾擔任重要公職的個人，並
 - (i) 包括國家元首、政府首長、資深從政者、高級政府、司法或軍事官員、國有企業高級行政人員及重要政黨幹事；
 - (ii) 但不包括上述 (i) 段所述的任何類別的中級或更低級官員；
- (b) 上述 (a) 段所指的個人的配偶、伴侶、子女或父母、或該名個人的子女的配偶或伴侶；或
- (c) 與上述 (a) 段所指的個人關係密切的人：
 - (i) 與上述 (a) 段所述的某人有密切業務關係的個人，包括法人或信託的實益擁有人的個人，而屬上述 (a) 段所述的該人亦為該法人或信託的實益擁有人；或
 - (ii) 屬某法人或信託的實益擁有人的個人，而該法人或信託是為屬上述 (a) 段所述的某人的利益而成立。

** An International Organization PEP is defined as:

- (a) An individual who is or has been entrusted with a prominent function by an international organization, and
 - (i) Includes members of senior management, i.e. directors, deputy directors and members of the board or equivalent functions;
 - (ii) But does not include a middle-ranking or more junior official of the international organization;
- (b) A spouse, a partner, a child or a parent of an individual falling within paragraph (a) above, or a spouse or a partner of a child of such an individual; or
- (c) A close associate of an individual falling within paragraph (a) above.
 - (i) An individual who has close business relations with a person falling under paragraph (a) above, including an individual who is a beneficial owner of a legal person or trust of which the person falling under paragraph (a) above is also a beneficial owner; or
 - (ii) An individual who is the beneficial owner of a legal person or trust that is set up for the benefit of a person falling under paragraph (a) above.

國際組織政治人物被界定為：

- (a) 在國際組織擔任或曾擔任重要職位的個人，並
 - (i) 包括高級管理層成員，即董事、副董事及董事會成員或同等職能；
 - (ii) 但不包括國際組織的中級或更低級人員；
- (b) 上述 (a) 段所指的個人的配偶、伴侶、子女或父母、或該名個人的子女的配偶或伴侶；或
- (c) 與上述 (a) 段所指的個人關係密切的人：
 - (i) 與上述 (a) 段所述的某人有密切業務關係的個人，包括法人或信託的實益擁有人的個人，而屬上述 (a) 段所述的該人亦為該法人或信託的實益擁有人；或
 - (ii) 屬某法人或信託的實益擁有人的個人，而該法人或信託是為屬上述 (a) 段所述的某人的利益而成立。

Basic Plan 基本計劃

Sum Insured 投保額

Payment Mode for Renewal Premium
續期保費之繳費方式

Currency 幣值

 Annually 每年 HK\$ 港幣 Semi-Annually 每半年 US\$ 美金 Quarterly (Autopay only)
每季 (只可自動轉賬) Monthly (Autopay only)

每月 (只可自動轉賬)

Rider Plan 附加保障計劃

- _____
- _____
- _____

Payment Method for Renewal Premium
續期保費之繳費辦法 Autopay 自動轉賬 Cash / Cheque 現金 / 支票Dividend Option (If applicable): Cash 現金 Accumulation 積存 Paid-up Insurance 繳清保險

紅利運用方式 (如適用)

Total premium submitted with this application
連同投保書附上保費金額

* HK\$ / US\$ _____

PART 4 BENEFICIARY 受益人

Name In English 英文姓名	Name In Chinese 中文姓名	#HKID / Passport No. *香港身份證 / 護照號碼	Relationship with Life to be Insured 與被保人之關係	Percentage of Entitlement 領取利益百分比
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

