

Assignment of Policy as Collateral Security Form

轉讓作為抵押擔保申請表

Private & Confidential 私人及機密

Policy Number

保單號碼

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Name of Policyholder / Assignor 保單持有人 / 轉讓人姓名	Name of Insured 受保人姓名
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Important Note 重要事項

This form is furnished by Generali Life (Hong Kong) Limited / Assicurazioni Generali S.p.A. Hong Kong Branch (whichever applicable) ("the Company") as a matter of courtesy and the Company assumes no responsibility for the validity or legality of the assignment.

此申請表由忠意人壽(香港)有限公司 / 忠意保險有限公司 香港分行 (如適用) (「本公司」) 誠意提供, 本公司對該權益轉讓之有效性或合法性均不負上任何責任。

Name of Assignee 承讓人姓名:	Address of Assignee in English 承讓人之英文地址:
Loan Amount 貸款金額: _____ (in HKD 以港幣為準)	

Interest rate risk – The interest rate on the collateral assignment facilities may increase or decrease. The increase in facilities' interest rate could increase the cost of serving the facilities and the risk of default in repaying the facilities. Interest rate/ crediting interest rate of the policy could increase or decrease subject to any guaranteed minimum levels according to policy provisions. Any change in the facilities' interest rate and/or policy interest rate/crediting interest rate could bring a negative or positive impact on the financial soundness of your collateral assignment facilities. In a pessimistic scenario, you could suffer financial loss when such change happens.

利率風險 - 抵押轉讓貸款之利率可升可跌, 而貸款利率上調可增加貸款成本及違約風險。保單利率 / 派息率在不低於保單合約所列之最低保證水平的前提下, 亦為可升可跌。任何貸款利率及 / 或保單利率 / 派息率之改變可為閣下之抵押轉讓貸款之財務穩健帶來負面或正面影響。在悲觀的情況下, 閣下可能因此類變動而蒙受財政損失。

In consideration of the Assignee providing a loan to the Policyholder / Assignor, the above Policy, together with **ALL RIGHTS AND INTEREST** in it, is assigned to the Policyowner / Assignee on the following terms:

由於承讓人向保單持有人 / 轉讓人提供借款, 上述的保單連同**所有有關的權利及利益**, 將根據以下的條款轉讓予承讓人作抵押:

1.	If permitted by the Policy, the Assignee may 倘若保單許可, 承讓人可
a.	collect the death benefit payable on the death of the Insured; and 領取受保人死亡後應付的死亡賠償; 及
b.	surrender the Policy and collect the surrender value; and 申請即時退保, 並領取退保金額; 及
c.	take out a Policy loan; and 進行保單貸款; 及
d.	receive dividends payable on the Policy; and 收取保單應付的紅利; 及
e.	exercise any non-forfeiture options. 行使任何不能作廢的選擇權。
2.	Policyholder / Assignor reserves the right to collect any disability benefit that does not reduce the Sum Insured. 保單持有人 / 轉讓人保留領取任何不減低保額的傷殘賠償之權利。
3.	The Assignee agrees that if the Policyholder / Assignor repays the loan (together with the prescribed interest) to the Assignee, the Assignee will reassign the Policy to the Policyholder / Assignor. 承讓人同意倘若保單持有人 / 轉讓人向其償還借款(連同規定的利息款額), 承讓人會將保單轉歸保單持有人 / 轉讓人。
4.	The Assignee agrees that if any proceeds it receives from the policy exceed the amount of the loan (together with prescribed interest), it will pay the balance of the proceeds to the beneficiary named by the Policyholder / Assignor. 承讓人同意倘若從保單所獲的得益超過貸款(連同規定利息)總額, 承讓人會將超出的得益款額付予保單持有人 / 轉讓人所指定的受益人。
5.	The Policyholder / Assignor authorizes the Company to disclose to the Assignee as the Assignee may reasonably request from time to time the value of the Policy and any change thereof which may adversely affect the right of the Assignee under the Policy. 保單持有人 / 轉讓人授權, 在承讓人不時合理要求下, 向承讓人披露此保單的價值及任何可能對承讓人於此保單下之權利有不利影響的更改。
6.	The Policyholder / Assignor authorizes the Company to disclose to the Assignee 保單持有人 / 轉讓人授權本公司向承讓人披露:
a.	the value of the Policy and any decrease thereof; and 此保單的價值及其任何減少; 及
b.	personal data of the Policyholder / Assignor for the purpose of linking, retrieving or otherwise processing records relating to the Policyholder / Assignor held by the Assignee. 保單持有人 / 轉讓人的個人資料, 目的為聯繫、檢索或以其他程序處理由承讓人持有有關保單持有人 / 轉讓人的紀錄。

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) (the "Company"), which is available on the Company's website: https://www.generali.com.hk/EN_US/personal_information. I / We agree that the Company 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 the Company for the purposes stated in the Statement and for allowing the Company 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。

X Signature of Policyholder / Assignor 保單持有人 / 轉讓人簽署	X Signature of Witness 見證人簽署 (Name 姓名: _____)	Date (DD / MM / YYYY) 日期(日 / 月 / 年)
X Signature of Assignee 承讓人簽署 If signed by company authorized signatory(ies), please indicate his/her title with Company Chop 如由公司獲授權簽署人士簽署, 請列明其職銜及加上公司蓋印	X Signature of Witness 見證人簽署 (Name 姓名: _____)	Date (DD / MM / YYYY) 日期(日 / 月 / 年)