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Policy Number 保單號碼

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## Request for Life Policy Surrender/Cancellation

### 人壽保單退保／取消申請表

Plan Type 計劃名稱	
Name of Policyholder in English (Surname first) 保單持有人英文姓名(姓氏先行)	
Identity Type & No. 證件類別及號碼	Identity Type 證件類別 <input type="checkbox"/> BIR 澳門居民身份證 (I) <input type="checkbox"/> Passport 護照 (P) <input type="checkbox"/> Others 其他 (X) <input type="checkbox"/> Business Registration Certificate 商業登記 (B) Identity No. 證件號碼 _____ <input type="checkbox"/> Identity copy enclosed 附上證件副本
Request Type 申請項目	<input type="checkbox"/> Policy Surrender 保單退保 <input type="checkbox"/> Policy Cancellation within Cooling-off period* 於冷靜期*內取消保單 * Cooling-off period is 21 days after the delivery of the policy or issue of a notice informing the availability of the policy to you or your representative, whichever is earlier. 冷靜期是由交付該保單或由發出說明已可領取該保單之通知書予您或您的代表後21天內(以較早者為準)。

**NOTE 注意：**

- HSBC Life (International) Limited is referred to as the "Company" or "HSBC Life" in this document. 滙豐人壽(國際)有限公司在此文件中稱為「本公司」或「滙豐保險」。
- Please submit the identity copy for policy surrender/cancellation application. 申請保單退保／取消，請提交證件副本。**
- Please put a ✓ in the appropriate box(es) and complete in BLOCK LETTERS. 請在適當方格內加上 ✓ 號，並用正楷填寫。
- For WealthInvest Insurance Plan (WIIP), the surrender value of your policy will be subject to Early Encashment Charge in accordance with the respective policy terms. Early Encashment Charge applies during the first 9 policy years, up to 50% (WIIP) of the Cash Value at the point of surrender. Please refer to the policy term for the relevant details. (適用於財富投資保險計劃)根據相關保單條款，閣下保單的退保價值會受提早贖回費用影響。提早贖回費用適用於首九個保單年度，費用可高達退保時現金價值的50%(財富投資保險計劃)。閣下可查閱保單條款以得到相關的詳細資料。
- If the premium payments are paid in currencies other than the policy currency(ies), the premium payments would be subject to change according to the prevailing exchange rate of policy currency(ies) to payment currency(ies) to be determined by the Company from time to time; likewise any payments settled in currencies other than the policy currency(ies) would be subject to change according to the prevailing exchange rate of policy currency(ies) to payment currency(ies) to be determined by the Company from time to time. The fluctuation in exchange rates may have impact on the amount of payments including but not limited to premium payments and benefit payments. By choosing the plans denominated in currencies other than local currency, you are subject to exchange rate risks. Exchange rate fluctuates from time to time. You may suffer a loss of your benefit values and the subsequent premium payments (if any) may be higher than your initial premium payment as a result of the exchange rate fluctuations. 請注意如繳付保費的貨幣不是保單貨幣，該保費可能會受本公司不時釐定的保單貨幣對繳付保費貨幣的匯率而改變。同樣，如任何款項的貨幣不是以保單貨幣支付，該款項將會受本公司不時釐定當時保單貨幣對支付貨幣的匯率而改變。匯率之波動會對款額構成影響，包括但不限於繳付保費及利益支付款項。選擇非本地貨幣結算的保單，您須承受匯率風險。匯率會不時波動，您可能因匯率之波動而損失部分的利益價值及繳交往後保費(如有)可能會比繳交首次保費金額為高。
- To comply with the Foreign Account Tax Compliance Act (FATCA) regulations issued by the United States Department of the Treasury and Internal Revenue Service (IRS), we are required to establish the status of policyholder and connected person (including entities/companies) that is entitled to access the contract's value or change a beneficiary under the contract. If there is any update in information concerning these parties, you are required to provide the supporting documents. 為符合由美國財政部和國稅局(IRS)發出的海外賬戶稅務合規法案(FATCA)的規定，我們需要向保單持有人及關連人士(包括機構或公司)在保單上有權獲得保險合約的現金價值或更改受益人以作識別及分類。若該等人士有任何資料更新，閣下需按的要求提供相關核實證明。

