

Change of Payment Mode and Direct Debit Authorization Form - Credit Card

更改繳費方式及直接付款授權書－信用卡

Please darken the appropriate circle 請塗黑適當的選項。 Correct form 正確方式為：●



Policy Number 保單號碼 * Please complete the boxes and darken the appropriate numbered circles to indicate the policy number 請填寫方格和塗黑適當號碼格，以註明保單號碼。												Name of Policyowner 保單持有人姓名	
												Name of Life Assured 受保人姓名	
												Name of Consultant 顧問姓名	
												Consultant Code 顧問編號	
												Division Code & Branch Office 分區編號及分行地點	
												Consultant Contact No. 顧問聯絡號碼	

Important Note 重要提示

- Please complete in BLOCK LETTERS. 請以正楷填寫。
- Please return to Prudential Hong Kong Limited ("Prudential") within 30 days after signing this form. 請於簽署此表格後30天內交回保誠保險有限公司（「保誠」）處理。
- Please do not sign on blank or incomplete form. 請勿在空白表格或尚未填妥的表格上簽署。
- Any changes or amendments in this form must be countersigned by the Policyowner in full signature. 保單持有人必須在此表格內任何更改或修改的地方簽署作實。
- Policyowner MUST sign and date in Part 6 of this form. 保單持有人必須在此表格第六部分簽署及填寫簽署日期。
- We only accept VISA or MASTER for Direct Debit Authorization set up, credit card expiry date must not be the current month or prior to premium due date. 只接受VISA或MASTER設立直接付款授權。信用卡滿期日不能為本月或早於保費到期日。
- Account holder must be the Policyowner / Life Assured. If the Account Holder is an immediate family member of the Policyowner or Life Assured (i.e. parent, spouse, children, siblings, or grandparent) or other third parties, the Policyowner MUST complete part 2 of this form. 賬戶持有人必須為保單持有人或受保人。若賬戶持有人為保單持有人或受保人的直系親屬（即父母／配偶／子女／兄弟姊妹／祖父母）或其他第三者，則保單持有人必須填寫此表格第二部分。
- Please return the form with a crossed cheque made payable to "Prudential Hong Kong Limited" for 1 premium installment (non-monthly policy) or 2 premium installments (monthly policy) in advance as it takes 30-45 days for the Direct Debit Authorization to set up. 設立直接付款授權需時30-45天，請以劃線支票預付1期保費（適用於非月供保單）或2期保費（適用於月供保單），支票抬頭寫上「保誠保險有限公司」，並連同此表格一併遞交。
- Upon completion of this Direct Debit Authorization set up request, the payment method will be defaulted to autopay via credit card, and the existing autopay arrangement, if any, will be stopped immediately. 完成設立直接付款授權申請後，保單之繳費方法將自動設定為信用卡自動轉賬，而原有的自動轉賬設定（如有）會即時終止。
- Please complete the form as instructed, any information written in non-designated blank spaces will not be processed. 請根據此表格之指示於適當的位置填寫資料，於其他非指定空白位置填寫的資料恕不受理。
- Prudential shall have the right to reject this form if you fail to fulfill Prudential's requirements. 若閣下未能符合保誠的有關規定，保誠有權拒絕此表格。
- Receipt of this form by Financial Consultants or your broker does not constitute receipt by Prudential. 理財顧問或閣下的經紀收到此表格並不代表保誠亦已收到。
- In any circumstances, a person who is not a party to the above policy (including but not limited to the Life Assured or the Beneficiary) has no right to enforce any of the terms of the above policy. 任何不是上述保單某一方的人士或實體（包括但不限於受保人或受益人），在任何情況下均不能強制執行上述保單的任何條款。

Part 1 第一部分 Credit Card Direct Debit Authorization and Declaration 信用卡直接付款授權和聲明

I, the cardholder, hereby instruct and authorise Prudential Hong Kong Limited ("Prudential") to debit and charge an amount equal to the premium or its Hong Kong dollar equivalent for the above policy from my following credit card account in accordance with instructions which Prudential may give to credit card companies from time to time.

I/We, the proposer/policyowner and the cardholder, agree that if the insurance application is withdrawn, rejected or cancelled for any reason before the relevant policy has been issued and it is necessary to refund any premium charged to the credit card account specified below, such refund shall be made to the cardholder (through the credit card account specified below) instead of the proposer/policyowner.

