

中美联泰大都会人
寿保险有限公司人
身保险投保单



中美联泰大都会人寿保险有限公司
全国服务热线：400-818-8168
www.metlife.com.cn

中美联泰大都会人寿保险有限公司人身保险投保单
Sino-US United MetLife Insurance Company Limited Application Form

银行代理保险专用

在本投保单中，如中文表述与英文表述不一致，则以中文表述为准。

If the English version is not consistent with Chinese version, Chinese version prevails

签署地 Place of Signature: _____

投保单编号 Application No.:

投保单编号条形码及数字

投保事项 DETAILS OF INSURANCE APPLIED FOR (币值单位 Currency: 人民币元 RMB)						
险种名称 Basic Plan/Rider Name	险种代码 Code	基本保险金额 (1000 元的整数倍) Basic Sum Assured	保险期限 Benefit Term	交费年期 Premium Term	年金/约定领取年龄 Eligible Age	年金领取频率 (若未填, 则默认为年领) Annuity Option

- A. 保险费交付方式 Premium Mode: ☐月交 Monthly ☐年交 Annually ☐一次性交付 Single Premium
- B. 溢交保险费转下期保险费选择 PDF Option: ☐同意 Yes ☐不同意 No (如未勾选, 则作不同意处理)
- C. 红利给付方式 Dividend Option: ☐现金领取 Drawing Cash ☐累积生息 Accumulating with interest ☐增额红利 Reversionary Dividend ☐交清增额 Paid-up addition (如条款对红利领取有特别约定, 则以条款为准, 勾选无效。如勾选给付方式与投保产品不匹配则勾选无效。如条款未约定红利领取方式且投保单未勾选则作累积生息处理。) If the insurance term has a special stipulation on the dividend, Subject to the insurance term, the choice ticked off will be invalid. If the checked payment method does not match the insured product, the choice ticked off will be invalid. If the choices are not ticked, accumulating dividends will function; If there is not bonus paid in the insurance, the choice ticked off will be invalid.
- D. 保险费逾期未付选择 APL Option: ☐自动垫交 APL ☐中止 Lapse (若投保的险种无自动垫交功能或者未勾选, 则作中止处理) If there is no function of automatic premium loan in the insurance or the choices are not ticked, suspending will work.
- 如您超过宽限期仍未交费, 且您选择的是自动垫交, 在您的保险合同当时的现金价值扣除您尚未清偿的保单贷款及其累积利息之后的余额, 足以垫交到期保险费时, 我们将自动贷款给您, 为您垫交该期保险费, 该利率同保单贷款利率, 贷款利息自保费应缴日开始计息, 至复交申请通过日截止。If you didn't pay your premium after grace period and choose APL option, we'll advance a sum of money automatically for premium due, if your balanced cash value is enough after pay off your loan and interest. We'll charge interest of APL from premium due date to approve reinstatement date.
- E. 生存类保险金领取方式 Mode of payment of survival insurance (生存类保险金包含年金、祝寿金、教育金等合同保险期间内以被保险人生存为条件给付的保险金, 但不包括满期保险金) Survival insurance includes annuity, birthday funds, education funds, etc., which is paid on the condition of the life of the insured during the contract insurance period: ☐现金领取 ☐交清增额 (如条款对生存类保险金领取方式有特别约定, 则以条款为准, 勾选无效。如条款未约定生存类保险金领取方式且投保单未勾选则作累积生息服务处理) Provision of life insurance accrual services by default, the policy holder can apply for change of collection mode after the policy is written. This change should refer to the relevant service requirements of the insurance company.

1. 采用月交保险费方式的, 首次需交纳二个月保险费, 实际应交保险费以保险合同中的每期保险费为准。
Used to pay premiums by monthly mode, Required to pay premiums for the first time two months, The actual premium will be printed on the policy contract.
2. 如您选择了自动垫交, 在超过宽限期仍未交费, 而您的保险合同当时的现金价值扣除您尚未清偿的保单贷款及其累计利息之后的余额, 足以垫交到期保险费时, 我们将自动贷款给您, 为您垫交该期保险费, 该利率同保单贷款利率。
If you choose APL option and without getting your premium after overdue day, we'll advance a sum of money automatically for due premium, if your balanced cash value is enough after pay off your loan and interest, we'll charge you interest on loan while you repay premium.
3. 本合同效力中止后 2 年内, 您可以申请恢复合同效力, 经我们与您协商并达成协议, 在您补交保险费后合同效力恢复。
You could apply for policy reinstatement within 2 years after policy lapsed. If we approve your application, you should repay premium, then the policy will be reinstated successfully.

首次预估保险费交纳总额 Initial Estimated Premium to be paid :
(实际应交保险费金额以保险合同中的每期保险费为准) The actual premium will be printed on the policy contract.