## Section I – Reason for Policy Surrender/Cancellation 第一部分 – 退保/取消原因

Please indicate your reason(s) for surrender by putting a '3' in the appropriate box(es):  
請於下列適當空格內加 說明退保原因(可作多項選擇)：

1. (LS) Insufficient after-sales service  
售後服務未如理想
2. (RE) Returns below expectations  
保單回報未如理想
3. (PH) High insurance premium  
保費太昂貴
4. (OI) Funds used to purchase other investment products  
資金已用作購買其他投資產品
5. (NC) Changes of my insurance needs (e.g. mortgage is paid off, needs of family financial protection have changed)  
我的保險需求有所改變(例如：已還清樓宇按揭貸款、需要的家庭財務保障已更改)
6. (FO) Family Objection  
家人反對
7. (FS) Change in financial situation<sup>^</sup>  
經濟狀況改變<sup>^</sup>
8. (MS) Others (please specify below)  
其他理由，請於下列說明：\_\_\_\_\_

<sup>^</sup> Apart from policy surrender, there may be other ways to gain liquidity (where applicable), such as withdrawing any accumulated annuities/dividends under your policy, applying for a policy Loan, making partial surrender, or even lowering the sum insured of your policy. You should take note of the risks involved in each of these before making a decision. 除退保外，您亦可以選擇透過下列方式增加流動資金(如適用)：如提取保單內的累積年金/紅利、申請保單貸款、部分退保，或調低保障額。如考慮透過這些方式增加流動資金，將涉及風險，敬請注意。

## Section II – Policy Surrender/Cancellation (if applicable) 第二部分 – 保單退保/取消(如適用)

### Payment Instruction – 發還退款指示

I/We understand and agree that the payment of the Cash Value will be made in accordance with policy terms and conditions and that HSBC Life (International) Limited shall be discharged of all liabilities upon such payment. 本人(等)同意及明白現金價值將按照保單條款發還，滙豐人壽保險(國際)有限公司一旦支付退款後，即獲免除其對上述保單之責任。

For WealthInvest Insurance Plan, 有關財富投資保險計劃，

(1) policy charges relating to a full policy month will be deducted from the amount that is paid out.  
整月的保單費用將於支付有關款項時先行扣除。

(2) surrender will be subject to Early Encashment Charge<sup>#</sup> (if applicable).  
退保時將收取提早贖回費用<sup>#</sup>(如適用)。

<sup>#</sup> Early Encashment Charge (EEC) = EEC rate x Account Value at point of surrender 提早贖回費用 = 提早贖回費用率 x 退保時的戶口價值

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

For WealthInvest Insurance Plan 有關財富投資保險計劃

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%

**Section II – Policy Surrender/Cancellation (if applicable) (cont'd) 第二部分 – 保單退保/取消 (如適用)(續)**  
**Payment Instruction 發還退款指示**

If "Standing Instruction" has been set up for premium payment arrangement, please be reminded that you should complete and return the "Standing Instruction Request form" to The Hongkong and Shanghai Banking Corporation Limited for the cancellation of the said arrangement. Normally, it takes 5 business days to process such request. 若上述保單已設立「常行指示」以繳付保費，請注意，閣下需填妥並交回「常行指示申請表」予香港上海滙豐銀行有限公司，以取消有關常行指示的安排。有關安排，一般需時5個工作天方可生效。

To change address, please tick and give details. 如需更改地址，請3及填上資料。

PAYMENT made payable to  Policyholder 保單持有人  
 收款人為保單持有人/承讓人  Assignee 承讓人

- Payment Currency 收款貨幣  
 Policy currency 保單貨幣  
 MOP for NON-MOP policies 澳門幣付款(適用於非澳門幣保單)

- By Bank Account 經銀行戶口  
 Transfer to the policyholder's HSBC Group bank account<sup>^</sup> 轉賬至保單持有人之滙豐集團銀行戶口<sup>^</sup>