PART 5 PERSONAL HABIT 個人嗜好

- 1a. Do you now use or have you used any tobacco products (including but not limited to cigarettes, cigars, pipes and chewing tobacco) within past 12 months? If "Yes", please specify the consumption and duration. Yes 是 No 否
閣下現時有否吸用或曾於過去 12 個月內吸用任何煙草產品 (包括但不限於香煙、雪茄、煙斗及咀嚼煙草等)? 若「是」, 請詳述吸用的數量及年期。
Average Daily Consumption 每天平均吸用量: _____ For how many years have you used 已吸用多少年? _____ Year (s) 年
- 1b. Have you ever used tobacco products (including but not limited to cigarettes, cigars, pipes and chewing tobacco)? If "Yes", please specify your consumption in the past. If you stopped using any tobacco products, please also state when and for what reason. Yes 是 No 否
閣下曾否吸用任何煙草產品 (包括但不限於香煙、雪茄、煙斗及咀嚼煙草等)? 若「是」, 請註明過往吸用量。倘若閣下已停止吸用, 請詳述停止吸用的日期及原因。
Average Daily Consumption 每天平均吸用量: _____ for 吸用達 _____ Year (s) 年
Date ceased 停止吸用日期: _____ and Reason 及原因: _____
2. Do you drink alcohol? If "Yes", please state kind, amount and frequency. Yes 是 No 否
閣下是否有飲用酒精類飲品? 若「是」, 請列明類別、飲用份量和頻密情況。
Type 類別: _____ Amount 飲用份量: _____ Frequency 頻密情況: _____
3. Have you ever taken drugs and narcotics? If "Yes", please state type, quantity and frequency. Yes 是 No 否
閣下曾否吸食任何成癮藥物或毒品? 若「是」, 請註明類別、份量和頻密程度。
Type 類別: _____ Quantity 份量: _____ Frequency 頻密情況: _____
4. Do you or do you intend to engage in any hazardous pursuits (such as motor racing, motorboat racing, diving, parachuting, mountaineering, water skiing, or private flying or flying other than as a fare paying passenger on a regular scheduled airline.) If the above question is answered "Yes", please complete the relevant questionnaire. Yes 是 No 否
閣下是否有或可能參與任何危險運動 (如賽車、快艇競賽、潛水、跳傘、攀山、滑水、或私人飛行或非以購票乘客身份飛行於固定航線。) 若以上之問題的回答為「是」, 請填寫有關問卷。

PART 6 INSURANCE HISTORY 保險紀錄

1. Do you have any type of in force insurance policy with any insurance company? If "Yes", please give details. Yes 是 No 否
閣下是否正持有任何保險公司之任何種類已生效之保單? 若「是」, 請詳述。

Company Name 公司名稱	Type of Insurance 保險類別	Insured Amount 投保額	Issue Date 簽發日期
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. Do you have any life insurance policy that is being applied or reinstated with other insurance companies? If "Yes", please state the total insured amount. Yes 是 No 否
閣下在其他保險公司是否有任何在審核或復效中之人壽保單? 若「是」, 請列明總保額。
*HK\$ / US\$ _____

3. Have you ever had an application or reinstatement for any Life Insurance, Disability, Health Insurance, Personal Accident, Critical Illness or Long Term Care Insurance declined, postponed or accepted on special terms? Or have you ever made a claim for accident, health or any sort of benefits? If "Yes", please give date of application, name of insurer and the insurer's decision. Yes 是 No 否
閣下在過去投保或申請將人壽保險、傷殘、醫療保障、個人意外、危疾保障保險復效時曾否被拒絕、延期受保或在附加條件下被接受? 或曾否提出意外、健康或任何類型的保險索償? 若「是」, 請詳述申請日期、保險公司名稱及詳細情況。