HO-NB-2022-2817

投保人资料填写（投保人是被保险人的“其他”栏是指：除前几项与被保险人关系以外，被保险人是与投保人有抚养、赡养或者扶养关系的亲属。）

Policy-Owner is insurant "other" column is to point to: besides a few before and insurant concern, insurant is to have with policy-holder bring up, support or the relative that bring up concern

与被保险人关系 Relationship to Insured:

☐ 本人 Owner

☐ 配偶 Spouse

☐ 父子 Father and son

☐ 父女 Father and daughter

☐ 母子 Mother and son

☐ 母女 Mother and daughter

☐ 其他 Other_____

姓名:国籍:

Full Name:_____Nationality: ☐ 中国 China ☐ 美国 U.S.A ☐ 其他 Other: _____

证件类型:出生日期:性别:

ID Type: ☐ 身份证 ID Card ☐ 护照 Passport ☐ 其它 Other: _____Date of Birth: _____年____月____日 (YYYY/MM/DD)Gender: ☐ 男 Male ☐ 女 Female

证件号码:

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证件有效起期 Valid date of identification(ID) : _____年____月____日 YYYY/MM/DD

证件有效止期 Expire date of identification(ID): _____年____月____日 YYYY/MM/DD ☐ 终身 Whole Life

证件递交 ID Submit ☐ 是 Yes ☐ 否 No

公司名称:职业名称:

Company:_____Responsibility:_____职业代码:_____（保险公司填写）

经常居住地址邮政编码

Residential Address: _____Postal Code: _____

家庭电话:手机邮箱地址

Contact Tel. No._____Mobile: _____E-mail Address:_____

年收入 Annual Income（万 Ten thousand）: _____（单位为万元）(unit:10,000) 保费预算 Premium budget（万 Ten thousand）: _____（单位为万元）(unit:10,000)

投保人家庭年收入 Policyholder's family income: _____（单位为万元）(unit:10,000) 投保人为: ☐ 1.城镇居民 Urban resident ☐ 2.农村居民 Suburban resident

投保人联系地址 Policy Owner Mailing Address（若未勾选，默认为经常居住地址）: ☐ 同经常居住地址 The Same As Residence

☐ 其它地址 Other Address: _____邮政编码 Postal Code: _____

被保险人资料填写 INSURED DETAILS（若被保险人为投保人本人,可免填本栏 If insured is the policy owner, this item can be blank)

姓名:国籍:

Full Name:_____Nationality: ☐ 中国 China ☐ 美国 U.S.A ☐ 其他 Other: _____

证件类型:出生日期:性别:

ID Type: ☐ 身份证 ID Card ☐ 护照 Passport ☐ 其它 Other: _____Date of Birth: _____年____月____日 (YYYY/MM/DD)Gender: ☐ 男 Male ☐ 女 Female

证件号码:

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证件有效起期 Valid date of identification(ID) : _____年____月____日 YYYY/MM/DD

证件有效止期 Expire date of identification(ID): _____年____月____日 YYYY/MM/DD ☐ 终身 Whole Life

证件递交 ID Submit ☐ 是 Yes ☐ 否 No

公司名称:职业名称:

Company:_____Responsibility:_____职业代码:_____（保险公司填写）

经常居住地址邮政编码

Residential Address: _____Postal Code: _____

家庭电话:手机邮箱地址

Contact Tel. No._____Mobile: _____E-mail Address:_____

年收入 Annual Income（万 Ten thousand）: _____（单位为万元）

身故保险金受益人资料 DEATH BENEFICIARY DETAILS

身故受益人 姓名 Full Name	性别 Gender	国籍 Nationality	证件类型 ID Type	证件号码 ID No.	证件有效起期 Issue date of identification (ID)	证件有效止期 Expire date of identification (ID)	出生日期 Date of Birth	与被保险人 关系 Relationship to Insured	保险金给付方式 Benefit Payment method	
									<input type="checkbox"/> 受益比例 （%） By Share	<input type="checkbox"/> 受益顺序 By order

身故保险金受益人 Death Beneficiary:

a) 如没有指定受益人，或者受益人指定不明无法确定的，我司依照被保险人身故当时有效的关于继承的法律法规的规定进行给付。If there is no designated beneficiary, or the designation of the beneficiary cannot be determined, Death Benefit proceeds will be paid according to the laws and regulations on inheritance in effect at the time of the death of the insured” .

b) 如投保产品不含有身故保险责任，则指定身故保险金受益人无效。The designated beneficiary of death insurance is invalid if the death insurance liability is not contained in the insurance product.

按填写的受益顺序 By Order（受益顺序从上至下，以上为先，后一顺序的受益人只有在前一顺序的受益人丧失受益权的情况下才具有受益权）。(from top to bottom)

被保险人/投保人情况告知（非年金类产品） Details of Insured/payor（Non-Annuity Products）（如申请含有投保人豁免保险费责任的保险，且投被保险人非同一人，请投保人同时完成自身情况的告知）Please inform the payor to complete the Details of payor if the payor applies for the insurance which contains the exemption of insurance premium liability, and the insured person is not this payor.

投保人
policy owner

被保人
Insured

1. 您是否计划未来一年内前往国外定居或工作或自助旅游一个月以上？（不包含下列国家和地区：澳大利亚、加拿大、日本、新西兰、新加坡、文莱、马来西亚、韩国、法国、英国、德国、意大利、比利时、荷兰、爱尔兰、卢森堡、希腊、西班牙、葡萄牙、丹麦、泰国、马尔代夫、斯里兰卡、瑞典、芬兰、阿根廷、巴西、摩纳哥、阿联酋、毛里求斯、塞舌尔）
Are you planning to reside or work abroad or travel for more than 30days within one year? (except Australia; Canada; Japan; New Zealand; Singapore; Brunei; Malaysia; Korea; France; the United Kingdom; German; Italy; Belgium; Holland; Ireland; Luxembourg;

