

## DIRECT DEBIT AUTHORISATION (G07) 直接付款授權書

Please complete and return this form to the party to be credited. 請填妥此授權書並交予收款之一方。

Name of party to be credited (The Beneficiary) 收款人之一方(受益人)	<b>MassMutual Asia Ltd. 美國萬通保險亞洲有限公司</b>
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I/We hereby authorise my/our below named Bank to effect transfers from my/our account to that of the above named beneficiary in accordance with such instructions as my/our Bank may receive from the beneficiary from time to time.

本人/吾等現授權本人/吾等之下述銀行, (根據受益人不時給予本人/吾等銀行之指示) 自本人/吾等之賬戶內轉賬予上述受益人。

I/We agree that my/our Bank shall not be obliged to ascertain whether or not notice of any such transfer has been given to me/us.

本人/吾等同意本人/吾等之銀行毋須證實該等轉賬通知是否已交予本人/吾等。

I/We jointly and severally accept full responsibility for any overdraft (or increase in existing overdraft) on my/our account which may arise as a result of any such transfer(s).

如因該等轉賬而令本人/吾等之賬戶出現透支(或令現時之透支增加), 本人/吾等願意共同及個別承擔全部責任。

I/We agree that should there be insufficient funds in my/our account to meet any transfer hereby authorised, my/our Bank shall be entitled, in its discretion, not to effect such transfer in which event the Bank may make the usual charge and that it may cancel this authorisation at any time on one week's written notice.

本人/吾等同意如本人/吾等之賬戶並無足夠款項支付該等授權轉賬, 本人/吾等之銀行有權不予轉賬, 且銀行可收取慣常之收費, 並可隨時以一星期書面通知取消本授權書。

This authorisation shall have effect until further notice.

本授權書將繼續生效直至另行通知為止。

I/We agree that any notice of cancellation or variation of this authorisation which I/we may give to my/our Bank shall be given at least two working days prior to the date on which such cancellation/variation is to take effect.

本人/吾等同意, 本人/吾等取消或更改本授權書之任何通知, 須於取消/更改生效日最少兩個工作天之前交予本人/吾等之銀行。

I/We understand that all payments under this authorisation are for premiums due under my/our policy/policies with the above named beneficiary as specified below.

本人/吾等明白所有根據本授權書之付款均為支付在債務人參考欄內列明由上述受益人發予本人/吾等之保單之保費。

Bank Name 銀行名稱	Branch Name 分行名稱	Bank No. 銀行編號	Branch No. 分行編號	Account No. 賬戶號碼
Name as recorded in Statement/Passbook(in Block Letters) 結單/存摺上所紀錄之名稱(請以英文正楷填寫)		Address as recorded in Statement/Passbook 結單/存摺上所紀錄之地址		
Signature of Account Holder(s) 戶口持有人簽署		HKID Card No. 香港身份證號碼		Passport No. 護照號碼
		Other ID type & No. 其他身份證明文件類別及號碼		Date 日期
		This section is only applicable if the Bank Account Holder is a registered company 本欄只適用於銀行賬戶持有人為註冊公司		
		Business Registration No. 商業註冊號碼	Company's Certificate No. 公司登記證書號碼	

All the above items must be completed and information provided must correspond with the Bank's record 以上所有項目必須填寫及所提供的資料必須與銀行紀錄相同

注意:若上述銀行戶口非由保單持有人或受保人所持有,請先細閱背頁的「個人資料收集聲明」。

Note:If the Policy Owner or Insured is not the holder of the above bank account, please read the "Personal Information Collection Statement" overleaf.

Debtor's Reference-Policy No. 債務人之參考-保單編號	Name of Insured 受保人姓名	Debtor's Reference-Policy No. 債務人之參考-保單編號	Name of Insured 受保人姓名
1.		3.	
2.		4.	

