

Please read the following carefully before you retrieve, print or complete this form.

在索取、列印或填寫表格前，請閣下先詳閱下文。

Disclaimer

Any form downloaded/printed via any electronic media provided by Chow Tai Fook Life Insurance Company Limited ("CTF Life") (e.g. corporate website, interactive voice response system) is done at your own discretion and risk. CTF Life is not responsible for any printing error that results from the form download/printing and any loss or damage howsoever caused as a result of such printing error. In the event that there is any printing error in the downloaded/printed form, CTF Life may require you to fill in a correct form before starting to process your application.

For forms downloaded from the Internet (the "Internet Printed Form"), upon completing and signing the Internet Printed Form, you shall be deemed to have read and understood the contents of the form displayed on computer screen (the "Displayed Form") which shall prevail in case there is any inconsistency, contradiction or difference of whatever kind between the Displayed Form and the Internet Printed Form and have agreed to all provisions contained therein and to have agreed and undertaken not to raise any objection whatsoever in connection with any inconsistency, contradiction or difference of whatever kind between the Displayed Form and the Internet Printed Form.

CTF Life reserves the right to update the forms from time to time as it sees fit and also reserves the right to accept or reject the form submitted by you.

免責聲明

閣下凡透過周大福人壽保險有限公司 [周大福人壽] 之電子收發渠道 [如公司網站、互動語音回應系統] 下載或列印任何表格，應自行考慮及衡量需承擔之風險。周大福人壽概不負責任何因下載或列印表格所引致的列印錯誤及其可能導致之任何損失或毀壞。若閣下提交之下載或列印表格有任何列印錯誤，周大福人壽有可能在處理閣下的申請前要求閣下填寫一份正確之表格。

當閣下填寫及簽署由網站下載之表格 [互聯網列印表格]，則被視作閣下已詳閱及明白電腦螢幕上出現之表格 [閱覽表格] 之內容，並同意表格內之所有條文。如該閱覽表格與互聯網列印表格出現任何不符、矛盾或分歧時，閣下同意並承諾不會提出任何異議。如閱覽表格與互聯網列印表格出現任何不符、矛盾或分歧時，概以閱覽表格為準。

周大福人壽有權隨時在認為適當情況下更新表格內容，並保留接受或拒絕閣下遞交之申請表格的權利。

**Supplementary Statement Form for the Application of Insurance
(Applicable to “We Shine” Protection Linked Plan)**

Application No. : _____

Name of the Applicant : _____ Name of the Proposed Insured : _____

I/We confirm that the information supplemented in the declaration in this form is made for the previously submitted _____

_____ (name of previously submitted document) dated _____

_____ (signing date of previously submitted document). In case of any inconsistency,

the information provided in the declaration in this form shall prevail.

Please ✓ the appropriate boxes. If any question answer is “Yes”, please complete application form Part II – IV.		Proposed Insured	
		Yes	No
1	Have you ever had any (i) heart condition, stroke, cancer and/or (ii) tumor which resulted in hospitalisation more than 7 consecutive days and/or medical treatment received more than 14 consecutive days?	<input type="checkbox"/>	<input type="checkbox"/>
2	In the past 2 years, have you ever been diagnosed with or received medical advice or had treatment for neurological disorder, blood disorder, lung disorder, liver disorder or kidney disorder?	<input type="checkbox"/>	<input type="checkbox"/>
3	Other than the above-mentioned illnesses, in the past 2 years, have you had any disease(s) which require examination, treatment and/or hospitalisation for more than 7 consecutive days? (Routine or annual health as conscious check with normal result, cold, flu or gastro-enteritis are excluded)	<input type="checkbox"/>	<input type="checkbox"/>

I/we, the Applicant and Proposed Insured, HEREBY DECLARE AND AGREE on behalf of myself/ourselves and all the Proposed Insured that (1) all the above information, statements and answers to all the questions whether or not in my/our own handwriting are to the best of my/our knowledge and belief, complete and true; (2) all such information, statements and answers, together with this declaration, shall (a) form the basis of my/our abovenumbered application for insurance and (b) become a part of the proposed policy; (3) there has been no change in the financial condition and/or health condition or other circumstances of, and no medical attention, consultation or examination received by, me/us or any of the Proposed Insured since the date the application for insurance was completed (except as otherwise provided in this Supplementary Statement Form); (4) all my/our information, statements and answers as written in the course of the said application are still true.

I/we DECLARE AND AGREE that I/we have the full instructions, authorities and consents from all the Proposed Insured to give the above information, statements, answers and to make the above declarations, agreements and authorizations.



X _____
Signature of the Applicant
(if other than the Proposed Insured)

X _____
Signature of the Consultant/Advisor

Signed on (dd/mm/yy)

X _____
Signature of the Proposed Insured
(Applicable to age 18 or above)

Name of the Consultant/Advisor

保險申請補充聲明書
(適用於「迎尚」保障相連保險計劃)

申請編號： _____

申請人姓名： _____ 準受保人姓名： _____

本人/我們確認，在此聲明書上的資料，用以補充先前於 _____

(先前文件的簽署日期) 提交的 _____

(先前遞交的文件名稱)。若有任何不相符的情況，應以本聲明書上的資料為準。

請在適當方格上填上 ✓。 如任何問題回答「是」，請完成申請書上第二至四部分。		準受保人	
		是	否
1	您是否曾經患有 (i) 心臟疾病、中風、癌症及 / 或 (ii) 腫瘤而需要連續住院7日以上及 / 或連續接受治療14日以上？	<input type="checkbox"/>	<input type="checkbox"/>
2	在過去2年內，您是否曾被確診神經系統疾病、血液疾病、肺部疾病、肝臟疾病或腎臟疾病，或就有關疾病接受醫療意見或治療？	<input type="checkbox"/>	<input type="checkbox"/>
3	除上述疾病外，在過去2年內，您是否患有任何疾病而需要檢查、治療及 / 或連續住院超過7日？ (檢查結果正常的常規或年度健康檢查、傷風、感冒或腸胃炎除外)	<input type="checkbox"/>	<input type="checkbox"/>

本人 / 我們 (申請人及準受保人) 謹此代表本人 / 我們及所有準受保人聲明及同意 (1) 上述一切資料、陳述及問題的所有答案，無論是否由本人 / 我們親手所寫，就本人 / 我們所知所信均為事實之全部並確實無訛。(2) 所有該等資料、陳述及答案及本聲明，將 (a) 成為上述保單號碼所屬的本人 / 我們的保險申請，並 (b) 作為準保單的一部份。(3) 由投保申請書的簽署日起，除在本補充聲明書上另有註明者外，本人 / 我們及所有準受保人在財務及 / 或健康及其他方面的情況沒有任何變化，亦無接受任何治療、診斷或檢驗。(4) 本人 / 我們在該投保申請書上的所有資料、陳述及答案仍是確實無訛。

本人 / 我們聲明及同意本人 / 我們已獲所有準受保人指示、授權及同意本人 / 我們給予上述資料、陳述及答案和作出上述聲明、同意及授權。



2501

X _____
申請人簽署 (如非準受保人)

X _____
保險顧問 / 顧問簽署

簽署日期 (日 / 月 / 年)

X _____
準受保人簽署 (適用於18歲或以上)

保險顧問 / 顧問姓名