A01

☐ 是

☐ 否

☐ 是

☐ 否

Greece; Spain; Portuguesa; Denmark; Thailand; Maldives; Sri Lanka; Sweden; Finland; Argentina; Brazil; Monaco; UAE; Mauritius; Seychelles)				
2. 您是否正在或计划参加危险运动，如深度潜水（超过 20 米）、跳伞、攀岩、野外探险、打猎、赛车、赛马、冲浪等？ Are you planning to take part in risky activity, such as diving to a depth of over 20 meters, parachuting, mountaineering or rock climbing, exploration in field hunting, motor-racing, horse racing, surfing?	A02			
	<input type="checkbox"/> 是	<input type="checkbox"/> 否	<input type="checkbox"/> 是	<input type="checkbox"/> 否
3. 目前是否有失明、聋哑或言语、咀嚼、四肢机能障碍或缺损或畸形、智能障碍？ At present, does the insured suffer for blindness, deaf-mute, dysfunction or impairment with dysphonia, dysmasesis, dyskinesia, or abnormality, intellectual impairment?	A04			
	<input type="checkbox"/> 是	<input type="checkbox"/> 否	<input type="checkbox"/> 是	<input type="checkbox"/> 否
4. 被保险人身高 Insured Height_____ 厘米 cm 投保人身高 payer Height_____ 厘米 cm	A05			
5. 被保险人体重 Insured Weight_____ 公斤 kg 投保人体重 Payer Weight_____ 公斤 kg	A06			
6. 您是否有 2 个及以上近亲属（父母、子女、兄弟姐妹）因同一种疾病在 60 岁前身故？ 若“是”，请列明具体关系和疾病：_____	A08			
Do you have 2 or more immediate family members (parents, children, siblings) that deceased from same diseases before age of 60 ? If so, please list the specific relationship and disease._____	<input type="checkbox"/> 是	<input type="checkbox"/> 否	<input type="checkbox"/> 是	<input type="checkbox"/> 否
7. 过去二年内是否曾因健康检查有异常而被建议接受复查或其他检查或治疗或是否曾接到医生对您有关吸烟、饮酒的建议和告诫？ In the past 2 years, have you been suggested having other check-up or treatment, or received suggestion and advices from the doctor about drinking and smoking, because of medical check-up anomaly?	A09			
	<input type="checkbox"/> 是	<input type="checkbox"/> 否	<input type="checkbox"/> 是	<input type="checkbox"/> 否
8. 您过去三个月内是否曾因受伤或生病接受过任何药物治疗、门急诊诊疗，且持续治疗 1 周以上？ In the past 3 months, have you received any diagnosis, treatment or medication lasting over a week because of illness or injury?	A10			
	<input type="checkbox"/> 是	<input type="checkbox"/> 否	<input type="checkbox"/> 是	<input type="checkbox"/> 否
9. 过去或现在是否患有下列“注一”之疾病或症状，或曾因受伤或生病住院治疗或手术治疗七天以上？ In the past or at present, did/do you suffer from the diseases or symptoms listed below as "Note 1"? Or have you been in hospital for more than 7 days because of illness or injury?	A12			
	<input type="checkbox"/> 是	<input type="checkbox"/> 否	<input type="checkbox"/> 是	<input type="checkbox"/> 否
10. 过去二年内是否患有下列“注二”之疾病或症状？ In the past two year, did you suffer from the diseases or symptoms listed below as "Note 2"?	A13			
	<input type="checkbox"/> 是	<input type="checkbox"/> 否	<input type="checkbox"/> 是	<input type="checkbox"/> 否
11. 被保险人投保年龄<=12 周岁时，且您申请购买住院补贴健康保险，请补充告知： For insured who is younger than age 12 and applies Hospital Income rider, please answer following questions: 被保险人出生时是否早产或有窒息史、抢救史或置于保温箱史？ Was the insured premature delivery? Or did he (or she) have a history of asphyxia, emergency treatment or infant-incubation when he (or she) was born? 被保险人是否被告知患有先天性疾病、遗传性 疾病、先天性畸形或缺陷或曾因此接受治疗？ Does the insured have congenital disease, genetic disease, congenital abnormalities or impairment? Or has he (or she) been treated due to the above diseases?				被保险人 insured
				A19
				<input type="checkbox"/> 是 <input type="checkbox"/> 否
				A20
				<input type="checkbox"/> 是 <input type="checkbox"/> 否
12. 是否已购买或正在申请投保其他保险公司的人寿保险、意外保险、健康保险、带有费用补偿责任的医疗保险？若是，请详列： Does insured already have or is applying for other company’s life or accident insurance? If tick “Yes”，please complete: 保险公司：_____ 寿险总保额：_____ 意外险总保额：_____ 重大疾病总保额：_ Insurance: _____ SA of Life insurance: _____ SA of accident insurance: _____ SA of CI insurance: _____ 费用补偿医疗保险总保额：_____ 投保日期：_____ SA of Reimbursement medical insurance: _____ Application Date: _____				B01
				<input type="checkbox"/> 是 <input type="checkbox"/> 否
13. 任何投保人为您投保的人寿保险、意外、健康或医疗保险是否曾被拒保、延迟承保、加费承保、部分保险责任限制或降低保额承保？若“是”，请说明 Have you ever had other insurance applications declined, postponed, accepted with extra premium or modified terms? If tick “Yes”, please complete 保险公司及产品类型：_____投保日期：_____原因：_____ Insurance and product type: _____Application Date: _____Reason: _____	投保人 Policy owner	被保险人 insured		
	B02			
	<input type="checkbox"/> 是	<input type="checkbox"/> 否	<input type="checkbox"/> 是	<input type="checkbox"/> 否
14. 您的保费额度是否大于或等于投保人保费预算的 150%？ Your premium amount is greater than or equal to 150% of policyholder’s budget?				B03
	<input type="checkbox"/> 是	<input type="checkbox"/> 否		
<p>（注一）：高血压病（收缩压≥140，舒张压≥90）、冠心病（包括心绞痛，心肌梗塞，冠状动脉手术或支架等）、心肌病变、心内膜炎、风湿性心脏病、先天性心脏病、主动脉血管瘤、心律失常、心脏瓣膜疾病（狭窄、闭锁不全、畸形）、短暂性脑缺血、脑中风、脑瘤、脑动脉血管瘤、癫痫、脑积水、脑炎、脑膜炎、老年痴呆症（阿尔茨海默病）、惊厥、抽搐、肌肉萎缩、重症肌无力、多发性硬化症、运动神经元疾病（如进行性肌萎缩、肌萎缩性侧索硬化）、进行性球麻痹、震颤麻痹（帕金森氏）综合征、智能障碍、精神疾病、肺气肿、哮喘、支气管扩张症、尘肺、肺结核、肺栓塞、肝炎（除甲型、戊型）、肝硬化、肝功能异常、肝脾肿大、溃疡性结肠炎、克隆病、肾炎、肾病综合征、肾功能异常、尿毒症、视网膜出血或剥离、视神经病变、癌症、血友病、白血病、再生障碍性贫血、紫癜、糖尿病、类风湿性关节炎、肢端肥大症、垂体机能亢进或减退、血糖升高，多囊肝，多囊肾，近 3 个月新发现的淋巴结肿大、甲状腺或甲状旁腺机能亢进或减退、硬皮病、红斑狼疮、混合结缔组织病、系统性硬化病、艾滋病或艾滋病病毒携带，颈部甲状腺、乳腺或者身体其他部位的肿块、结节、新生物、赘生物等，或者体检、检查结果显示或您自检发现前述部位存在异常，未经证实为良性或恶性之肿瘤。</p> <p>(Note 1): hypertension; coronary heart disease (including angina pectoris, myocardial infarction, coronary artery surgery or stents, etc.); myocardial disease; endocarditis; rheumatic heart disease; congenital heart disease; aorta hemangioma; arrhythmia; heart valve disorders(stenosis, insufficiency, abnormality); transient cerebral ischemia; cerebral apoplexy; brain tumor; cerebral arterial hemangioma; epilepsy; hydrocephalus; encephalitis; meningitis; senile dementia (Alzheimer’s disease); convulsion; twitch; muscular atrophy; multiple sclerosis; motor neuron disease(e.g. progressive muscular atrophy, amyotrophic lateral sclerosis); progressive bulbar paralysis; Parkinson’s disease; intellectual impairment; mental disorder; emphysema; asthma; bronchiectasis; pneumoconiosis; pulmonary tuberculosis; pulmonary embolism; hepatitis (except hepatitis A, hepatitis E); cirrhosis; hepatic dysfunction; hepatosplenomegaly; ulcerative colitis; Crohn’s disease; nephritis; nephrotic syndrome; kidney dysfunction; uremia; retinal hemorrhage or detachment; optic nerve disease; cancer; hemophilia; leukemia; aplastic anemia; purpura; diabetes mellitus; rheumatoid arthritis; acromegaly; hyperpituitarism or hypopituitarism; hyperglycosemia; polycystic liver; polycystic kidney, lymph enlargement in past 3 months; hyperthyroidism or hypothyroidism;hyperparathyroidism or hypoparathyroidism; scirrhosarca; systematic lupus erythematosus; mixed connective tissue disease; systemic sclerosis; AIDS or HIV carrier; nodule, lump, neoplasm etc. of thyroid glands, breast, or other parts of the body; physical exam or other examination or self check shows abnormality of above mentioned parts of the body, un-identified tumor.</p> <p>（注二）：酒精或药物滥用成瘾、脊髓灰质炎、眩晕症，食道、胃、十二指肠溃疡或出血或穿孔，胰腺炎、肝炎病毒携带、脂肪肝、肝脓肿、肝血管瘤、肝内结石、疝、慢性阑尾炎、痔疮或肛周疾病、痛风、慢性支气管炎、肺脓肿、青光眼、白内障、心肌炎、脑膜炎、梅尼尔氏症、呼吸暂停综合征，中耳炎、鼻窦炎、鼻中隔弯曲、慢性扁扁桃体炎、肺炎、胸膜炎、气胸、胆结石、胆囊炎、息肉、便血、泌尿系统结石或炎症、蛋白尿（泡沫尿）、血尿、肾囊肿、盆腔炎、前列腺肥大、前列腺炎、性病、关节炎、椎间盘突出、坐骨神经痛、蚕豆病、贫血、静脉曲张、良性肿</p>				