I/We, the proposer/policyowner and the cardholder, agree that if the relevant policy is cancelled for any reason after it has been issued and it is necessary to refund any premium charged to the credit card account specified below, such refund shall be made to the cardholder (through the credit card account specified below) instead of the proposer/policyowner provided that all the premium of the relevant policy has been paid by credit card; otherwise, the refund will be made by cheque to the proposer/policyowner instead of the cardholder.

All parties agree that any refund made to the cardholder (through the credit card account specified below) shall be deemed as received by both the cardholder and the proposer/policyowner.

I, the proposer/policyowner, agree that I must fully pay all outstanding premiums (if any) before Prudential will process my application for credit card direct debit.

I/We, the proposer/policyowner and the cardholder, agree that this authorisation shall have effect until further written notice is received by Prudential.

I, the cardholder, agree that any notice of cancellation or variation of this authorisation which I may give to Prudential shall be given at least fourteen working days before the effective date of such cancellation or variation.

I/We, the proposer/policyowner and the cardholder, understand and agree that the amount of the renewal premium, if any, is subject to change in accordance with the provisions of the policy(ies).

I, the cardholder, understand and agree that I, if not being the policyowner or the trustee, do not claim any right or title or lien upon the proceeds of the policy(ies) mentioned above or below.

In any circumstances, a person who is not a party to the above policy (including but not limited to the Life Assured or the Beneficiary) has no right to enforce any of the terms of the above policy.

本人，信用卡持有人，指示並授權保誠保險有限公司（「保誠」）按其不時給予信用卡公司之指示，從本人下列之信用卡賬戶內扣除本人所指定上述保單之保費或其港幣之同等值。

本人／吾等，投保人／保單持有人及信用卡持有人，同意在有關保單發出前，如果投保申請因任何原因被撤回、拒絕或取消而任何透過以下指定信用卡戶口扣除之保費需獲退還，有關保費將透過以下指定信用卡戶口退還予信用卡持有人而非非投保人／保單持有人。

本人／吾等，投保人／保單持有人及信用卡持有人，同意如果有關保單在發出後因任何原因被取消而任何透過以下指定信用卡戶口扣除之保費需獲退還，有關保費將透過以下指定信用卡戶口退還予信用卡持有人而非非投保人／保單持有人，惟有關保單之所有保費必須以信用卡繳付；否則，有關保費將以支票形式退還予投保人／保單持有人而非非信用卡持有人。

各方同意透過以下指定信用卡戶口退還予信用卡持有人的保費，被視作已被信用卡持有人及投保人接收。

本人，投保人／保單持有人，同意本人必須全數繳清所有到期未付之保費（如有），保誠方會處理本人以信用卡直接付款之申請。

本人／吾等，投保人／保單持有人及信用卡持有人，同意本授權書將生效直至保誠收到另行通知為止。

本人，信用卡持有人，同意本人取消或更改本授權書之任何通知，必須於取消或更改之生效日最少十四個工作天之前交付保誠。

本人／吾等，投保人／保單持有人及信用卡持有人，明白及同意續保保費金額（如有）將根據保單條款而轉變。

本人，信用卡持有人，明白及同意如非保單持有人或信託人，對於上述及下列保單的收益不得申索任何權利、所有權或留置權。

任何不是上述保單某一方的人士或實體（包括但不限於受保人或受益人），在任何情況下均不能強制執行上述保單的任何條款。

Name of party to be credited (The Beneficiary) 收款之一方（受益人）												PRUDENTIAL HONG KONG LIMITED											
Credit Card Number 信用卡號碼												Type of Credit Card 信用卡類別											
												☐ VISA ☐ MASTERCARD											
Cardholder's full name in English 信用卡持有人之英文全名																							
Card Expiry Date 信用卡滿期日								Cardholder's Signature 信用卡持有人簽署 * It must be consistent with that in your Credit Card's record 信用卡持有人的簽署必須與信用卡紀錄上的簽署樣式相同															
M 月		M 月		Y 年		Y 年																	

00000000

Prudential Hong Kong Limited 保誠保險有限公司
(A member of Prudential plc group) (英國保誠集團成員)

