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**1.1 Mandatory Application Documents必須遞交文件**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Form with remarks** | | **Individual** | **Trust** | **Trust Case Signatory** | |
| 1 | Application Form  人壽保險申請書 **(NB116/0824)** |  | Y | Y | Applicant /  Owner | ✓ |
| Broker | ✓ |
| 2 | Financial Needs Analysis Form  財務需要分析表格 **(NB205/0125)**  *Trust : (Provide financial information on Settlor / Payor)*  **\* Trust may request for one more FNA with Settlor signature** |  | Y | Y | Applicant /  Owner | ✓ |
| Broker | ✓ |
| 3 | Full set and duly signed Proposal  完整及簽妥的建議書 | / | Y | Y | Applicant /  Owner | ✓ |
| 4 | Identity proof copy of Owner/Proposed Insured  保單持有人／準受保人之身份證明文件副本   * + For HK Permanent Residents, Hong Kong identity card 如為香港永久性居民，香港身份證   + For HK Non-Permanent Residents, Hong Kong identity card; and at least one of the below: 如為香港非永久性居民，香港身份證及最少一項下列的文件：     - Valid travel document (e.g. an unexpired international passport) 有效的旅遊證件（如未過期的護照）     - Relevant national (i.e. government or state-issued) identity card bearing the individual’s photograph 有關國家（即政府或州份發出）並載有個人相片的身份證   Any government or state-issued document which certifies nationality | | Y | Y | Certified True by Broker/  Accounting or Legal professional |  |
| 5 | Declaration by Trustee, Settlor and Proposed Life Insured ***(Signature is required for the person whose age is 18 or above)*** |  | / | Y | Applicant/  Owner | ✓ |
| Broker | ✓ |
| Settlor | ✓ |
| Insured | ✓ |
| 6 | Self-Certification Form – Controlling Person  自我證明表格 - 控權人 **(NB365/0125)**   * + For Trust Case Settlor information   信託人資料 |  | / | Y | Settlor | ✓ |
| 7 | Identification and verification documents of the Settlor(s), Trust Beneficiary(ies), Life insured and Protector(s).  *(If the above person(s) is non-permanent HKID card holder, submit copies of passport information page with photo for record)* | | / | Y | Certified True by Broker/  Accounting or Legal professional | |

**1.2 Supplementary Document (if applicable) 附加文件**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Form with remarks** | | **Individual** | **Trust** | **Trust Case Signatory** | |
| S1 | Premium Payment Declaration Form  繳付保費聲明書 **(NB376/0724)**   * If aggregate premium ≥USD10,000   如新生意總保費 ≥USD10,000   * If payor is not the applicant-> Payor’s ID document copy   如非投保人繳費-> 需遞交身份證明文件   * If Premium over HKD1M-> Submit relationship proof   如繳交之保費大於HKD1M -> 需遞交關係證明 |  | O | O | Applicant / Owner | ✓ |
| S2 | Amendment Of Application  保單申請更改通知書 **(NB001/0918)**   * IMPORTANT for pending   解釋及後補資料聲明 |  | O | O | Applicant / Owner | ✓ |
| Broker | ✓ |
| S3 | Amendment of Application  保單申請更改通知書 **(NB001/0918)**   * Trust : For Health Assessment Use. e.g CWL , CID   Only for provide information for health assessment of insured |  | / | O | Applicant / Owner | ✓ |
| Insured | ✓ |
| Broker | ✓ |
| S4 | Amendment form - Parent Consent Letter of Insurance  保單申請更改通知書 **(NB001/0918)** 父母同意書 **\*sample**   * 爺孫單Insuring across generations * 遞交三代關係證明 Submit proof of three-generation relationship * 遞交父或母的身分證明文件(簽署父母同意書的那一位) Submit parent ID proof (The one who sign the consent letter) |  | O | O | Applicant / Owner | ✓ |
| Broker | ✓ |
| S5 | Amendment form - Total Line Endorsement 保單申請更改通知書 **(NB001/0918)** 共線批註   * 高資產業務For HNW product |  | O | O | Applicant / Owner | ✓ |
| Broker | ✓ |
| S6 | Amendment form - APS Waiver Declaration  保單申請更改通知書 **(NB001/0918)** 豁免主診醫生報告聲明聲明   * 高資產業務For HNW product |  | O | O | Applicant / Owner | ✓ |
| Broker | ✓ |
| S7 | Financial Questionnaire  經濟狀況問巻 **(NB007/0723)**   * New Business aggregate premium > USD500,000, refer to below financial requirement.   新生意總保費 > USD500,000, 請參考下面財務核保要求   * 香港/海外人士: Sum Assured保障額 > USD1,000,000# * 中國居民 : Sum Assured保障額> US$500,000# * Trust case: Provide information on Settlor / Payor * Details refer to 1.3.2 |  | O | O | Applicant / Owner | ✓ |
| Broker | ✓ |
| S8 | Important Facts Statement - Policy Replacement  重要資料聲明書–轉保 **(NB037/0823)** |  | O | O | Applicant / Owner | ✓ |
| Broker | ✓ |
| S9 | One-Off Payment – Credit Card Payment Authorization Form  單次付款-信用卡付款授權書 **(Cashier001/23)**   * if initial premium is paid by credit card   如以信用卡繳付首期保費 |  | O | O | Payor | ✓ |
| / | Form W-8BEN or Form W-9  表格 W-8BEN 或 表格W-9   * if apply FATCA product and with US Indicia 如申請FATCA產品及有美國指標 | Please download on website 需自行網上下載 | O | O | Applicant / Owner | ✓ |
| S10 | Standardized Underwriting Questionnaire for Chubb VHIS  安達自願醫保產品的標準核保問卷 **(NB428/0125)**   * For VHIS series * 適用於自願醫保產品 |  | O | / | Applicant / Owner | ✓ |
| Insured | ✓ |
| Broker | ✓ |