**Notes 註：**

<sup>^</sup> If no identity verification has been performed by Bank staff for this request, please also submit adequate proof showing the policyholder/assignee's full name and the bank account number (such as copy of bank book, ATM card, bank statement etc) to the company. If we do not receive the copy of the required document(s), the payment will be made by cheque payable to the policyholder/assignee and mailed to the policyholder/assignee's correspondence address. 如此申請並沒經由銀行職員作出身份核實，請同時提交印有保單持有人/承讓人全名及銀行戶口號碼之充足證明(如銀行存摺或自動櫃員機卡或月結單副本等)。若閣下沒有提供上述所需文件，退款將以支票形式寄予保單持有人/承讓人之通訊地址。

Bank Name and Branch 銀行及分行之名稱	Bank No. 銀行編號	Branch No. 分行編號	Account No. 賬戶號碼
The Hongkong and Shanghai Banking Corporation Limited 香港上海滙豐銀行有限公司			

- Transfer to the Assignee's bank account<sup>^</sup> 轉賬至承讓人之戶口<sup>^</sup>

Bank Name and Branch 銀行及分行之名稱	Bank No. 銀行編號	Branch No. 分行編號	Account No. 賬戶號碼
The Hongkong and Shanghai Banking Corporation Limited 香港上海滙豐銀行有限公司			

- By cheque 以支票形式 (only Applicable for MOP 只適用於澳門幣)  
 Please mail the cheque to 請把支票寄往  
 Policyholder's correspondence address 保單持有人之通訊地址  
 Assignee's correspondence address 承讓人之通訊地址

**Declarations 聲明**

I/We understand that I am/we are advised to read the policy terms and the content of this form (including the Notes) carefully before making this policy surrender/cancellation request. 本人(等)明白在申請此保單退保/取消前,本人(等)獲建議詳細閱讀保單條款及在本表格的內容(包括注意事項)。

I/We, the Policyholder(s), warrant to the Company that no proceedings in bankruptcy or insolvency have been instituted or are pending against me/us. 本人(等)(即保單持有人)向貴公司保證,本人(等)並無被起訴破產或無力償債,或身為尚待結案的破產或無力償債訴訟的與訟人。

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](http://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](http://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 Life Insured 受保人簽署	Signature of Joint Life Insured (if any) 聯名受保人簽署(如適用)	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(如適用,請蓋上 公司印章)
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_____	_____	_____	_____	_____
Name 姓名: _____	Name 姓名: _____	Name 姓名: _____	Name 姓名: _____	Name 姓名: _____

_____	_____	_____	_____	_____
Date 日期: _____	Date 日期: _____	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",我們方會辦理閣下之申請。

**For HSBC Use Only**

Retention Result: <input type="checkbox"/> Replaced by other policy (New HSBC Insurance policy no. _____)	<input type="checkbox"/> Client's identity copy attached <input type="checkbox"/> Client's original identity sighted (Initial of Staff: _____) <input type="checkbox"/> Client's SI cancellation form attached <input type="checkbox"/> Copy of Client's other bank account information checked (only applicable if customer choose to pay to non premium deduction account)	Branch Chop
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Staff Name	Staff ID no.	Contact no.:
Servicing Staff AMCM no.	Servicing Staff RI no.	Branch no.

**For CMB only**

CIN No. (in 11 digits) \_\_\_\_\_ Policyholder RR S H M L N/A

<b>For Forced Surrender case:</b> <input type="checkbox"/> Surrender by LMU (Loan Management Unit) <input type="checkbox"/> Initiated by customer	<b>Customer Health Status:</b> Check with the customer's health status <input type="checkbox"/> Yes, checked <input type="checkbox"/> No, reason: _____ <input type="checkbox"/> Others, please specify: _____ _____	<b>Notification to LMU</b> Notice LMU for the health status of the customer <input type="checkbox"/> Yes, noticed <input type="checkbox"/> No, will notice on _____ <input type="checkbox"/> Others, please specify: _____ _____
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