PART 7 LIFE TO BE INSURED'S STATEMENT OF HEALTH 被保人健康聲明

1. a. Height 身高: _____ ft _____ in / _____ m b. Weight 體重: _____ lbs / _____ kg
 c. Weight change in the last one year 過去一年體重增減: _____ lbs / _____ kg; Reason 原因: _____
2. Have you ever had, or been told or been treated for the following: 閣下是否曾患有或獲悉患有下列疾病, 或曾接受以下治療:
- | | Yes 是 | No 否 |
|--|-----------------------------|--------------------------|
| a. Any heart complaint, high blood pressure or pain in the chest?
任何心臟病, 高血壓或胸部疼痛? | a. <input type="checkbox"/> | <input type="checkbox"/> |
| b. Anaemia, leukaemia, haemophilia or any other blood disorder?
貧血、白血病、血友病或任何其他血病? | b. <input type="checkbox"/> | <input type="checkbox"/> |
| c. Indigestion, gastric or duodenal ulcer, bowel disease, hernia or vomiting of blood?
消化不良、胃潰瘍或十二指腸潰瘍、腸臟病、疝氣或吐血? | c. <input type="checkbox"/> | <input type="checkbox"/> |
| d. Any kidney or bladder disease, renal colic or stone, or passage of blood in the urine or passage of blood from the bowel?
任何腎病或膀胱病、腎絞痛或腎石, 或尿血或大便出血? | d. <input type="checkbox"/> | <input type="checkbox"/> |
| e. Hepatitis (including Hepatitis B carrier) or any liver or gall bladder disease? Any diabetes, thyroid, lymph or other endocrine (glandular) disorder?
肝炎(包括乙型肝炎帶菌)或任何肝病或膽病? 糖尿病、甲狀腺、淋巴或其他內分泌(腺體)之疾病? | e. <input type="checkbox"/> | <input type="checkbox"/> |
| f. Asthma, bronchitis, tuberculosis or any other respiratory disease?
哮喘、支氣管炎、肺結核或任何呼吸疾病? | f. <input type="checkbox"/> | <input type="checkbox"/> |
| g. Epilepsy, stroke, fainting attacks or fits of any kind?
癲癇症、中風、暈厥或各種抽搐發作病症? | g. <input type="checkbox"/> | <input type="checkbox"/> |
| h. Mental illness, depression, stress, anxiety state, speech defect or nervous condition?
精神病、抑鬱症、抑壓、焦慮、語言缺陷或神經過敏? | h. <input type="checkbox"/> | <input type="checkbox"/> |
| i. Arthritis, back pain, gout or any skin disorder or any disease or injury in any part of the spine or neck, joint or limbs?
關節炎、背痛、痛風或任何皮膚病或任何內脊骨、頸部、關節或四肢任何部份之疾病或損傷? | i. <input type="checkbox"/> | <input type="checkbox"/> |
| j. Any sexually transmitted disease, AIDS or AIDS-related complex?
任何透過性接觸傳染的疾病, 後天免疫力缺乏症(愛滋病)或愛滋病併發症? | j. <input type="checkbox"/> | <input type="checkbox"/> |
| k. Cancer or tumor of any kind?
癌症或任何腫瘤? | k. <input type="checkbox"/> | <input type="checkbox"/> |
| l. Disorder of the eyes, ears, nose, throat or mouth?
眼睛、耳朵、鼻、喉及口之功能缺陷或異常? | l. <input type="checkbox"/> | <input type="checkbox"/> |
| m. Any other disease or congenital disorder not mentioned above?
上述疾病以外之任何其他疾病或先天性之疾病? | m. <input type="checkbox"/> | <input type="checkbox"/> |
3. During the last five years, have you: 在過往五年內, 閣下是否曾:
- | | | |
|--|-----------------------------|--------------------------|
| a. Had any check-up, consultation, treatment or operation?
接受或曾被建議進行任何檢查, 診治或手術? | a. <input type="checkbox"/> | <input type="checkbox"/> |
| b. Had any tests, including blood test, ECG, X-rays, etc.?
接受任何檢驗, 包括驗血, 心電圖或 X-光等? | b. <input type="checkbox"/> | <input type="checkbox"/> |
| c. Had any test to detect the presence of AIDS or AIDS antibodies?
接受任何愛滋病檢驗或愛滋病抗體測試? | c. <input type="checkbox"/> | <input type="checkbox"/> |
| d. Had a blood transfusion or been refused as a blood donor?
曾接受輸血或有意捐血而不獲接納? | d. <input type="checkbox"/> | <input type="checkbox"/> |
4. Are you receiving medical treatment or medical care of any kind?
閣下是否正接受任何藥物治療或醫療護理?
4.
5. (Female only) Are you pregnant? If "Yes", please state expected delivery date.
(祇適用於女性) 閣下是否懷孕? 若「是」, 請註明預產期。
5.

