

## **AIA Everest Life Company Limited**

## **Direct Debit Authorisation Form**

銀行戶口直接付款授權申請

(For US dollar BEA account only) (只適用於東亞銀行<mark>美元</mark>賬戶)

This form is applicable to Policy No. beginning with 'B27' or 'G37' (e.g. B27XXXXXXX or G37XXXXXXXX) 此表格適用於以'B27'或'G37'開始的保單號碼(例如B27XXXXXXX或 G37XXXXXXXX)

# Designated Bank Account Details 指定銀行F口資料(Accept USD BEA account only 只接受東亞銀行之美元戶口) Bank Name and Branch 保行及分行之名稿	Policy Number 保單號碼	Name of Insured 受保人姓名	Name of Owner 持有人姓名	
Agent Cocle		 Agency Name 營業員組別名稱		
Designated Bank Account Details 指定銀行戶口資料(Accept USD BEA account only 只接受東亞銀行之美元戶口)  Bank Nome and Branch Account Currency 股子質別 Bank No. Branch No. 最行系分行之名稱  USD 美元  Designated Bank Account Holder 限序資幣  USD 美元  Designated Bank Account Holder 限序分析  USD 美元  Designated Bank Record) Bank Record) Bank Record) Bank Record Bank Account Holder's Document Number (Correspond to Bank Record) Bank Account Holder's Document Number (Correspond to Bank Record) Bank Account Holder's Document Type*  Docum	Agency Code		Agent Tel. No.	0170219
Account Currency 限月度常  USD 美元  Inglish Full Name of Account Holder 展月存入之英文全名  English Full Name of Account Holder 展月持有人之漢文全名  English Full Name of Account Holder 展月持有人之漢文全名  English Full Name of Joint Account Holder 展月持有人之漢文全名  Soccount Holder's Document Number (Correspond to Bank Record) 展月持有人之漢文全名  Joint Account Holder's Document Number (Correspond to Bank Record) 展月持有人之證件號碼(必需與銀行紀錄相符)  Document Type*  ① ② ② ② ② ② ② ② ② ② ② ② ② ② ② ② ② ② ②	營業員組別編號	營業員姓名	營業員聯絡電話	
服庁貨幣 USD 美元	Designated Bank Accou	ınt Details 指定銀行戶口資	料 (Accept USD BEA account only 只接受東亞銀行)	 之美元戶口) 
English Full Name of Account Holder [戶持有人之英文全名    English Full Name of Joint Account Holder   First	<b>设行及分行之名稱</b>	賬戶貨幣 銀行編號 分		
Cocunt Holder's Document Number (Correspond to Bank Record)	nglish Full Name of Account Hol	332 %;6	English Full Name of Joint Account Holder	
原持有人之證件號碼(必需與銀行紀錄相符)  Occument Type*  ② ② ② ② ② ② ② ② ② ② ② ② ② ② ② ② ② ② ②	:尸持有人之央义主右			
設性類別。				
Savings A/C 儲蓄賬戶 Current A/C 往來賬戶  Gender 中國語彙 For Account Holder is not the Policyowner or Insured, please also provide personal particulars of Account Holder F口持有人的個人資料,而保單持有人交換例。如果持有人之關係。  Gender 中國語彙 Account Holder 所列的個人資料。  Test of Birth 具体 DD日 YYYY年  *** Signature of Policyowner  Savings A/C 儲蓄賬戶 Current A/C 往來賬戶  Alternation so BEA USD Direct Debit Authorisation  BeA USD Direct D		© B X		B X
Section 2: Declaration and Authorisation 第二部分: 整明及授權  1) I / We confirm that I / we have read and agreed to be bound by the ***Terms and Conditions of BEA USD Direct Debit Authorisation Bank Account. 本人/我們已經閱讀***「東亞銀行美元銀行戶口直接付款授權」條款及條件,並同意受此約束。 2) I / We declare that the information contained herein and provided to AIA Everest Life Company Limited are in all respects true, correct complete to the best of my / our knowledge and belief. 本人/我們現聲明,據本人/我們所知及所信,本表格所載之將提供予友邦雋峰有限公司,在所有方面均屬真實、準確及完整。 3) If Account Holder is not the Policyowner or Insured, please state the relationship between the Account Holder and the Policyowner's signature is also required. If a the following information is missing, this application may be rejected. 如戶口持有人並非保單持有人或受保人,請註明戶口持有人與持有人之關係,並填寫戶口持有人的個人資料,而保單持有人亦必須加簽。如欠缺任何一項資料,此申請可能會被拒絕。  **Personal particulars of Account Holder 戶口持有人的個人資料			ess Registration Certificate, X = PRC ID Card / Two-Way Exit Permit / 共和國身份證 / 往來港澳通行證 / 澳門身份證	Macau ID Card
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Relationship with Policyholder 與保單持有人之關係  Nationality	Bank Account. 本人 / 我們確認 2) I / We declare that the information complete to the best of my / c有限公司,在所有方面均屬真 3) If Account Holder is not the Please also provide personal the following information is m	図本人 / 我們已經閱讀##「東亞銀行詞 ation contained herein and provide our knowledge and belief. 本人 / 我 實、準確及完整。 Policyowner or Insured, please s particulars of the Account Holder hissing, this application may be re	美元銀行戶口直接付款授權」條款及條件,並同意受此d to AIA Everest Life Company Limited are in all resp們現聲明,據本人 / 我們所知及所信,本表格所載之將 state the relationship between the Account Holder is below and note that the Policyowner's signature is a ejected. 如戶口持有人並非保單持有人或受保人,請記	比約束。 pects true, correct a 将提供予友邦雋峰人 and the Policyown also required. If any 主明戶口持有人與保
図籍 性別 男性 女性 図籍 性別 男性 女性 図籍 性別 男性 女性 Oate of Birth 出生日期 MM月 DD日 YYYY年 U生日期 MM月 DD日 YYYY年  Signature of Policyowner ### Signature of Bank Account Holder(s) 銀行賬戶持有人簽名	Relationship with Policyholder	older 戶口持有人的個人資料	Relationship with Policyholder	与□持有人的個人資
出生日期	國籍 性別		國籍	
於 MM月 DD日 YYYY年 Signature of Policyowner ### Signature of Bank Account Holder(s) 銀行賬戶持有人簽名		YYYY#		
				D日 YYYY年
水平行行入竣石 (Must be same as your banks record) \ \	保單持有人簽名	(Must be same as your Bank's r	ecord) (須與銀行檔案之簽名樣式相同)	