瘤（以下请女性被保险人回答）乳房疾病、子宫内膜异位症、阴道异常出血、子宫肌瘤、宫颈疾病，妊娠并发症、习惯性流产或其他生殖系统疾病或妇科检查异常、怀孕，若怀孕，_____周。
(Note 2): alcohol or drug abuse; poliomyelitis; vertigo; esophageal, gastric or duodenal ulcer, bleeding or perforation; pancreatitis; hepatitis virus infection; fatty liver; hepatapostema; hepatic hemangioma; intrahepatic stone; hernia; chronic appendicitis; hemorrhoid or anal diseases; gout; chronic bronchitis; lung abscess; glaucoma; cataract; myocarditis; meningitis; meniere’s syndrome; sleep apnea; otitis media; nasosinusitis; deviation of nasal septum; chronic tonsillitis; pneumonia; pleurisy; pneumothorax; gallstones; cholecystitis; polyp; hematochezia; urolithiasis or urinary system inflammation; proteinuria; hematuria; renal cyst; pelvic inflammatory disease; prostatic hypertrophy; prostatitis; STDs; arthritis; protrusion of intervertebral disc; sciatica; favism; anemia; varicosity; benign tumor; (for female insured, please answer the following questions) breast disease; endometriosis; colporrhagia; hysteromyoma; cervical disease; pregnancy complications; habitual abortion, or other reproductive system disease, or gynecologic exam anomaly; pregnancy; if pregnant, _____week.

