Aviva Life Insurance Company Limited
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Surrender Application Form 退保申請表

Policy No. 保單編號	Policyholder Name 保單持有人姓名	Joint Policyholder Name 聯名保單持有人姓名

I, _____ the undersigned, owner of the policy (policy no. _____), hereby apply for surrender of benefit subject to the relevant terms and conditions of the above policy. I hereby understand and agree on behalf of myself and the Life Assured that

(1) the application(s) shall only take effect provided all of the following conditions are met:
   (i) the application(s) is/are approved by Aviva Life Insurance Company Limited ("Company") ;
   (ii) I am legally entitled to the benefits(if any) of surrendered the above policy that no proceedings in bankruptcy or insolvency have been instituted or are pending against me;
(2) in case of an investment-linked policy, cancellation of units of the Fund(s) in respect of the application(s) will be carried out in accordance with the time period as stipulated in the policy provision of the above policy.

本人_____爲下述簽署人士，並爲保單(保單編號_____)之持有人，現根據上述保單的有關條款及細則申請退保。本人理解並代表本人及受保人同意：

(1) 只有在下列所有條件均符合時，申請方可生效：
   (i) 申請須經英傑華人壽保險有限公司(「本公司」)核准；
   (ii) 本人有合法權利可享有按上述保單退保退回之任何價值(如有)，此外，本人並未面臨任何破產或無力償債的法律程序，亦無該等法律程序待決；
(2) 此爲投資相連保單，有關申請涉及之須取消的基金單位，將按上述保單所載之保單條款所指定的時限進行取消。

Important Notes:

(1) Signature of the Trustee(s) will be required if Policy is written under Section 13 Married Person Status Ordinance (Cap 182), or under Trust
若保單屬按第 182 章已婚者地位條例第 13 條文或以信託形式訂立，則需要受託人簽署

(2) The cheque will be made payable to the Policyholder or the Trustees (If both policyholder still alive, both policyholder needs to sign on the form for making the form valid. The payment will be made to Policyholder(s) only. If only one policyholder is alive, only the alive policyholder signature is needed and the payment will be made to payable to the alive policyholder only. If Policy is written under a Trust e.g Section 13 Married Person Status Ordinance (Cap 182) or the Assignee (if policy is assigned)).
支票的抬頭人將爲保單持有人,聯名保單持有人或受託人(若兩位保單持有人仍然在世，本表格必須得到兩位保單持有人簽署作實方爲有效，而支票的抬頭人將爲保單持有人。若祇有其中一位保單持有人在世，本表格祇須在世的保單持有人簽署作實，而支票的抬頭人則爲在世的保單持有人。若保單以信託形成訂立，例如按第 182 章已婚者地位條例第 13 條文訂立)或受讓人(若保單被轉讓))

(3) Please note that any proceeds made to Trustees are for the benefits of the beneficiaries.
任何支付予受託人的款項均爲作受益人之利益

(4) The Cash Surrender Value of the cancelled units will depend on the price of the respective fund(s) on the next Fund Valuation Date following AVIVA accepted this request
現金退保時取回之單位，將於本公司接納本申請後之第一個基金估值日按當時有關基金價格而定.

(5) Cash Surrender Value payable will be made in the contract currency
所有現金退保金額以計劃貨幣爲單位

(6) The cutoff time for transaction requests will be changed to 12:00p.m. on each business day with effect from 28 Sep 07. This means that a transaction request received by Aviva before 12:00p.m. on a business day will be processed according to the value of the respective funds and currency conversion rates prevailing on the next appropriate fund valuation date following the date we accept the request. Any transaction request received after 12:00p.m. on any day will be processed as if the transaction request is received on the next business day.
由 2007 年 9 月 28 日起，遞交交易要求的時間將更改爲每一營業日的中午 12 時，意即任何在營業日中午 12 時前接獲的交易要求將會根據在接納要求之日後下一個適當的基金估值日所適用的有關基金的價值及貨幣兌換率處理。在任何日子中午 12 時後接獲的任何交易指示，將猶如於下一個營業日接獲該交易要求一樣處理。

Declaration

I HEREBY DECLARE AND AGREE on behalf of myself and the Life Assured that

(1) the application(s) as indicated above is/are based on my own judgment and I have not relied on any advice provided by insurance agent. I fully understand that investment in investment-linked plan involves risks and value of Units in the Investment Funds may rise or fall. The benefits payable under such plan are linked to the performance of the Investment Funds invested in respect of the above policy;
(2) all information in the application(s) whether or not written by my own hand is to the best of my knowledge and belief complete and true;

聲明

本人現聲明並代表本人及受保人同意

(1) 上述申請爲根據本人之判斷而提出，本人並未以保險代理的意見爲依據。本人完全理解投資於投資相連計劃涉及風險，投資基金單位的價值可升可降。該等計劃支付的價值將與上述保單所投資的投資基金之表現相連；
(2) 本申請書所載資料，不論是否由本人親筆填寫，均盡本人所知及所信爲完整及正確。

Signature of Policyholder 保單持有人簽署	Signature of Joint Policyholder 聯名保單持有人簽署	Signature of Assignee/Trustee 受讓人/受託人簽署
Name of Policyholder	Name of Joint Policyholder	Name of Assignee/Trustee
Date	Date	Date

PLEASE DO NOT SIGN ON THE BLANK FORM
請勿在空白表格上簽署