

## 投资连结保险电话交易申请书

Application Form for Phone Transaction of Unit-linked Insurance Policy

电话交易信息填写栏 Phone transaction Information
保险合同编号/投保单编号 Policy/Application No.:
电话交易类型 Type of phone transaction: 投资账户转换 Fund Switch
投保人身份证件号码 ID number of policy owner:
电话交易指定电话号码 Designated phone number for phone transaction: /

## 投保人声明及授权:

- 本人特此向汇丰人寿保险有限公司(以下简称"汇丰人寿")申请以电话方式(包括人工服务及电话语音系统)进行上述保险合同投资账户转换的在 线操作申请。I hereby apply to HSBC Life Insurance Co. Ltd. (hereafter referred to as "HSBC Life") for online fund switch by phone call (staff services and automated answering machine).
- 2) 本人了解并同意,在通过电话方式进行上述保险合同投资帐户申请前,本人将充分考虑自己的财务状况,风险承受能力等因素,并结合保险合同各投资帐户的特征、资产配置范围和主要投资风险等,选择与自己风险承受能力相匹配的投资帐户,且本人愿意承担选择的保险合同投资帐户的风险水平与本人风险承受能力不匹配而可能造成的相应风险。I confirm and agree that I will take fully consideration to my financial situation, risk tolerance and the feature, the scope of asset allocation and investment risk of each investment account before I desire to proceed with my fund switch by dialing the designated phone number, and choose the investment account to match my risk tolerance.
- 3) 本人同意本申请生效后,本人通过指定电话号码向汇丰人寿电话申请的投资账户转换应视为本人提出之有效申请,汇丰人寿有权据此进行相应的投资账户转换操作。I agree that, upon the entry into force of this application, my application to HSBC Life for fund switch by dialing the designated phone number shall be deemed as valid. HSBC Life shall have the right to conduct the fund switch transaction accordingly.
- 4) 本人知晓并同意,上述电话交易指定电话号码将作为本人进行电话交易的唯一有效号码,本人应谨慎保管该号码以免他人获取并利用该号码发出 电话交易指令。就通过指定电话号码提出的电话交易申请,汇丰人寿将在经过核对本人基本信息、保险合同信息等身份确认流程以后,记录本人 的账户转换申请内容,并据此进行相应的投资账户转换操作,本人对于汇丰人寿据此进行的操作结果承担全部责任;对于非通过指定电话号码提出 的电话交易申请,或在上述身份确认流程中发现有任何不符之处,汇丰人寿皆有权予以拒绝。I am aware and agree that the phone number specified above for the sake of phone transactions shall be deemed as the only valid transaction number. I shall keep the designated number as confidential in case its disclosure to a third party results in illegal profit by giving orders through the designated number. Subject to identification and verification of HSBC Life regarding my basic personal and Policy information, my applications for phone transaction by dialing the designated number shall be accepted by HSBC Life. Hereafter, HSBC Life shall file my application and perform the transaction accordingly. I shall be fully responsible for the consequences of transactions carried forward by HSBC Life in response to my instruction. HSBC Life shall retain the right to reject any phone transaction application that fail to be conformed with the designated phone number or should there be any discrepancy during the procedure of identification and verification above said.
- 5) 本人知晓并同意,汇丰人寿的客户服务热线:**400-820-8363** 为汇丰人寿受理电话投资账户转换申请的唯一有效号码。I am aware and agree that CS hotline of HSBC Life is 400 -820-8363, which serves as the only valid direct line to accept my applications for fund switch.
- 6) 本人同意本申请生效后,本人通过电话方式向汇丰人寿提出的投资账户转换申请的内容以汇丰人寿留存的电话语音和操作记录为准。 I agree that, upon the entry into force of this application, proof of my application to HSBC Life for fund switch by phone call shall be subject to the phone call recordings and information input made by HSBC Life.
- 7) 本人同意本申请生效后,汇丰人寿的热线服务人员及电话语音仅在线对本人的电话申请进行核实并记录,不作为汇丰人寿对本人电话申请的最终审核决定,汇丰人寿对本人电话申请的审核决定及操作结果以汇丰人寿发出的书面通知为准。I agree that, upon the entry into force of this application, verifications and recordings of my phone call applications made merely by online service from HSBC Life shall not be deemed as the final decision of assessment for my phone call application. Final decision of assessment and transaction result shall be subject to written notice by HSBC Life.
- 8) 本人同意本申请生效后,汇丰人寿在电话核实本人申请过程中,由于上述指定号码无人接听或无法接通导致汇丰人寿无法及时核实本人的电话 投资账户转换申请是否属实,进而导致本人投资账户转换申请无法处理或延迟处理的,汇丰人寿不承担任何经济及法律责任,但汇丰人寿应采取 积极措施避免意外事件的影响。I agree that, upon the entry into force of this application, should there be any failure of or delay in processing my application due to the fact that the designated number turns out to be unanswered or disconnectable which lead to HSBC Life fail to confirm my application,HSBC Life shall not bear any evocable financial loss or legal obligations; nevertheless, HSBC Life shall take appropriate actions to ward off unfavorable consequences in this regard.
- 9) 本人同意本申请生效后,本人如欲终止以电话方式进行投资账户转换的,应以书面形式向汇丰人寿提出申请。I agree that, upon the entry into force of this application, I shall notify HSBC Life in writing to terminate my application for fund switch by dialing the designated phone number.

本申请书中,如英文表述与中文表述不一致,以中文表述为准。If any statement in this application form is inconsistent in meaning between its English and Chinese version, the Chinese version of the statement shall always prevail. 为了您的利益着想,签署前请再次校对所填资料,请勿在 空白之授权书上签署。Before signing the application form, please check all information entered. Please do not sign on blank form.

日

(投保人签名) Signature of Policy Owner (**签署日期)** Date Signed (YYYY/MM/DD)

月

年

(见证营销员签名) Signature of Witness (见证营销员代码) Sales Staff Code