上述告知栏中若有回答为“是”者，请在本栏具体说明：If the answer is “Yes” for the above questions in part IV, please give the details as follows:

疾病名称 Disease:

医院名称 Name of the Hospital:

患病时间 Date of attack and diagnosis:

目前情况 Present Condition:

特别告知 SPECIAL NOTICE:

投保人是否为外国政要或国际组织高级管理人员？ Is the policy owner a foreign dignitary or senior manager of international organization?	<input type="checkbox"/> 是 Yes（如是，请勾选。If tick "Yes", Please check. <input type="checkbox"/> 外国政要 foreign dignitary <input type="checkbox"/> 国际组织高级管理人员 senior managers of international organization） <input type="checkbox"/> 否 No
被保人是否为外国政要或国际组织高级管理人员？ Is the insured a foreign dignitary or senior manager of international organization?	<input type="checkbox"/> 是 Yes（如是，请勾选。If tick "Yes", Please check. <input type="checkbox"/> 外国政要 foreign dignitary <input type="checkbox"/> 国际组织高级管理人员 senior managers of international organization） <input type="checkbox"/> 否 No
受益人姓名 Full name of beneficiary	受益人是否为外国政要或国际组织高级管理人员？ Is the beneficiary a foreign dignitary or senior manager of international organization?
	<input type="checkbox"/> 是 Yes（如是，请勾选。If tick "Yes", Please check. <input type="checkbox"/> 外国政要 foreign dignitary <input type="checkbox"/> 国际组织高级管理人员 senior managers of international organization） <input type="checkbox"/> 否 No
	<input type="checkbox"/> 是 Yes（如是，请勾选。If tick "Yes", Please check. <input type="checkbox"/> 外国政要 foreign dignitary <input type="checkbox"/> 国际组织高级管理人员 senior managers of international organization） <input type="checkbox"/> 否 No
	<input type="checkbox"/> 是 Yes（如是，请勾选。If tick "Yes", Please check. <input type="checkbox"/> 外国政要 foreign dignitary <input type="checkbox"/> 国际组织高级管理人员 senior managers of international organization） <input type="checkbox"/> 否 No

FATCA 告知事项 FATCA Details（请投保人告知您本人是否存在以下美国身份表征，如您本人符合以下任何一种情况，则请勾选“是”，如申请年金保险，请被保险人同时完成本项告知）	投保人		被保险人	
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1. 本人持有美国护照或美国绿卡; I hold a US green card or US passport. 2. 本人是美国纳税人; I am a US tax payer. 3. 本人的出生地是美国; My place of birth is the United States. 4. 本人在美国有常住地址、联系地址、联系电话。I have residential address, mailing address and telephone numbers in the United States.	<input type="checkbox"/> 是	<input type="checkbox"/> 否	<input type="checkbox"/> 是	<input type="checkbox"/> 否
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投保人及被保险人声明与授权

1. 本人通过本投保单及其他任何问卷及文件对贵公司的各项声明与陈述均完整、正确,并由本人亲笔签署。本人知晓所有保险责任均以保险合同（包括由贵公司经正式程序修改或批注的内容）所载为准。若本人未履行如实告知义务,贵公司有权按照《保险法》相关规定不予承担保险责任。
I declare that to the best of my knowledge and belief all the declaration and statement made in this policy or any other questionnaire or document is true and complete with my signature. I acknowledge that the insurance liabilities (including amendment or note made by the Company with formal procedure) stated in the insurance contract shall override all other insurance liabilities. If I default to provide true information, the Company will not undertake any liability by law.

2. 在本人确定投保之前，贵公司已向本人出示并提供了保险合同条款，并且贵公司已向本人明确说明了保险合同内容，本人已认真阅读、理解并接受了产品说明书（如有）及保险条款（特别是保险责任、免除保险责任的条款，等待期、犹豫期、续保、解除合同规定及其相关金额）的内容。本人确认所投保的产品及选择的保险金额和保险期间适合本人。
On the explicit explanation by the Company, I’ve read, understood and accepted the instructions(if any) and the insurance terms (especially insurance liabilities, waiting period, cooling-off period, liability exemption, withdraw regulations and amount). I acknowledge that the insurance product and the sum insured and period of insurance I choose is suitable for me.

