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

Private & Confidential 私人及機密

Policy Number
保單號碼 | | | | | | | | |

Name of Policyholder 保單持有人姓名	Name of Insured 受保人姓名

Being the Policyholder of the captioned policy, I / we understand that the premiums should be paid by the Policyholder / Insured. However, I / we would like to propose the following designated payer (the "Payer") to pay the premiums for my captioned policy due to the below reason(s). Details are as follows:
作為上述保單持有人，本人 / 我們明白保費應由保單持有人 / 受保人繳交。唯基於以下原因，本人 / 我們現申請由以下指定繳款人 (簡稱「繳款人」) 繳付本人上述保單之保費，詳情如下:

Name of Payer 繳款人姓名 : _____

Payer's ID No. 繳款人之身份證號碼 : _____

* Relationship with the (Proposed) Policyholder 與(準)保單持有人之關係 : ☐ 配偶 Spouse ☐ 父母 Parent ☐ 子女Children ☐ 其他Others : _____

* Please attach certified true copy of the payer's ID/passport and relationship proof (e.g. marriage certificate or birth certificate)
請附上繳款人之身份證/護照及關係證明文件(如結婚證書或出生證書)之核證副本

Reason 原因 : _____

PEP Self-declaration 政治人物自我聲明 (Compulsory to complete 必須填寫)

Are you or any relevant parties[#1] of this policy a politically exposed person ("PEP[#2]"), PEP family member or PEP close associate?
閣下或本保單相關各方人士[#1]是否政治人物「PEP[#2]」、其家庭成員或與政治人物有關係密切的人？

☐ No 否 ☐ Yes是, please provide 請提供

a. Name of this "PEP" 此政治人物的姓名: _____ Position 職位: _____

b. Name of the relevant party(ies) of this policy 本保單相關人士的姓名: _____ Relationship with this "PEP": 與此政治人物的關係: _____

[#1] Relevant parties include but not limited to the insured, beneficiary(ies), person acting on behalf of the policyholder, beneficial owner(s), etc.
相關各方人士包括但不限於受保人、受益人、代表保單持有人行事的人、實益擁有人等。

[#2] A politically exposed person (PEP) is an individual who is or has been entrusted with a prominent public function in Hong Kong / a place outside Hong Kong/ by an international organization.
政治人物被界定為在香港 / 香港以外地方 / 國際組織擔任或曾擔任重要公職的個人。

Declaration 聲明

I / We confirm that I / we have accessed, read and understood the Personal Information Collection Statement (the "**Statement**") of Generali Life (Hong Kong) Limited / Assicurazioni Generali S.p.A. Hong Kong Branch (whichever applicable) ("**Generali**"), which is available on **Generali**'s website: https://www.generali.com.hk/EN_US/personal_information. I / We agree that **Generali** may collect, use, store, disclose, transfer and otherwise process my / our personal data in accordance with the terms of the **Statement**. I / We further confirm that I / we have obtained the express consent of the life insureds and any other relevant individuals (where applicable) for providing their personal data to **Generali** for the purposes stated in the **Statement** and for allowing **Generali** to collect, use, store, disclose, transfer and otherwise process such personal data in accordance with the terms of the **Statement**.
本人 / 我們確認已經查閱並且明白由忠意人壽 (香港) 有限公司 / 忠意保險有限公司香港分行（如適用）（「**貴公司**」）的收集個人資料聲明（「**該聲明**」），**該聲明**可於**貴公司**網站查閱：https://www.generali.com.hk/ZH_HK/personal_information; 本人 / 我們同意**貴公司**可依照**該聲明**的條款收集、使用、儲存、披露、轉移及以其他方式處理本人 / 我們的個人資料。本人 / 我們進一步確認，本人 / 我 們已獲得受保人和任何其他有關人士（如適用）的明示同意，可以按照**該聲明**所述的用途將他們的個人資料提供給**貴公司**，並允許**貴公司**可依照**該聲明**的條款收集、使用、儲存、披露、轉移及以其他方式處理該等個人資料

I / We understand that the above application is subject to the approval of **Generali**, and **Generali** reserves the rights to request the additional relevant supporting documents and reject my application without any reason.
本人 / 我們明白上述申請需交由**忠意**審批，而**忠意**保留索取其他相關證明文件及拒絕上述申請而無須任何理由之權利。

***** Please DO NOT sign on BLANK form 請勿在空白表格上簽署 *****

X _____
Signature of Policyholder
保單持有人簽署

X _____
Signature of Witness
見證人簽署
(Name 姓名:)

_____
Date (DD / MM / YYYY)
日期 (日 / 月 / 年)