O=Optional

**1.3 Additional Document (if applicable) 額外文件 (如適用)  
   
1.3.1 Different Residential 不同身份居民**

|  |  |  |
| --- | --- | --- |
| **Identity** | **Documents** | **Form** |
| Foreign Life  海外人士  **\* Non-HKID holder  (excluding PRC resident)**  非香港身份證持有人 （不包括中國居民） | 1. Complete copy of valid travel document showing entry to HK at time of application  有效的旅遊證件完整副本，以證明在申請期間之入香港入境證明 | / |
| Non-HKID holder  (PRC resident)  非香港身份證持有人  （中國居民） | All copies of identity documents must be certified true by broker (eligible staff/TR recognized by broker) with validation of application procedures being taken in HK 所有身份證明文件副本必須由中介人(中介人內部自行認可的職員/持牌業務代表)認證並確認申請過程在香港進行   1. PRC Resident Identity Card  中國居民身份證 2. Complete copy of valid travel document showing entry to HK at time of application which must be certified by our CSC/MediFast/authorized Brokers   有效的旅遊證件完整副本，以證明在申請期間之香港入境證明，並須由客戶服務中心的同事／快驗保／已授權的中介人驗證   1. Important Fact Statement for Mainland Policyholders  重要資料聲明書-內地人士在港投購人身 / 壽險保單 **(IFS-MP, NB362/SC/0723)** 2. Application Supplement For Critical Illness/Cancer/Hospital/Personal Accident Plan \*where appropriate **\*\*Except CIE**   危疾/癌症/醫療/意外計劃附加申請書 **(NB350/0120)**  **\*危疾或醫療申請必須繳交\* ( CIE 除外 )** | /  / |

**1.3.2 Financial requirement 財務核保要求**

|  |  |  |
| --- | --- | --- |
| **Premium / Sum Assured** | **Documents** | **Form** |
| Aggregated Initial Premium  合計首期保費 >USD500,000**\*** (under same applicant within 1 year  同一申請人於一年內)  **OR或**  Sum Assured保障額 > USD1,000,000  **OR或**  Occupation 職業  **OR或**  Country 國家  **OR或**  Political Exposed Person  政治人物 | 1. Financial Questionnaire 經濟狀況問巻**(NB007/0723)** 2. Address proof within 3 months 三個月內的地址證明 3. Source of Fund  保費資金來源證明  - e.g. Bacnk Statement , Banker report , Proof of Assets   銀行對帳單, 銀行報表, 資產證明等   1. Source of Wealth 財富來源  - e.g. tax returns, company audit reports, rental income, investment dividends, etc - 如金額 ≤USD1,000,000\*, 可以Broker Memo中介人報告說明客戶財富來源 2. Liquid Asset Proof  流動資產證明 - Bank Statement, Investment Statement - 如金額 ≤USD1,000,000\*, 可以Broker Memo中介人報告說明客戶財富來源   **\* Total Aggregated Initial Premium = single pay premium + annualized premium + prepaid premium within 1 year**  **總合計首期保費 = 1年內所有躉繳保費+年繳保費+預繳金額** | /  /  /  / |

**# Please refer to New Business Operations Manual or HNW Technical Guideline**

**1.3.3 Premium Financing 保費融資**

|  |  |  |
| --- | --- | --- |
|  | **Documents** | **Form** |
| If PART II Section I answer HAS, please fill in Section II premium financing details  如第二部份甲部答案為有，請必須回答乙部之保費融資貸款預估資料 | Important Facts Statement – Premium Financing  重要資料聲明書- 保費融資(IFS- PF) **(NB431/0723)** |  |
| Total current assets must be sufficient to cover the total premiums of the policy (including premium financing loans amount) and; Estimated net assets must exceed 1.5 times the total premiums of the policy (including premium financing loans amount)  流動資產總額必須足以支保單總保費(包括保費融資貸款之金額)及估計淨資產必須超過保單總保費(包括保費融資貸款之金額)1.5倍 | Supplementary Form For Premium Financing Assessment 保費融資評估補充資料表格 **(NB441/0125)** |  |