If any of the Question 1 - 5 is "Yes", please indicate the items concerned and state dates, diagnosis, duration, results, name and address of all attending physicians.
 如閣下在問題 1 - 5 的任何一項答「是」, 請列出有關項目, 註明日期、診斷或測試結果、患病時間、是否已痊癒, 與及所有曾提供診治的醫生姓名和地址。

6. Give name and address of your usual doctor. Please specify the date of last consultation and reasons below.
 請列出閣下慣常求診之醫生姓名及地址。請註明最近接受該醫生診治之日期及原因。

7. Have any of your family members (whether living or dead) ever suffered from heart disease, cancer, kidney disease, diabetes, high blood pressure, lung disease, liver disease or mental disorder or any other hereditary disease(s)? If "Yes", please state details of which relative(s), the diagnosis, the onset age and current health condition.
 閣下之親屬中(無論在生或已去世)是否曾有人患心臟病、癌症、腎病、糖尿病、高血壓、肺病、肝病、精神病或任何其他遺傳性之疾病? 若「是」, 請詳述那位親人、所患病症、發病年齡及現時健康狀況。

Regarding the funding of your new life insurance policy purchase, are you using, or do you intend to use some or all of the funds arising from your existing life insurance policy, or any savings made by reducing the premium payable under your existing life insurance policy? For example, such funds or savings may arise from:

閣下是否使用或打算使用現有人壽保險保單的部分或全部資金，或使用或打算使用通過減少現有人壽保險保單的應付保費而節省的金額，以資助閣下購買新的人壽保險保單？例如，此等資金或金額可能來自：

- a. surrendering / partially surrendering your existing life insurance policy to obtain its surrender value
從閣下現有人壽保險保單作出全部 / 部分退保的安排，以獲得其退保價值
- b. taking out a policy loan (including automatic premium loan) from your existing life insurance policy
從閣下現有人壽保險保單中提取保單貸款（包括自動保費貸款）
- c. withdrawing policy values from your existing life insurance policy (e.g. cash out dividends or redeem fund units etc.)
從閣下現有人壽保險保單中提取保單價值（例如：套現紅利或贖回基金單位等）
- d. lapsation of your existing life insurance policy (e.g. by non-payment of premium)
容許閣下現有人壽保險保單失效（例如：終止支付保費）
- e. exercising the right to a premium holiday under your existing life insurance policy
行使閣下現有人壽保險保單中「保費假期」的權利

- Yes (Please complete Important Facts Statement – Policy Replacement)
是 (請填寫《重要資料聲明書—轉保》)
- Not yet decided (Please complete Important Facts Statement – Policy Replacement)
尚未決定 (請填寫《重要資料聲明書—轉保》)
- No
否

Please check one appropriate box only

請在適當的方格內填上別號（只可選擇一項）

Warning: Please answer the above question carefully. Making changes on your existing life insurance policy may not be in your best interest. Your licensed insurance intermediary must explain to you the financial implications, insurability implications and claims eligibility implications of such changes. For this purpose, your licensed insurance intermediary may require certain information on your existing life insurance policy. You may need to approach the insurer of your existing life insurance policy to obtain accurate and up to date information on your existing policy.

忠告：請小心回答上述問題。就現有人壽保險保單作出變更未必符合閣下的最佳利益。閣下的持牌保險中介人必須向閣下解釋有關變更對閣下的財務、受保資格及索償資格所構成的影響。因此，閣下的持牌保險中介人可能會向閣下索取閣下現有人壽保險保單的某些資料。閣下可能需要聯絡現有人壽保險保單的保險公司並向其索取有關現有人壽保險保單準確及最新的資料。

If your answer is “Yes” or “Not yet decided”, your licensed insurance intermediary must explain the “Important Facts Statement – Policy Replacement” to you.

若閣下的回答為「是」或「尚未決定」，閣下的持牌保險中介人必須向閣下解釋《重要資料聲明書—轉保》

Signature of the Applicant/ Proposer
申請人 / 投保人簽署

Date (DD / MM / YYYY)
日期 (日 / 月 / 年)

Signature of Licensed Insurance Intermediary
持牌保險中介人簽署

Date (DD / MM / YYYY)
日期 (日 / 月 / 年)

