Payment Reissuance Request Form
重發款項申請表

Please complete this form if you require a payment that has unsuccessfully been received by you to be reissued. 如您需要重新簽發未成功收到的付款，請填寫此表格。

Please return the form and relevant documents via one of the available channels below. 請將表格和相關文件用以下其中一種方式遞交。
- *Scan the QR code on your right hand side to upload documents to "Document Upload Service" on HSBC website 您可以掃瞄右方的二維碼上載相關文件到滙豐網站上的「文件上載服務」；OR 或*
- *Mail to 18/F, Tower 1 HSBC Centre, 1 Sham Mong Road, Kowloon, Hong Kong 郵寄至香港九龍深旺道1號滙豐中心1座18樓；OR 或*
- *Submit to any HSBC Branch 可於任何滙豐分行遞交*

Please complete this form in English BLOCK LETTERS and put a ✓ in the appropriate box(es) 請用英文正楷填寫，並在適當方格內加上✓號	
Policy Information 保單資料	
Policy Number 保單號碼	
Name of Policyholder in English 保單持有人英文姓名	
Identification/Corporate Document No. 身份／公司證明文件號碼	☐ Please provide copy of identification document 請附上證件副本
Type of Payment to be reissued: 重發款項類別：	☐Surrender Payment 退保款項 ☐Policy Value Withdrawal 保單價值提取 ☐Annuity/Maturity/Endowment/Dividend/Cash Fund Dividend 年金／期滿利益／保證現金／紅利／基金紅利 ☐Overpayment/Reinstatement related 超額支付／保單復效相關

NOTE 注意：
1. HSBC Life (International) Limited is referred as the "Company" or "HSBC Life" in this document. 滙豐人壽（國際）有限公司在此文件中張被稱為「本公司」或「滙豐保險」。
2. The fluctuation in exchange rates may have impact on the amount of payments if the payment is reissued in currencies other than the policy currencies. 如重發款項貨幣有別於保單貨幣，匯率之波動會對款額構成影響。

Payment Reissuance Instruction 重發款項指示	
Currency 貨幣	
☐ Policy currency 保單貨幣	☐ HKD for NON-HKD policies 港幣付款（適用於非港幣保單）
Please select one of the payment instructions below. 請選擇以下其中一個發還退款指示。	

☐ **1. By Bank Account Transfer 銀行戶口轉帳**

Credit to the bank account below 存入以下銀行戶口 　　　　☐ Please provide bank account proof 請提供銀行帳戶證明

Bank No. 銀行號碼	Branch No. 分行號碼	Account No. 戶口號碼

Notes 註：
(i) 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 HSBC Life. 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）寄回滙豐保險。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。
(ii) Please submit your identity document copy if the policy is enrolled online. 如您經網上投保，請遞交身份證明文件副本。

☐ **2. By Telegraphic Transfer 電匯 ^ (Only applicable to client with overseas bank account 只適用於持有海外銀行戶口之客戶)**

Name of Bank Account Holder 銀行戶口帳戶持有人姓名： _____

Name of Bank 銀行名稱(OVERSEAS BANK 海外銀行) ： _____

Bank Account Number 銀行帳戶號碼： _____

IBAN Number 國際銀行帳戶號碼 (if applicable 如適用) ： _____

Address of Bank 銀行地址： _____

Swift Code 銀行編號： _____ 　　☐ Please provide bank account proof 請提供銀行帳戶證明

The Reason for Telegraphic Transfer 電匯原因： _____

Name of Intermediary/Correspondence Bank 中轉銀行名稱 (if applicable 如適用)： _____

Swift Code Intermediary/Correspondence Bank 中轉銀行銀行編號 (if applicable 如適用)： _____

Notes 註：
If provided information is incomplete or missing relevant bank account proof, the payment will be mailed out by cheque. 如未能提供完整資料或相關銀行戶口證明，款項將以支票形式寄出。

HSBC Life (International) Limited
滙豐人壽保險（國際）有限公司

Incorporated in Bermuda with limited liability 於百慕達註冊成立之有限公司
Hong Kong SAR Office address: 18/F, Tower 1, HSBC Centre, 1 Sham Mong Road, Kowloon, Hong Kong
香港特別行政區辦事處地址：香港九龍深旺道1號滙豐中心1座18樓

☐ **3. By Cheque 支票 (Only applicable to payment in CNY/HKD/USD 只適用於收款貨幣為人民幣／港幣／美金)**

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

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

_____

Any charges may be incurred as a result of receiving the payment from the Company, including but not limited to depositing into bank account and cheque encashment, will be borne by the policyholder. 任何由於收取由本公司發出之款項而可能產生的費用，包括但不限於存入銀行帳戶及兌現支票^，將由保單持有人承擔。

^ If the receiving bank is non-HSBC, bank charges incurred will be deducted from the amount payable to the said bank, if applicable. 如收款戶口非滙豐銀行，該銀行將於提出款項中收取服務費用，如適用。

☐ **4. Transfer The Payment to Another Policy Under My Name for Premium Payment 轉移款項到本人的其他保單以支付保費**

Policy number/Application Serial Number 保單號碼／投保單申請號碼：_____

The remaining amount (if any) will be refunded via the payment method selected above. 剩餘金額（如有）將通過上述選擇的付款方式退還。

Declaration 聲明

By signing below, I/we confirm the above application and agree that the Company may use and disclose all personal data about me/us that the Company currently or subsequently hold for the purposes as set out in the Notice relating to the Personal Data (Privacy) Ordinance (which may otherwise be referred to as 'Personal Information Collection Statement') that HSBC Life have most recently notified me of, and I understand I can scan the QR code below for review of the Personal Information Collection Statement or else I can request a copy by visiting my local HSBC Branch or through the Life Insurance Service Hotline: (852) 2583 8000. 本人(等)在下方簽署即確認上述申請並同意貴公司可按本表格隨附的關於個人資料(私隱)條例的通知內列出的用途使用及披露貴公司現時或其後持有有關本人(等)的全部個人資料。該條例亦是貴公司最近通知本人有關「個人資料收集聲明」，本人亦明白「個人資料收集聲明」可以掃瞄下方的二維碼瀏覽及可向滙豐各分行或致電 (852) 2583 8000 索取。

PICS 2020Jun (English)　　　個人資料收集聲明(中文)

I acknowledge and agree only a restricted scope of services for my life insurance policy can and shall be provided to me during any time when I am located in the United States, either temporarily or permanently, when giving out any instruction for such services to HSBC Life (International) Limited. 本人確認及同意當本人短暫或永久身處在美國期間發出的任何人壽保險保單指示，滙豐人壽保險(國際)有限公司只能提供有限的服務。

Signature 簽署

Signature of Policyholder 保單持有人簽署	Signed at (city, country/region) 於(城市、國家／地區)簽署
_____	_____
Name 姓名：	Date 日期：
_____	_____

For Bank Use Only

Retention Result: ☐ Replaced by other policy (New HSBC Insurance policy no. _____)	☐ Client's identity copy attached ☐ Client's original identity sighted (Initial of Staff: _____) ☐ Client's SI cancellation form attached ☐ Copy of Client's other bank account information checked (only applicable if customer choose to pay to non premium deduction account)	Branch Chop
Staff Name	Staff ID no.	Contact no.:
Servicing Staff IA no.	Servicing Staff RI no.	Branch no.
For CMB only CIN No. (in 11 digits)_____	Policyholder RR ☐ S ☐ H ☐ M ☐ L ☐ N/A	

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