3. 本人确认：如本人选择分期按时交纳保费的，则本人已根据自身财务状况，选择了合适本人的交费期限和交费金额；本人已知晓：无法持续交纳保费可能导致合同效力中止或保险合同解除。
I acknowledge that if I joined the installment plan, I have, based on my financial status, choose the appropriate payment term and amount; and I understand that any default on payment of premium may invalidate or terminate the insurance contract.

4. 本人已知晓，本人向贵公司交付全部或部分保险费的行为并不必然导致保险合同生效，贵公司将在收到本人交付首期保险费并通过核保出具正式保险单合同才生效。贵公司以保险单上注明的保险单生效日的 24 时开始承担保险责任；首期保险费以支票或自动转账途径交付的，若支票无法承兑或授权账户未能使贵公司在投保日期起，经银行 2 次扣款收到全额首期保险费，本合同保险责任自始不开始，本合同生效日的 24 时起发生的保险事故，贵公司不承担保险责任。本人亦知晓：贵公司在核保时会根据实际情况要求被保险人进行体检，或要求补充其他材料；根据核保的有关情况，贵公司可能会要求增加保险费，或是拒绝承保。
I acknowledge that the insurance policy may not necessarily take effect upon full or part payment of premium to the Company and will only take effect provided the initial installment premium has been received and a policy is issued by the Company. The Company will not undertake any liability until 24:00 of the effective date given on the insurance policy; for the initial installment premium paid by check or Auto-Pay, if the check is unacceptable or the Company fails to debit the authorization account for the initial installment premium for twice as of the date of insured, the insurance liabilities of this policy shall not take effect and the Company will not undertake any liability for any insured accident as of 24:00 of the effective date. I also acknowledge that the Company, during data verification, may require the insured person to have a physical examination or provide other data; the Company, based on data verification, may increase the premium or reject the insurance application.

5. 本人同意，贵公司可向内、外科医生、医院、诊所、其他保险公司或其他任何组织或个人查阅有关本人的资料或索取有关证明文件；且贵公司可向再保险公司或本人申请投保的其他保险公司提供本人相关资料。
I agree that the Company may obtain access to any/or to verify any of my personal data from any physician, surgeon, hospital, clinic, insurance company or any other organization or person; and the Company is authorized to provide my personal data to reinsurance company or other insurance company I apply for insurance.

6. 本人同意，为未成年人投保人身保险应符合《保险法》的相关规定，累计给付的死亡保险金额总和不得超过中国银行保险监督管理委员会规定的限额，如果本人未履行如实告知义务，出现未成年人人身保险的累计死亡保险金额超过中国银行保险监督管理委员会规定限额的情况，超过部分贵公司不承担给付保险金的责任。
I agree to obey CIRC’s regulation rule of the maximum death benefit for juvenile. If there is any non-disclosure and the rule is broken, the insurance company need not to pay the benefit exceeding the maximum limit.

7. 本人已知晓理赔程序以及理赔文件要求。本人如享有公费医疗、基本医疗保险、其他费用补偿型医疗保险，则可从贵公司获得的费用补偿型医疗保险赔偿将以本人“实际支出的医疗费用扣除从其他各方获得补偿后的剩余金额”为限。
I have been informed of the claim procedure and claims documentation requirements. If I have public medical care, basic medical insurance, or other expense reimbursement medical insurance, the insurance compensation I would receive from the Company will be within the limit of “the amount of actual medical expenses after deducting compensation from other parties”.

8. 个人信息使用授权：本人通过扫描此处的二维码已充分阅读并理解《个人信息处理知情同意书》，在此同意大都会人寿处理本人及本人提供的其他自然人（如有）的个人信息以及敏感个人信息、处理本人提供的不满十四周岁的未成年人的个人信息，并将前述个人信息及敏感个人信息部分或全部披露给第三方。
I, by scanning the QR Code here, have fully read and understood the 《Acknowledgement and Consent to Personal Information Processing》, and hereby authorize Sino-US United MetLife Insurance Company Limited, based on the Acknowledgement and Consent to Personal Information Processing, to process the personal information and sensitive personal information of myself and other natural persons provided by me (if any), process the personal information of minors under the age of fourteen provided by me, and disclose part or all of the above-mentioned personal information and sensitive personal information to third parties.

9. 本人已知悉并同意，保险合同下的满期保险金（如有）属于保险责任的一种，到期时，需要按照保险合同的约定申请领取；如到期未申领，大都会人寿将仅按保险合同载明的金额无息支付满期保险金（如有）。
I have known and agreed that the maturity amount of policy (if any) is one kind of policy benefits, please apply for it, after policy maturity. If you don’t claim for maturity amount immediately, MetLife will only pay interest-free maturity amount according clause (if any).