Full Name of Licensed Insurance Intermediary
持牌保險中介人姓名

Type of License and License No.
牌照類別及牌照號碼

PART 9 DECLARATION AND AGREEMENT RELATING TO “FOREIGN ACCOUNT TAX COMPLIANCE ACT” AND OTHER APPLICABLE LAWS

有關《海外帳戶稅收合規法案》和其他適用法律的聲明和同意書

(1) I acknowledge that The Pacific Life Assurance Co., Ltd. (the Company) may be required by legislation or regulation, as promulgated and amended from time to time, or by agreement with (the Applicable Requirements) local or overseas authorities (the Authorities and each an Authority), including but not limited to, Internal Revenue Service (IRS) of the United States of America, to report certain information about me and about my relationship with the Company: (a) to the Authorities in the jurisdiction where the Company is registered, which may then pass that information to the Authorities in another jurisdiction to establish any tax liabilities in such jurisdiction pursuant to orders, agreements with regulators or Authorities or otherwise; or (b) directly to the Authorities in other jurisdictions (such as the United States) to establish any tax liabilities in such jurisdiction pursuant to orders, agreements with regulators or Authorities or otherwise. (2) In this connection, I confirm and agree that the Company, for the purpose of ensuring its compliance or adherence with the Applicable Requirements may: (a) disclose such information to (i) the Authorities and their agents; and (ii) the agents or sub-contractors engaged by the Company that have adequate protections for keeping its customers' data secure and operate under a strict duty of confidentiality to the Company; and (b) withhold a proportion of payments otherwise payable to me. (3) I also confirm and agree that: (a) If any of the following information provided by me to the Company changes, I shall inform the Company of such change in writing within 30 days from the date of such change: (i) where I am an individual, my personal identification number, addresses, telephone number, nationality, tax status, and tax residences; and (ii) where we are a body corporate, our registered address, address of our place of business, substantial shareholders, ultimate beneficial owners with 25% direct or indirect of our shares or ownership interest or control, tax status, and tax residences. (b) Upon the Company's written request to me, I shall, within 30 days of the date of request, provide information, documents or certifications requested by it and that, to the extent permitted by applicable laws I waive any confidentiality rights under the applicable data protection or similar laws in respect of all information the Company holds or obtains from me which it needs to disclose to comply with the Applicable Requirements. (c) In the event where I fail to provide the Company with the information, documents or certifications specified by the Company within the time period stated in the request, and if the Company reasonably believes it to be necessary for it to comply with the Applicable Requirements, or I become a citizen or tax resident of any foreign jurisdiction, the Company has the right to: (i) disclose my particulars or any information to any Authority; (ii) withhold a proportion of payments paid to me as required by any Authority or the Company is otherwise required by law or pursuant to agreements with any regulations or any Authority to do so; or (iii) terminate my policy. (d) The Company may transfer my data to another jurisdiction or jurisdictions for processing by or on behalf of it and use agents and sub-contractors to process my data to comply with the Applicable Requirements. (e) The Company will not be liable to me for any loss I may suffer as a result of it complying with the Applicable Requirements with the Authorities. (f) This consent will override any consent provided by me under any agreement(s) with the Company, whether before or after the date of this agreement.

(1) 本人確知太平洋人壽保險有限公司（太平洋人壽）須根據不時頒佈及修訂的法規或條例，或與本地或海外監管機構（監管機構），包括但不限於美國國家稅務局之協定（適用規定），在下列情況下向監管機構呈報有關本人及本人與太平洋人壽業務關係之資料：(a) 根據監管機構之適用規定或其他適用情況下，透過太平洋人壽註冊地司法管轄區之監管機構，將本人資料轉交其他司法管轄區之監管機構以確立本人之稅務責任；或 (b) 根據監管機構之適用規定或其他適用情況下，直接向其他司法管轄區（如美國）之監管機構呈報資料以確立本人之稅務責任。(2) 為確保太平洋人壽遵守適用規定，本人確定並同意太平洋人壽可：(a) 向下列機構透露本人之資料：(i) 監管機構及其代理人；及 (ii) 太平洋人壽聘用之代理人或承包商，該代理人或承包商須和太平洋人壽有嚴謹的保密協議，並有足夠措施保障客戶資料不外洩；及 (b) 扣留部分應支付給本人之款項。(3) 本人亦確定並同意：(a) 若本人向太平洋人壽提供的以下任何資料有所變更，本人須於有關變更日期起計 30 天內，將有關變更以書面方式通知太平洋人壽：(i) 若本人是個體：本人之個人身份證號碼、地址、電話、國籍、稅務狀況及稅務地區；及 (ii) 若我們是法人團體：我們之註冊地址、業務營運地址、主要股東、直接或間接擁有 25% 股份、所有權或管理權之最終實際受益人、稅務狀況及稅務地區。(b) 在太平洋人壽向本人提出書面要求後，本人須於發信日期起計 30 天內，向太平洋人壽提供所需之資料，文件或證明，以遵守適用規定。對太平洋人壽為遵守適用規定而持有或索取有關本人之資料，在法律容許的範圍內，本人就該些資料同意放棄適用於資料保障或類似法律下之保密權利。(c) 若本人於要求日期內未能提供所需之資料，文件或證明予太平洋人壽而太平洋人壽合理地相信有需要遵守適用規定，或本人已成為任何外地司法管轄區之公民或稅務居民，太平洋人壽有權 (i) 向任何監管機構透露本人的個人或任何資料；(ii) 根據監管機構或適用規定之要求，扣留部分支付給本人之款項；或 (iii) 終止本人之保單。(d) 太平洋人壽可代表本人移交本人之資料予其他司法管轄區，並使用代理人或承包商處理本人之資料，以遵守適用規定。(e) 太平洋人壽為遵守監管機構適用規定而引致本人蒙受損失，太平洋人壽一概不需承擔任何責任。(f) 此同意書將取代本人與太平洋人壽過往或將來所簽訂的同意書。