LAPA/PRMDDC (01/16)



PRMDDC0401

Part 2 第二部分 Third Party Payment 第三者付款

Prudential shall have the right to reject this form if this part is incomplete. 若閣下未完成此部分，保誠有權拒絕此表格。

Relationship between the Account Holder and the Policyowner/Life Assured 銀行戶口持有人與保單持有人 / 受保人的關係
(Please darken the appropriate box(es). 請塗黑適當選項。)

- ☐ Spouse 配偶 ☐ Parent 父母 ☐ Children 子女 ☐ Siblings 兄弟姊妹 ☐ Grandparent 祖父母
☐ Legal Guardian 合法監護人 (Please provide supporting document 請提供證明文件)
☐ Company owned by the Policyowner or Life Assured 保單持有人或受保人擁有之公司
(Please provide (i) a copy of Business Registration Certificate or Certificate of Incorporation; and (ii) a copy of latest Annual Return 請提供 (i) 商業登記證或公司註冊證明書之副本；及 (ii) 最新的周年申報表之副本)

Part 3 第三部分 Change of Payment Mode 更改繳費方式

- Do NOT complete this part if no change of payment mode for the policy specified on page 1. 如非就第 1 頁所載之保單號碼申請更改繳費方式，請勿填寫此欄。
- Please fill-in the effective date for change of payment mode for the policy specified on page 1. We reserve the right to make the final decision if no effective date is specified, or the date specified is not applicable. 如就第 1 頁所載之保單號碼申請更改繳費方式，請填上新繳費方式及生效日。如未填寫，或指定日期不適用，本公司有權就是次保單更改之生效日作最後決定。

New Payment Mode 新繳費方式	Effective Date for New Payment Mode 新繳費方式生效日						
☐ Yearly 每年 ☐ Half-yearly 每半年 ☐ Quarterly 每季 ☐ Monthly 每月	<table><tr><td>M 月</td><td>M 月</td><td>Y 年</td><td>Y 年</td><td>Y 年</td><td>Y 年</td></tr></table>	M 月	M 月	Y 年	Y 年	Y 年	Y 年
M 月	M 月	Y 年	Y 年	Y 年	Y 年		

Part 4 第四部分 Change of Payment Mode & Autopay for Other Policies 就其他保單申請更改繳費方式及自動轉賬

- The following policies must be owned by the same policyowner as the policyowner specified on Page 1. 以下保單必須與載於第 1 頁之保單為同一持有人所持有。
- Please provide the signature specimen which is consistent with that in our record for each policy. 請就每張保單提供與本公司紀錄上一致的簽名式樣。
- Please darken the appropriate box(es) to indicate your request(s). 請塗黑適當選項，以註明您的申請。
- We reserve the right to make the final decision if no effective date is specified, or the date specified is not applicable. 如未填寫，或指定日期不適用，本公司有權就是次保單更改之生效日作最後決定。

Policy Number 保單號碼	New Payment Mode 新繳費方式				Effective Date for New Payment Mode 新繳費方式生效日				Signature of Policyowner 保單持有人簽署 (It must be consistent with that in our record 保單持有人的簽署必須與本公司的記錄相符)
	Yearly 每年	Half-yearly 每半年	Quarterly 每季	Monthly 每月	M 月	M 月	Y 年	Y 年	
	☐	☐	☐	☐					
	☐	☐	☐	☐					

Part 5 第五部分 Personal Information Collection Statement 收集個人資料聲明

Prudential Hong Kong Limited (referred to as "the Company", "our", "we", or "us" in this Part entitled "Personal Information Collection Statement") may collect certain personal information, including without limitation your name, identity card number (and copy of identity card), passport number, contact information, family history, health and medical information and financial information ("Personal Information") from you when you apply for insurance or financial products and services from us, or when you apply to make changes to your policy, or when you make a claim against a policy. We may also collect Personal Information about you from third parties such as other insurance companies or agents, government agencies, medical personnel, credit reporting agencies, courts or public records.

