AIA International Limited
(Incorporated in Bermuda with limited liability)

DECLARATION FORM OF VERIFICATION BY DISTRICT DIRECTOR / RESPONSIBLE OFFICER OF BROKER (FOR APPLICATION OF TREASURE MASTER PLUS 2 (ONLY APPLICABLE TO NEW CIES CUSTOMERS))
區域總監 / 經紀負責人認證聲明書（只適用於新資本投資者入境計劃客戶申請卓達智悅2）

Policy Number 保單號碼	**Name of Applicant** 申請人姓名	**I.D. Card Number / Passport Number** 身份證號碼 / 護照號碼
Agent 1 / broker's information: 營業員**1** / 經紀資料：		
Area / Broker's Code 區域 / 經紀編號	**Agency / Broker's Name** 營業員組別 / 經紀名稱	**Agent / Broker's Tel. No** 營業員 / 經紀聯絡電話
Agent / TR's Name 營業員 / 業務代表姓名		**Agent / TR's Code** 營業員 / 業務代表編號
Agent 2's information: 營業員**2**資料：		
Area Code 區域編號	**Agency Name** 營業員組別名稱	**Agent's Tel. No** 營業員聯絡電話
Agent Name 營業員姓名		**Agent Code** 營業員編號

Section 1第1部分

Section 1(a) 第1(a)部分

Section 1(a) to be completed by Agent 1 / technical representative (TR)第1(a)部分由營業員1 / 業務代表填寫

I , _____ , _____ , _____
(Name of Agent 1 / TR) *(Title, e.g. Agent / TR)* *(Agent / TR's code)*

confirm that the applicant and proposed insured have physically shown up at

_____

(please insert the address where the insurance application forms are signed) when signing the insurance application forms on the application date#.

 # Please note that signing the insurance application forms and making the above declaration in hospital and sanatorium are prohibited.

I agree to indemnify and hold harmless AIA International Limited ("the Company") against any and all liabilities, losses, costs, claims, expenses, actions, proceedings, damages or demands which may be brought against or suffered by the Company (including all legal costs and expenses for making, defending or settling any claim) arising from or in connection with any loss suffered by the Company as a result of my negligence or fraud, or if the above declaration made by me is false. I agree the commission received by me may be clawed back and I will be subject to investigation by the Company and may be referred to the Market Conduct Committee (MCC), if the above declaration made by me is false or if the Company suffers any loss as a result of my negligence or fraud. If more than one person has signed this declaration form, I agree all persons who have signed this declaration form shall be jointly and severally liable to the Company for all obligations and liabilities stated in this declaration form.

本人，_____ ，_____ ，_____確認申請人及準受保人
(營業員 1 / 業務代表之姓名) *(職銜，例如：營業員 / 業務代表)* *(營業員 / 業務代表號碼)*

在保單申請日於簽署保單申請表格時在

_____

(請填寫簽署保單申請表格的地址) 親自出現#。

 # 請注意： 嚴禁於醫院或療養院簽署保單申請表格及作出以上聲明。

對友邦保險(國際)有限公司（"本公司"）因我的疏忽或欺詐，或如我作出的以上聲明是錯誤的而引起或與之相關的任何損失，包括使本公司被針對或遭受的任何及所有法律責任、損失、費用、申索、支出、法律行動、法律程序、損害或要求（包括提出、抗辯或和解任何申索的所有法律費用和支出），我同意須向本公司作出彌償並使之免受損害。我同意如果我的上述聲明是錯誤的或因我的疏忽或欺詐而使公司蒙受任何損失，我所收到的佣金可能會被追回及我將受到本公司的調查並可能被轉介至市場操行委員會(MCC)。如多於一人簽署本聲明書，我同意所有簽署本聲明書的人士就本聲明書所述的所有義務和責任均須對本公司共同及各別負上法律責任。

Date 日期 (MM月/DD日/YYYY年)

Signature of Agent 1 / TR
營業員1 / 業務代表簽署

<u>Section 1(b) 第1(b) 部分</u> (Not Applicable for broker不適用於經紀）
Section 1(b) to be completed by Agent 2第1(b)部分由營業員2填寫

I , _____ , _____ , _____
(Name of Agent 2) *(Agent)* *(Agent code)*

confirm that the applicant and proposed insured have physically shown up at

_____

(please insert the address where the insurance application forms are signed) when signing the insurance application forms on the application date#.

 # Please note that signing the insurance application forms and making the above declaration in hospital and sanatorium are prohibited.