PART 10 DECLARATION AND AUTHORIZATION 聲明及授權書

I HEREBY DECLARE AND AGREE THAT: (1) The information I provided in this Application is complete and true to the best of my knowledge and belief. (2) Such information together with any statement made to the medical examiner for The Pacific Life Assurance Co., Ltd. (the Company), amendment or other document signed by me/ life insured, shall form the basis and become a part of any policy issued. (3) Any payment made in connection with this application does not guarantee acceptance and immediate approval of the coverage applied for, and coverage shall take effect only when the relevant policy has been issued and the first premium paid during the life time of myself or the Insured (if different) and whilst I or the Insured (if different) is in good health. (4) I shall inform the Company immediately if there is any change of my health conditions between the date of this application and the policy issue date. I understand that failing to do so may result in the insurance being adjusted or even declared void. (5) The information I provided is to enable the Company to carry on insurance business and may be used for the purpose of any insurance or financial related product or service or any alterations, variations, cancellation or renewal of such product or service; or any claim or investigation or analysis of such claim; and may be transferred to: (i) any related company or any other company carrying on insurance or reinsurance related business or an intermediary or a claims or investigation or other service provider providing services relevant to insurance business (whether within or outside Hong Kong) for any of the above or related purposes; (ii) any association, federation or similar organisation of insurance companies ("Federation") that exists or is formed from time to time for any of the above or related purposes or to enable the Federation to carry out its regulatory functions or such other functions that may be assigned to the Federation from time to time and are reasonably required in the interest of the insurance industry or any member(s) of the Federation; and (iii) any Federation members by the Federation for any of the above or related purposes. (6) I have the right to obtain access to and request correction of any personal information concerning myself and the Insured (if different) held by the Company. Requests for such access should be in writing and made to "The General Manager, The Pacific Life Assurance Co., Ltd. at 10/F., Dominion Centre, 43-59 Queen's Road East, Wanchai, Hong Kong". The cost of accessing such request may entail a minimum fee of HK\$50. (7) I hereby authorize the Company to obtain access to and/or verify any of my personal data with the information collected by the Federation from the insurance industry. (8) I hereby authorize any licensed physician, medical practitioner, hospital, clinic or other medical related facility, insurance company, institution or persons, that has any of my records or information, to disclose any such records or information to the Company. To facilitate rapid submission of such information, I authorize all the aforesaid sources to give such records or information to any agents of the Company to collect for and transmit such information to the Company. A photostat copy of this authorization shall be as valid as the original.