1. Purpose of Collection

We may use your Personal Information for the following purposes: (a) to process your application; (b) to administer and process insurance policies, insurance claims and medical, security and underwriting checks; (c) to process payment instructions; (d) to verify your eligibility for insurance, financial or wealth management products and services; (e) to design and provide you with insurance, financial and related services and products; (f) to communicate with you; (g) to provide you with promotional materials relating to insurance or financial services or related wealth management products of the Company, and those of other entities whose ultimate parent company is Prudential plc ("companies within the Prudential Group") or partnering financial institutions; (h) to perform a policy review or needs analysis; (i) to conduct research and statistical analysis; and (j) to meet disclosure requirements imposed by law or regulatory authorities.

2. Classes of Transferees

We may disclose your Personal Information to third parties (within or outside Hong Kong) for the purposes outlined at Section 1 above, including without limitation the following third parties: (a) insurance agents; (b) re-insurance companies; (c) other companies within the Prudential Group; (d) claims investigation companies; (e) third party administrators; (f) third party service providers (including without limitation insurers, bankers, lawyers, accountants, and other third party service providers who provide administrative, telecommunications, computer, payment, printing, redemption or other services to us to enable us to operate our business); (g) industry associations and federations; (h) medical bill review companies; (i) professional advisors; (j) researchers; (k) credit reference agencies; (l) debt collection agencies; (m) partnering financial institutions; (n) regulators and government agencies; (o) law enforcement agencies; (p) the Courts.

We may transfer your name, contact information and information about the products you have purchased (including the sales channel from which such products were purchased) to other companies within the Prudential Group, and other partnering financial institutions, for the purpose of providing you with promotional materials relating to those entities' insurance or financial services or related wealth management products. However, we will not disclose your Personal Information to any other third parties for direct marketing purposes without your consent.

We may transfer your Personal Information in connection with a transaction with another company which affects the control, governance, structure and / or management of all or a substantial part of our business, or if required to satisfy applicable legal or regulatory requirements.

3. Consequence of failing to provide Personal Information

Unless otherwise specified by us, it is mandatory for you to provide the Personal Information requested by us. In the event that any such Personal Information is not provided, we may be unable to provide you with the services or carry out the activities outlined at Section 1 above.

4. Access and Correction Rights

Under the Personal Data (Privacy) Ordinance (the "Ordinance"), you have the right to request access to and correction of any Personal Information that you provide to us. You may make such a request by writing to our Data Protection Officer at P.O. Box No. 28058, Gloucester Road Post Office, Hong Kong. In accordance with the Ordinance, we have the right to charge a reasonable fee for the processing of any Personal Information access request.

00000000



Part 5 第五部分 Personal Information Collection Statement (Continued) 收集個人資料聲明 (續)

保誠保險有限公司（在題為「收集個人資料聲明」之本部分，簡稱「本公司」或「我們」）可能會於閣下向我們申請保險或金融產品及服務、申請更改保單或就保單提出索償時向閣下收集一些個人資料，包括但不限於閣下的姓名、身份證號碼（及身份證副本）、護照號碼、聯絡資料、家族歷史、健康和醫療資料，以及財務資料（以下簡稱「個人資料」）。我們還可能從第三方，如其他保險公司或代理、政府機構、醫務人員、信用報告機構、法院或公開記錄等，收集關於閣下的個人資料。

1. 收集資料之目的

我們可能會使用閣下的個人資料作下列用途：(a) 處理閣下的申請；(b) 管理和處理保單、保險索償、醫療、抵押和承保檢查；(c) 處理付款指示；(d) 核實閣下申請保險、金融或財富管理產品及服務的資格；(e) 設計及為閣下提供保險、金融及相關的服務和產品；(f) 與閣下進行通訊；(g) 為閣下提供關於本公司以及其他母公司為英國保誠集團的實體（「保誠集團內的公司」）或夥伴金融機構的保險或金融服務或相關的財富管理產品的推廣材料；(h) 進行保單審查或需求分析；(i) 進行研究和統計分析；及 (j) 符合法律或監管當局實施的披露要求。