**2.1 Due Diligence Documents Provided by Trustee 信託公司盡責查證文件**

|  |  |  |
| --- | --- | --- |
| 1. | Copy of Certificate of Incorporation | Certified True by Broker/Accounting or Legal professional |
| 2. | Copy of Business Registration |
| 3. | Copy of Memorandum and Articles of Association which evidence the powers that regulate and bind the company |
| 4. | Copy of Register of Members & Directors |
| 5. | Copy of partnership mandate (if exists) and identity proof of the persons being conferred the authority who can operate policy |
| 6. | Details of the ownership and structure control of the Trust company (e.g. an organization chart to show identification of ultimate beneficial owner for verification |
| 7. | Trust Service Provider License |
| 8. | Board resolution on the approval of the purchase and operating the insurance policy |
| 9. | Copy of HKID card/passport of Shareholders / Beneficial Owners / Directors / Authorized Signors of the Trust Company |
| 10. | Copy of authorized signatory list with name, titles, signature specimens and effective date |
| 11. | Company search report of Trustee: (a) Full name of the company (b) Date and place of the incorporation  (c) Registration/Incorporation number (d) Registered office address in the place of incorporation  (e) Business address (if different from registered office address) |
| For a company incorporated overseas - Company search report - A certificate of incumbency - Comparable document to a company search report or a certificate of incumbency certified by a professional third party |
| 12. | Trust deed or similar instrument (if exists) of the trust |

**2.2 Trust case Remark 信託投保備註**

|  |  |
| --- | --- |
| 1. | Relationship between the Insured and the Settlor   * Acceptable insured:   + Settlor   + Spouse of Settlor   + Child (age under 18) of Settlor * Outside above relationships, there is no presumption of insurable interest and need to provide proof of pecuniary loss. |
| 2. | Relationship between the Trust Beneficiaries and the Settlor   1. L&C has no major concern/comment on the relationship between the trust beneficiary, but should not be the trustee, nephew, niece, uncle, aunt, cousin, friend, etc. |
| 3. | Relationship between the Payor and the Settlor   1. Acceptable payor:    * Settlor 2. Acceptable third party payor:    * Family members of the settlor, e.g. Spouse, parents, son and daughter (working adults), siblings, grand-parent and grand-son/grand-daughter    * Certificated ID/Passport is required    * Reason(s) for the third party payment is required   *(reason can be provided on Premium Payment Declaration Form)*   * + Up to >HKD1M (i.e. USD128,205) premium payment, relationship proof is also required |

**可接受之保單付款人 Acceptable Policy Payor**

**3.1 Acceptable Policy Payor可接受之保單付款人**

|  |  |  |
| --- | --- | --- |
|  | **付款人身份** | **所需文件** |
| 1 | 申請人 Applicant |  |
| 2 | 申請人其直系親屬 Applicant’s direct relative   * + 父母 Parent   + 兄弟姐妹 Sibling   + 配偶 Spouse   + 子女 Child   + 祖父母 Grandparent   + 孫子女 Grandchild   + 由申請人獨資持有的公司 (需提供証明)  Soly-owned companies of the applicant | 1. 《繳付保費聲明書》  Premium Payment Declaration Form   **(NB376/0724)** 2. 身份證明文件號碼 ID number 3. 身份證明文件 ID copy |

**3.2 付款方法 Payment Method**

1. **支票/本票 繳費 By Cheque/Bankdraft**

抬頭 : 安達人壽保險香港有限公司

Payee : Chubb Life Insurance Hong Kong Limited

1. **存款/轉賬/電匯繳付保費 Pay Premium by Deposit/Bank Transfer/Telegraphic Transfer** \* 請把付款存根/轉賬確認交回本公司 Please send the bank-in slip copy/confirmation of transfer to us

銀行名稱 : 香港上海滙豐銀行

Bank : The Hong Kong and Shanghai Banking Corporation Ltd.

收款人名稱 : 安達人壽保險香港有限公司

Payee Name : Chubb Life Insurance Hong Kong Limited

銀行地址 : 香港中環皇后大道中銀行街1號滙豐大廈

Bank Address : No. 1 Queen's Road, Central, Hong Kong

銀行賬戶號碼 : 004-808-194971-002 (HKD)  
 Bank Account Number : 004-741-185250-201 (USD)

代號 Swift Code : HSBCHKHHHKH

1. **繳費靈/網上銀行/自動櫃員機繳付保費 Bill Payment through PPS/Online Banking/ATM**

繳費靈商戶編號 PPS merchant code：9139

商戶 ：安達人壽保險香港有限公司  
Merchant : Chubb Life Insurance Hong Kong Limited

繳款類別Payment Type : 01 保費 Premium Payment  
 02保單更改保費 Policy Change Payment  
 03附加儲蓄保障存款 OPP Payment  
 04 保單復效 Policy Reinstatement  
 05 償還保單貸款 Loan Repayment

1. **One-Off Payment – Credit Card Payment Authorization Form**

單次付款-信用卡付款授權書

* VISA / Master/ American Express cards are applicable for selected plans  
  可使VISA咭、萬事達及美國運通咭繳付特選保障計劃的首期保費。  
  (Except single premium plans, Unscheduled Contribution, Prepayment, Endowment products)  
  (除整付保費計劃、不定期額外投資供款、預繳保費及儲蓄成份產品。)
* Authorization Code : provide by credit card center  
   授權號碼 : 由信用卡中心提供