10. 健康管理服务声明及确认：本人已知晓贵公司将向保险合同保险单上所登载的被保险人本人提供健康增值服务，本人同意就此与贵公司订立《健康管理服务合同》，且相关事宜以贵公司最终出具的保险合同中包含之《健康管理服务合同》约定为准（如您投保的主险或附加险产品可享受由本公司提供的健康增值服务，则该项适用）。
Declaration and Confirmation of MetLife Healthcare Management Service:
I hereby acknowledge that the Company will provide healthcare value-added service to the Insured of this Policy Contract. I have read, understood and accepted terms and conditions of <Healthcare Management Service Contract>. I hereby enter into the <Healthcare Management Service Contract> with the Company and understand that all terms and conditions are subject to the <Healthcare Management Service Contract> included and stated in the Policy Contract. (This Confirmation applies when the Policy or Policy Rider I have applied is entitled to healthcare value-added service provided by the Company.)

11. 本人在购买分红型、万能型、投资连结型、变额型等人身保险产品时，已了解保险产品情况，并自愿承担保单利益不确定的风险。
I have already understood the situation of insurance products when buying life insurance products such as universal life insurance、participating insurance、unit-linked insurance and variable insurance, and voluntarily undertake uncertain risk of policy benefits.
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FATCA 合规声明及同意

Clarification re FATCA Compliance

作为美国 2010 年《外国账户税务遵守法案》(Foreign Account Tax Compliance Act of 2010,下称“FATCA”)中所定义的外国金融机构,中美联泰大都会人寿保险有限公司及其在中国的分支机构(下称“公司”)有义务征得您对下列内容的同意:

- A. 本人不可撤销地同意，在不被中国法律法规或监管机构所禁止的范围内，公司可以为遵守任何目前或将来存在的法律法规、监管要求、合同约定或基于 FATCA 的目的,在中国境内外收集、使用、保存、披露、传输和以其他方式处理本人的个人资料,包括公司向任何政府或税务机关(不论是在中国境内大陆还是境外)披露本人的个人资料;

B. 本人不可撤销地同意填写和签署公司为确保其遵守 FATCA 而合理要求的文件,采取公司为确保其遵守 FATCA 而合理要求的行动,并且,在本人的任何个人资料出现变更或增补时,将本人个人资料的任何变更或增补(包括但不限于本人取得任何新的国籍或居留资格)告知公司,并在公司要求的时间内,填写和签署公司为确保其遵守 FATCA 而合理要求的文件,采取公司为确保其遵守 FATCA 而合理要求的行动;

C. 本人确认公司有权:(i)要求任何其他相关主体提供公司合理要求的个人资料,及/或填写和签署相关文件;以及(ii)将以上(i)项所指的任何及所有资料披露给任何政府或税务机关(不论是在中国大陆境内还是境外)。
- * “相关主体”指“本保单”的拥有人或保单持有人，以及有权获得“本保单”的价值（例如通过借款、领取、退保、按保单索赔、获得保险给付或其他方式）、有权更改“本保单”的受益人或者有权要求或获得“本保单”项下的给付的每一人士，或者有权获得“本保单”项下的任何未来给付的任何人士。在“本保单”项下给付款项的义务一旦产生或得以确立，则有权获得给付的每一人士（例如保单索赔人、受益人或受让人）将于该等义务产生或得以确立之时成为一名相关主体。

* “个人资料”包括但不限于本人及相关主体的姓名、身份证（护照）号码、（住所）地址（或永久住址）、纳税识别号、社会安全号码（美国）、出生日期、出生地点、国籍、邮件地址、居留地、税务居留地以及“本保单”方面的或者与之有关的任何资料，包括但不限于适用的保单号码、保单现金价值、付入“本保单”的款项、从“本保单”中提取的款项、从“本保单”中支付的款项以及公司不时就“本保单”收集的其他资料。

本人特此确认：上述声明及同意的内容亦将构成公司与本人所签保险合同的组成部分，并对双方具有约束力。

As a foreign financial institution (“FFI”) defined under the U.S. Foreign Account Tax Compliance Act of 2010 (“FATCA”), Sino-US United MetLife Insurance Company Ltd. And its branches in China (hereinafter “the Company”) are obliged to seek your agreement as to the following:

- A. I irrevocably agree that the Company, to the extent not prohibited by Chinese laws, regulations or regulatory authorities, may for the purpose of complying with any present or future regulatory or contractual requirement and that of the FATCA to collect, use, store, disclose, transmit, and otherwise process my personal information in or outside of China; including disclosure by the Company of my personal information to any government or tax authority (whether within or outside the Mainland China);

B. I irrevocably agree to complete and sign such documents and do such things as the Company may reasonably require for the purposes of ensuring the Company’s compliance with the FATCA and, in the event of a change or addition to any of my personal information, to update the Company of any changes or additions to any of my personal information, including but not limited to any new citizenships or residency that I may acquire, complete and sign, within such time as the Company may reasonably require from time to time, such documents and do such things as the Company may reasonably require for the purposes of ensuring the Company’s compliance with the FATCA;

C. I acknowledge the Company shall have the right to: (i) request any other Consenting Person to provide the personal information, and/or complete and sign the relevant documents which the Company may reasonably require; and (ii) disclose any and all information under (i) to any government or tax authority (whether within or outside of the Mainland China).

* “Consenting Person” means an owner or policyholder of [this policy] and each person who is entitled to access [this policy’s] value (for example, through a loan, withdrawal, surrender, policy claim, benefit payment or otherwise), change a beneficiary, or claim or receive a benefit payment or any person who is entitled to a future benefit payment under [this policy]. When an obligation to pay an amount under [this policy] arises or becomes fixed, each person entitled to receive a payment (such as a policy claimant, beneficiary or assignee) will become a Consenting Person at the time such an obligation arises or becomes fixed.

