

5. Withdrawal of Fund (Investment Choice) 基金(投資選擇)提取

Please take into account any instructions in process when submitting new instructions for Investment Choice withdrawal. Any new instructions submitted will be processed on the next transaction date after the dealing of the former one is completed. 當您遞交新的投資選擇提取指示時，您應考慮有關已遞交的指示尚未完成。新遞交的指示將於上一個交易完成後，由該日期起計之下一個投資選擇交易日處理。

For WealthInvest Insurance Plan 如保單為財富投資保險計劃：

a) Withdrawal is not allowed during the Initial Payment Period. 投資選擇提取不適用於最初供款期。

b) Conditions of free withdrawal 免費提取款項條件

- Only applicable when there have been investment gains such that the Cash Value at that time exceeds the cumulative premiums paid; 只適用於有投資收益的情況，即當現金價值超過累積已繳保費；
- Only applicable to the first withdrawal of each policy year. Subsequent withdrawals made in the same policy year, notwithstanding that it is within the Free Withdrawal Amount Limit[^], will be subject to Early Encashment Charge[#]; and 只適用於每個保單年度的首次提取款項。縱使提取之款項仍在免費提取款項限額[^]內，其後於同一個保單年度作出的提取款項須繳付提早贖回費用[#]；及
- Any amount withdrawn in excess of the Free Withdrawal Amount Limit will be subject to Early Encashment Charge. 任何超出免費提取款項限額的提取金額將須繳付提早贖回費用。

[^] Free Withdrawal Amount Limit = Free withdrawal factor[†] x (Cash Value at point of withdrawal – Total premiums paid) 免費提取款項限額 = 免費提取款項因子[†] x (提取款項時的現金價值 – 已繳保費總額)

[†] The Free withdrawal factors are as follows: 免費提取款項因子如下：

During Policy Year 保單年度內	Free withdrawal factor 免費提取款項因子
4-5	20%
6-9	50%

[#] Early Encashment Charge (EEC) = EEC rate x (Actual withdrawal amount – Free Withdrawal Amount Limit) 提早贖回費用 = 提早贖回費用率 x (實際提取款項的金額 – 免費提取款項限額)

EEC rates are set out in the table below: 提早贖回費用率列於下表：

During Policy Year 保單年度內	EEC Rate 提早贖回費用率	During Policy Year 保單年度內	EEC Rate 提早贖回費用率
1	50%	6	12%
2	30%	7	10%
3	21%	8	8%
4	17%	9	6%
5	14%	10 and thereafter 及以後	0%

c) No withdrawal request will take effect if the withdrawal amount is less than USD50 or if the withdrawal results in the Cash Value of this Policy being less than USD2,000. 投資選擇提取將不會生效若提取金額低於50美元或於提取投資選擇後之投資選擇結餘少於2,000美元。

6. Withdrawal of Policy Value Management Balance 提取保單價值管理收益結餘

For HSBC Wealth Goal Insurance Plan II, HSBC Family Goal Insurance Plan and HSBC Health Goal Insurance Plan only 僅適用於滙豐保險計劃 II、滙豐人生保險計劃及滙豐健康保險計劃

a) If the requested amount > available amount, the maximum withdrawal amount will be processed. 如所要求的金額多於可提取金額，則以最高提取金額為準。

Withdrawal Amount (in Policy Currency) 提取金額(以保單貨幣計算) _____

Section II 第二部分

Payment Instruction 發還退款指示

- Transfer to the Policyholder's designated HSBC bank account (not applicable if the account is held by someone other than the policyholder. If the said account is not held by the policyholder, the payment will be made by cheque payable to the policyholder.) 轉賬至保單持有人指定之滙豐銀行戶口(不適用於非投保人持有之銀行戶口。敬請注意：若該戶口並非保單持有人之銀行戶口，付款將以支票形式寄予保單持有人。)

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- By cheque made payable to policyholder 請用支票發還退款
- In MOP although the policy is in Non MOP denomination 雖然保單貨幣為非澳門幣，請以澳門幣付款
Please 請把支票
- Mail the cheque to the correspondence address based on current records 寄往本人現存於貴公司的最新通訊地址
- Mail the cheque to the following address (if different from above) 寄往下列地址(若有別於上述者)：
- _____
- Pass the cheque to me through your staff 交予貴行職員轉交本人：

Staff Name 職員姓名：_____ Staff Number 職員號碼：_____

Branch name 分行名稱：_____ Branch code 分行編號：_____

Section III 第三部分

Declarations 聲明

I, the Policyholder, warrant to the Company that no proceedings in bankruptcy or insolvency have been instituted or are pending against me.
本人(即保單持有人)向貴公司保證，本人並無進行或仍未了結之破產或無力償債的訴訟。

By signing below, I/we acknowledge and expressly agree that HSBC may collect, process, use, store, disclose and transfer any personal data (including any sensitive data) about me/us that HSBC currently or subsequently hold for the purposes as set out in the Personal Information Collection Statement which can either be found inserted on my/our policy, by visiting www.hsbc.com.mo (Insurance > Important Information) or by requesting a copy at my local branch. I/we also acknowledge and expressly agree that the personal data (including any sensitive data) about me/us may be transferred to place outside Macau. 本人(等)在下方簽署即知悉及明確同意滙豐可按本表格內列出的用途收集、處理、使用、儲存、披露及轉移滙豐現時或其後持有本人(等)的全部個人資料(包括敏感資料)，《個人資料收集聲明》以於本人(等)保單內列載，並瀏覽 www.hsbc.com.mo (保險 > 重要資訊)或可前往各滙豐分行索取副本為準。本人(等)亦知悉及明確同意本人(等)的個人資料(包括敏感資料)可能被轉移到澳門以外的地區。

Signature of Policyholder
保單持有人簽署

Signature of
Irrevocable Beneficiary (if any)
不可撤換受益人簽署(如適用)

Signature of Assignee
(with company chop, if any)
承讓人簽署(附上公司蓋章，如適用)

Date 日期：

Date 日期：

Date 日期：

Importance Note: Please return the original of this form, duly completed and signed, to HSBC Life (International) Limited of 1/F Edf. Comercial Si Toi, 619 Avenida da Praia Grande, Macau. Please note that we will only process your request upon actual receipt of this "original form."
重要事項：請填妥及簽署此申請表(表格)"正本"後並寄回滙豐人壽保險(國際)有限公司，地址：澳門南灣大馬路619號時代商業中心1字樓，當收到此申請表(表格)"正本"，我們將盡快辦理閣下之申請。

For HSBC Use Only

- Client's identity copy attached
 Client's original identity sighted

Branch Chop

Staff Name

Staff ID no.

Contact no.:

Servicing Staff AMCM no.

Servicing Staff RI no.

Branch no.