本人謹此聲明並同意：(1) 以上資料均是根據本人所知及所信填報，並為完全和真確。(2) 此資料連同本人向太平洋人壽保險有限公司（太平洋人壽）之醫生申報之任何資料，以及經本人 / 被保人簽署之所有修改書及其他文件，將成為簽發保單之根據，並構成保單之一部份。(3) 就本申請所作出的付款，並不保證投保申請可獲即時批核，只有在發出保單後，及於本人或被保人（如有不同）在生並健康良好期間繳交第一期保費時，承保方始生效。(4) 如本人的健康狀況於申請此計劃當日及保單簽發日期間出現任何變化，本人將儘快通知太平洋人壽。本人明白若未能履行上述之聲明，則可能導致此份保單之條款被修改或無效。(5) 本人所提供的資料，是讓太平洋人壽能夠提供保險業務，並可能應用於任何與保險或財務有關的產品或服務，或該等產品或服務的任何更改、變更、取消或續期；或任何索償，或該等索償的調查或分析；又有關資料可能移轉予：(i) 任何有關的公司，或任何其他從事與保險或再保險業務有關的公司，或與保險業務有關的中介人或索償或調查或其他服務提供者（不論於本港或外地），以達到任何上述或有關之目的；(ii) 現存或不時成立之任何保險公司協會或聯會或類同組織（「聯會」），以達到任何上述或有關之目的，或以便「聯會」執行其監管職能，或其他基於保險業或任何「聯會」會員的利益而不時在合理要求下賦予「聯會」的職能；或 (iii) 透過「聯會」移轉予任何「聯會」的會員，以達到任何上述或有關之目的。(6) 本人有權查閱及要求更正由太平洋人壽持有關於本人及被保人（如有不同）的個人資料。有關要求可以書面向太平洋人壽保險有限公司總經理提出，地址為香港灣仔皇后大道東 43-59 號東美中心 10 樓。辦理有關事項或需收費，最低為港幣五十元。(7) 本人在此授權太平洋人壽由「聯會」從保險業內收集的資料中查閱及/或核對本人之個人資料。(8) 本人謹此授權任何知悉或持有本人任何記錄或資料之註冊醫生、醫院、診所或其他有關醫療機構、保險公司、其他機構或人士，將該記錄或資料提供予太平洋人壽。為方便起見，本人授權上述各機構或人士將該記錄或資料，交由太平洋人壽之任何營業員轉達至太平洋人壽。本授權書之影印本與原稿具同等效力。

PART 11 RECEIVE DIRECT MARKETING MATERIALS INSTRUCTION 接收直接推廣訊息指示

The Pacific Life Assurance Co., Ltd. (the Company) may not use or transfer your personal data to third parties for direct marketing purposes without your consent. The personal data to be used includes name, telephone number, address and email address. If you object to the Company's use or transfer of your personal data to third parties for use in direct marketing, please cross the relevant box(es) below.

太平洋人壽保險有限公司（太平洋人壽）不會未經閣下同意而使用或轉移閣下的個人資料給第三方為直接推廣的用途。使用的個人資料包括姓名、電話、地址及電郵地址。如閣下不同意太平洋人壽使用或轉移閣下的個人資料給第三方為直接推廣的用途，請在以下相關方格填上交叉。

1. I / We **do not wish** the Company to use my / our personal data in direct marketing.
本人 / 我們**不欲**太平洋人壽使用本人 / 我們的個人資料作直接推廣。
- If you return this Application Form without crossing "X" the above box, it means you do not wish to opt-out from any form of direct marketing of the Company.
如您遞交此投保書而沒有在以上方格內以「X」號顯示您的選擇，即代表您並不拒絕太平洋人壽任何形式的直接推廣。
 - The above represents your present choice whether or not to receive direct marketing materials and replaces any choice communicated by you to the Company prior to this application.
以上代表您現在對是否接收直接推廣資料的選擇，亦取代任何您之前已告知太平洋人壽的選擇。

2. To improve and provide more comprehensive services to our customers, the Company may provide your personal data to other members of the Group* and business associates for their use in direct marketing of financial, insurance and related services and products. Please cross "X" this box if you **do not wish** the Company to provide your personal data to the above persons for the above purposes.