Consultant's Name 顧問姓名	Consultant Code 顧問編號	Date 日期	For Bank Use Only 銀行專用
			Signature Verified

### Supplementary Information 補充資料

If the Policy Owner or Insured is not the account holder of the above bank account, the Policy Owner(s) must sign the following section for confirmation:  
若上述銀行自動轉賬戶口之持有人並非保單持有人或受保人,保單持有人必須填寫以下部份並簽署作實:

<p>I/We, the Policy Owner(s), hereby instruct MassMutual Asia Ltd. to collect premiums with levy (if applicable) for my above-stated policy(ies) using the above Direct Debit Authorisation. In relation to this, I/we confirm that I/we have obtained the consent of the bank account holder and the bank account holder is my/our direct family member(i.e., parent, son/daughter, spouse, brother/sister).</p> <p>本人/我們為上列保單之保單持有人,現指示美國萬通保險亞洲有限公司在上述銀行戶口中以自動轉賬扣除保費連徵費(如適用),就此本人/我們已獲得上述銀行戶口持有人之同意,並確認銀行戶口持有人為本人/我們之直系親屬(即父母、子女、夫婦或兄弟姊妹)。</p>	<p>Signatures of all Policy Owners are required (if more than one policy owner) 所有保單持有人均需簽署(如保單持有人多於一位)</p>
<p>Policy Owner's Signature 保單持有人簽署</p>	



## **Personal Information Collection Statement 個人資料收集聲明**

I / We understand and agree that information collected in this Direct Debit Authorization form ("Form") is to enable the Company to carry on insurance business and may be used for the purpose of collecting premiums under the policy / policies of the Policy Owner with the Company as set out in this Form.

I / We also understand and agree that my / our personal data collected or retained by the Company and supplied by me / us in this Form may be used, held, transferred or disclosed (whether within or outside Hong Kong / Macau) to MassMutual group companies and their associated / affiliated companies, financial institutions, or any service provider and selected persons which are under a duty of confidentiality to the Company to fulfill the above purpose, and to any industry associations/ federations and their members and governmental / regulatory body and law enforcement agencies to enable them to carry out their governmental / regulatory functions.

I / We understand that I / we have the right to access to and to correct any of my personal information held by the Company by writing to the Personal Data Protection Officer of MassMutual Asia Ltd. (Address : 27/F, MassMutual Tower, 33 Lockhart Road, Wanchai, Hong Kong or Avenida Praia Grande No. 517, Edificio Comercial Nam Tung 16-E2, Macau). The Company may charge a reasonable fee for the processing of such request.

本人／我們明白及同意於本人／我們就本直接付款授權書(下稱「本表格」)所提供的資料，均為使貴公司進行保險業務，並可能使用於收取本表格列明的保單持有人所擁有的保單的保費。

本人／我們明白及同意任何由貴公司收集或持有及由本人／我們於本表格所提供的個人資料，可供使用，保存，轉移或向 MassMutual 集團成員公司及其關聯或相關公司、金融機構或與貴公司有保密協議的任何服務提供者及其他人士（無論在香港／澳門或以外）披露，以達致上述目的及以便任何行業組織／聯會及其成員及政府部門或監管機構和執法機構執行其政府／監管職能。

本人／我們明白本人／我們有權查閱及要求更正任何由貴公司持有有關本人／我們的個人資料。如有需要，可與貴公司的個人資料保護主任以書面方式提出（地址：香港灣仔駱克道 33 號美國萬通大廈 27 樓或澳門南灣大馬路 517 號南通商業大廈 16 樓 E2 室）。處理上述要求時，本公司可能會收取合理費用。

Version: Mar 18, 2013

### REMARKS 備註：

- (1) In this form, Policy Owner and Insured also refer to Proposed Policy Owner and Proposed Insured respectively.  
於本表格內，保單持有人及受保人同時可分別代表準保單持有人及準受保人。
- (2) Signatures of all Policy Owners are required (if more than one Policy Owners).  
所有保單持有人均需簽署（如保單持有人多於一位）。