2. 被資料轉交者的類別

為達到上述第一部分所列明之目的，我們可能會向第三方（在香港境內或境外）透露閣下的個人資料，包括但不限於以下第三方：(a) 保險代理；(b) 再保險公司；(c) 其他保誠集團內的公司；(d) 索償調查公司；(e) 第三方管理人；(f) 第三方服務供應商（包括但不限於保險公司、銀行、律師、會計師，以及其他提供行政、電訊、電腦、付款、印刷、贖回或其他服務以令我們的業務可以運作的第三方服務供應商）；(g) 行業協會及聯會；(h) 醫療帳單審查公司；(i) 專業顧問；(j) 研究人員；(k) 信貸資料服務機構；(l) 收賬代理；(m) 夥伴金融機構；(n) 監管機構及政府機構；(o) 執法機構；(p) 法院。

我們可能將閣下的姓名、聯絡資料和閣下已購買的產品資料（包括購買該等產品的銷售渠道），轉交其他保誠集團內的公司及其他夥伴金融機構，以向閣下提供有關這些實體的保險、金融服務或相關的財富管理產品的有關推廣材料。然而，我們不會未經閣下的同意，向任何其他第三方透露閣下的個人資料作直接促銷用途。

在有關影響到我們全部或重大部分業務的控制權、治理、結構和 / 或管理的交易時，或在必須符合適用的法律或監管要求下，我們可能會轉交閣下的個人資料。

3. 未能提供個人資料的影響

除非我們另有規定，否則閣下必須提供我們所要求的個人資料。若未能提供任何此等個人資料，我們可能無法為閣下提供服務或進行上述第一部分所列出的活動。

4. 查閱和更正的權利

根據《個人資料（私隱）條例》（「條例」），閣下有權要求查閱及更正任何閣下提供給我們的個人資料。閣下如欲查閱或更正個人資料，請向我們的資料保護主任作出書面要求，地址是香港告士打道郵政局郵政信箱28058號。根據條例的規定，我們有權就處理查閱任何個人資料的要求，收取合理的費用。

Opting-out Marketing Communications or Materials 拒絕接受促銷信息或資料

We intend to send you marketing communications or materials (as set out in the above Personal Information Collection Statement), but we cannot do so without your consent. In the event that you do not wish to receive such marketing communications or materials, please let us know by checking the box below, and returning the form to us in person at our Customer Service Center or by post at P.O. Box No. 28058, Gloucester Road Post Office, Hong Kong.

我們有意向閣下發送（載於上述收集個人資料聲明的）促銷信息或資料，但未經閣下的同意，我們不能這樣做。假若閣下不希望收到該等促銷信息或資料，請在以下方格上填「✓」號以讓我們知道閣下的意向，並請親身交回此表格至我們的客戶服務中心或郵遞此表格至香港告士打道郵政局郵政信箱28058號。

☐ Opt-out Marketing Communications or Materials 拒絕接受促銷信息或資料

The Life Assured / Policyowner, and Irrevocable Trustee/Collateral Assignee (if applicable), hereby confirm understanding of and agreement to the contents in this Part entitled "Personal Information Collection Statement".

受保人 / 保單持有人及不可撤換信託人 / 抵押轉讓之承讓人(如適用) 特此確認明白並同意在題為「收集個人資料聲明」之本部分中的內容。

Part 6 第六部分 Signature 簽署

If the signatory is a Limited Company / Partnership / Sole Proprietorship, its authorized signatories should sign and chop. 如簽署方為有限公司／合夥／獨資經營持有，須由公司授權人員簽署及蓋章。

Day 日	Month 月	Year 年	Signature of Policyowner 保單持有人簽署 (It must be consistent with that in our record 保單持有人的簽署必須與本公司記錄的相符)	Signature of Irrevocable Trustee / Collateral Assignee (if applicable) 不可撤換信託人 / 抵押轉讓之承讓人簽署 (如適用)
-------	---------	--------	--	--

If the Policyowner uses signature chop or fingerprint, two witnesses are required. The witness must be an individual third party aged 18 or above. The personal particulars of the witness(es) will only be used for the purpose of verification and confirmation of the identity(ies) of the signatory(ies) of this form. 若保單持有人以圖章蓋印或指紋簽署，必須有兩位見證人。見證人必須為年滿18歲或以上的第三者。見證人之個人資料只會用於處理本申請及確認此表格簽署人的身份之用。

Signature of Witness
見證人簽署

Name & Identity Document Number of Witness
見證人姓名及身份證明文件號碼

Signature of Witness
見證人簽署

Name & Identity Document Number of Witness
見證人姓名及身份證明文件號碼

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

00000000