為改善及提供更全面的服務予太平洋人壽的客戶，太平洋人壽可能會將您的個人資料提供予「本集團」*其他成員及商業夥伴作其包括財務、保險及相關服務和產品的直接推廣。若您**不欲**太平洋人壽提供您的個人資料予以上人士作以上用途，請您在這方格上以「X」號表示。

* The "Group" means the Company and its holding companies, branches, subsidiaries, representative offices and affiliates, wherever situated.
「本集團」包括太平洋人壽及其控股公司、分行、附屬公司、代表辦事處及附屬成員，不論其所在地。

PART 12 CANCELLATION RIGHTS AND REFUND OF PREMIUM(S) AND LEVY(IES) WITHIN COOLING-OFF PERIOD 冷靜期內取消保單的權利及退還保費及保費徵費

I understand that, within the Cooling-off Period, I have the right to cancel the policy and obtain a refund of any premium(s) and levy(ies) paid by giving a written notice to The Pacific Life Assurance Co., Ltd. (the Company). I understand that to exercise this right, the notice of cancellation must be signed by me and received directly by the Company at 10/F, Dominion Centre, 43-59 Queen's Road East, Wanchai, Hong Kong within the Cooling-off Period. I understand that the Cooling-off Period is the period of **21 calendar days** immediately following either the day of delivery of the policy or the Cooling-off Notice to me or my nominated representative (whichever is the earlier). For the avoidance of doubt, the day of delivery of the life insurance policy or the Cooling-off Notice is not included for the calculation of the 21 calendar day period. However, if the last day of the 21 calendar day period is not a working day, the period shall include the next working day. I understand that there will be a "Cooling-off Notice" sent to me or my nominated representative by the Company to notify me of the Cooling-off Period around the time the policy is delivered.

本人明白在冷靜期內，本人有權以書面通知要求太平洋人壽保險有限公司（太平洋人壽）取消保單並獲退還所有已繳保費及保費徵費。本人明白為行使這項權利，該取消保單的通知必須由本人簽署並由太平洋人壽在香港灣仔皇后大道東 43-59 號東美中心 10 樓於冷靜期內直接收到。本人明白冷靜期為緊接保單或冷靜期通知書交付予本人或本人的指定代表之日起計的 **21 個曆日** 的期間（以較早者為準）。為免生疑問，交付人壽保單或冷靜期通知書當天並不包括在計算 21 個曆日的期間內。然而，若第 21 個曆日當天並非工作天，則冷靜期將包括隨後的工作天的一天在內。本人明白太平洋人壽會在交付保單時發出一份「冷靜期通知書」致予本人或本人的指定代表，以就冷靜期一事通知本人。

PART 13 CONSENT DECLARATION ON INSURANCE BROKER COMMISSION 保險經紀佣金同意聲明

I understand, acknowledge and agree that, as a result of my purchasing and taking up the policy to be issued by The Pacific Life Assurance Co., Ltd. (the Company), the Company will pay the authorized insurance broker commission during the continuance of the policy including renewals, for arranging the said policy. Where we are a body corporate, the authorized person who signs on our behalf further confirms to the Company that he or she is authorized to do so.

I further understand that the above agreement is necessary for the Company to proceed with the application.

本人明白、確知及同意，太平洋人壽保險有限公司（太平洋人壽）會就本人購買及接受太平洋人壽簽發的保單，於保單有效期內（包括續保期），向負責安排有關保單的獲授權保險經紀支付佣金。假如我們為法人團體，代表我們簽署的獲授權人員須向太平洋人壽確認他 / 她已獲我們授權簽署。

本人亦明白太平洋人壽必須取得本人以上的同意，才可以處理有關申請。

Signature of Life to be Insured
被保人簽署

Signature of Applicant (If different from Life to be Insured)
投保人簽署（若非被保人）

Signed at Hong Kong SAR on (DD/MM/YYYY)
在香港特別行政區簽署於（日 / 月 / 年）

Agent / Broker Code
代理人 / 經紀編號

Agent / Broker Name
代理人 / 經紀名稱

Agent / Broker Signature (with company chop if applicable)
代理人 / 經紀簽署（若適用，請連同公司印章）

FOR OFFICE USE ONLY 本公司專用

Cash Received	Collected On	Risk Commencement Date
Application No.	Approval Signature	Manager Signature

The Chinese version of this Application Form is for guidance only. If there is any conflict between the meaning of the words or terms of the English version and the Chinese version of this Application Form, the meaning of English text will prevail.

此投保書內之中文文字句純屬參考性質，在解釋此投保書內任何字句時，若其中文意思與英文意思有所差異者，則以英文為準。