*”Personal information” includes, but is not limited to, my name, my (domicile) address, (or permanent residential address (es)), taxpayer identification number(s), social security number, date of birth, place of birth, citizenship(s), mailing address, residency, tax residency as well as any information in respect of, or relating to, [this policy],including but not limited to the applicable policy numbers, the policy balances or values, and payments made into, withdrawals from, and payments from [this policy], and such other information collected from time to time by the Company in respect of [this policy].

Hereby I confirm, the above declaration and consent, would constitute part of the insurance agreement between the Company and myself and would be binding on both parties accordingly.

个人税收居民身份声明

投保人声明：

☐1.仅为中国税收居民

☐2.仅为非居民

☐3.既是中国税收居民又是其他国家（地区）税收居民

如在以上选项中勾选第 2 项或者第 3 项，请填写下列信息：

姓（英文或拼音）：

名（英文或拼音）：

现居地址（中文）：☐同投保人经常居住地址

（英文或拼音）：

（国家）

（省）

（市）

出生地（中文）：☐同投保人经常居住地址

（中文）：☐

（国家）

（省）

（市）

（境外地址可不填此项）

（英文或拼音）：

（国家）

（省）

（市）

税收居民国（地区）	纳税人识别号

如不能提供居民国（地区）纳税人识别号，请选择原因：

☐居民国（地区）不发放纳税人识别号

☐账户持有人未能取得纳税人识别号，如选此项，请解释具体原因：

税收居民身份释义：

1.本表所称中国税收居民是指在中国境内有住所，或者无住所而在境内居住满一年的个人。在中国境内有住所是指因户籍、家庭、经济利益关系而在中国境内习惯性居住。在境内居住满一年，是指在一个纳税年度中在中国境内居住 365 日。临时离境的，不扣减日数。临时离境，是指在一个纳税年度中一次不超过 30 日或者多次累积不超过 90 日的离境。

2.本表所称非居民是指中国税收居民以外的个人。其他国家（地区）税收居民身份认定规则及纳税人识别号相关信息请参见国家税务总局网站（http://www.chinatax.gov.cn/aeoi_index.html）。

3.军人、武装警察无需填写此声明文件。

我已知晓并同意，在任何时候当我在除中国以外的其他国家有纳税申报要求时，大都会人寿可以将我的保单信息提供给相关的中国税务机关，中国税务机关可以提供给相关海外政府机关。

本人确认上述信息的真实、准确和完整，且当这些信息发生变更时，将在 30 日内通知贵机构，否则本人承担由此造成的不利后果。

签名栏 SIGNATURE FIELD (务必确保投保人及被保险人签名由其本人所为 must be signed by policy owner and Insured)

*本人谨此声明已认真阅读并理解本投保单相关告知与声明中的所有内容并同意遵守

I hereby state that I have completely read and understood the statements and interpretation in the application from. I will hew to the statements and interpretation.

如果您选购的产品为新型保险产品（投资连结保险、万能保险、分红保险以及中国银行保险监督管理委员会认定的其他产品），请投保人亲笔抄录以下文字：

If you choose new pattern products(unit-linked insurance, participating insurance, universal life insurance or other products appointed by CBIRC), you should transcribe the words below.

“本人已阅读保险条款、产品说明书和投保提示书，了解本产品的特点和保单利益的不确定性。”

I hereby confirm that I have read the policy terms, Products specifications and the application tips, I understand the product features and the uncertainty policy benefits.

									,						
									。						

投保人签名

投保日期

Signature of Policy owner: Application Date: 年月日(YYYY/MM/DD)

被保险人签名（法定监护人签名）

Signature of Insured(Legal Guardian Signature): 受理人员确认栏（保险公司填写）：

保险合同领取方式 Policy Receive Method:

☐电子保单（电子保单将发送至您在“投保人信息填写”栏提供的“邮箱地址”）e-policy（The e-policy will be sent to the E-mail address provided in the POLICY OWNER DETAILS）

☐快递递送至投保人联系地址 By Post

特别提醒：请您务必真实、清晰、完整地填写投保单中有关投保人、被保险人、指定受益人相关个人信息。该客户信息将被用于本公司为您公允地计算保费、核保、及时送达保单、客户回访以及提供其他各类客户服务。若您未真实、清晰、完整地填写投保单中的客户信息，将会影响本公司向您提供服务的质量，甚至影响您的保险合同效力。本公司承诺未经客户同意，不会将客户信息用于人身保险公司和第三方机构的销售活动。如果您的联系电话和联系地址等客户信息发生变更，应及时办理更正手续。

Note: Please be sure to fill policyholder’s, insured’s or beneficiaries’ information in application forms as true, clear, complete. The customer information will be used for the company in the fair for you to calculate premium, underwriting, timely policy delivery, call service, and provide other kinds of customer service. If your information in the application forms is not true, unclear, incomplete, it will be affected the service quality provided to you, and even affect your policy effectiveness, we promise seriously we’re not allowed to use your personal information for sales of life insurance company or third part institution without your approval. If your phone number and contact address customer information is changed, please inform us to update information in time.

销售人员姓名 Sales Name

销售人员代码 Sales Code

代理网点名称 Bank Branch Name

代理网点代码 Bank Branch Code