I agree to indemnify and hold harmless AIA International Limited ("the Company") against any and all liabilities, losses, costs, claims, expenses, actions, proceedings, damages or demands which may be brought against or suffered by the Company (including all legal costs and expenses for making, defending or settling any claim) arising from or in connection with any loss suffered by the Company as a result of my negligence or fraud, or if the above declaration made by me is false. I agree the commission received by me may be clawed back and I will be subject to investigation by the Company and may be referred to the Market Conduct Committee (MCC), if the above declaration made by me is false or if the Company suffers any loss as a result of my negligence or fraud. If more than one person has signed this declaration form, I agree all persons who have signed this declaration form shall be jointly and severally liable to the Company for all obligations and liabilities stated in this declaration form.

本人，_____ , _____ , _____確認申請人及準受保人
(營業員2姓名) *(營業員)* *(營業員號碼)*

在保單申請日於簽署保單申請表格時在

_____

(請填寫簽署保單申請表格的地址) 親自出現#。

 # 請注意： 嚴禁於醫院或療養院簽署保單申請表格及作出以上聲明。

對友邦保險(國際)有限公司（"本公司"）因我的疏忽或欺詐，或如我作出的以上聲明是錯誤的而引起或與之相關的任何損失，包括使本公司被針對或遭受的任何及所有法律責任、損失、費用、申索、支出、法律行動、法律程序、損害或要求（包括提出、抗辯或和解任何申索的所有法律費用和支出），我同意須向本公司作出彌償並使之免受損害。我同意如果我的上述聲明是錯誤的或因我的疏忽或欺詐而使公司蒙受任何損失，我所收到的佣金可能會被追回及我將受到本公司的調查並可能被轉介至市場操行委員會(MCC)。如多於一人簽署本聲明書，我同意所有簽署本聲明書的人士就本聲明書所述的所有義務和責任均須對本公司共同及各別負上法律責任。

_____ _____
Date 日期 (MM月/DD日/YYYY年) Signature of Agent 2
營業員2簽署

Section 2 第2 部分

Section 2 to be completed by District Director / Responsible Officer of Broker. If District Director is the production agent of the policy, District Director has to complete both section 1 and section 2. If Responsible Officer of Broker is the TR of the policy, Responsible Officer of Broker has to complete both section 1 and section 2.
第2部分由區域總監 / 經紀負責人填寫。如區域總監是保單的營業顧問，區域總監必須填寫第1部分及第2部分。如經紀負責人是保單的業務代表，經紀負責人必須填寫第1部分及第2部分。

I , _____ , _____ ,
(Name of District Director / Responsible Officer of Broker) *(District Director / Responsible Officer of Broker)*

_____
(Agent code of District Director/ License No of Responsible Officer of Broker)

acknowledge the declaration(s) made by the agent(s) / TR in section 1.

Applicable to District Director: **I agree to indemnify and hold harmless AIA International Limited ("the Company") against any and all liabilities, losses, costs, claims, expenses, actions, proceedings, damages or demands which may be brought against or suffered by the Company (including all legal costs and expenses for making, defending or settling any claim) arising from or in connection with any loss suffered by the Company as a result of any of the above declaration(s) made under section 1 is false. I agree the commission received by me may be clawed back and I will be subject to investigation by the Company and may be referred to the Market Conduct Committee (MCC), if the declaration(s) made under section 1 is false. If more than one person has signed this declaration form, I agree all persons who have signed this declaration form shall be jointly and severally liable to the Company for all obligations and liabilities stated in this declaration form.**

Applicable to Responsible Office of Broker: **I agree to indemnify and hold harmless AIA International Limited ("the Company") against any and all liabilities, losses, costs, claims, expenses, actions, proceedings, damages or demands which may be brought against or suffered by the Company (including all legal costs and expenses for making, defending or settling any claim) arising from or in connection with any loss suffered by the Company as a result of any of the above declaration(s) made under section 1 is false. I will be subject to investigation by the Company and may be referred to the Market Conduct Committee (MCC), if the declaration(s) made under section 1 is false. If more than one person has signed this declaration form, I agree all persons who have signed this declaration form shall be jointly and severally liable to the Company for all obligations and liabilities stated in this declaration form.**

本人，_____ , _____ ,
(區域總監 / 經紀負責人姓名) *(區域總監 / 經紀負責人)*

_____
(區域總監之營業員號碼 / 經紀負責人之牌照號碼)

確認營業顧問 / 業務代表在第1部分中所做的聲明。

適用於區域總監：**對友邦保險(國際)有限公司（"本公司"）因以上第1部分的聲明是錯誤的，而引起或與之相關的任何損失，包括使本公司被針對或遭受的任何及所有法律責任、損失、費用、申索、支出、法律行動、法律程序、損害或要求（包括提出、抗辯或和解任何申索的所有法律費用和支出），我同意須向本公司作出彌償並使之免受損害。我同意如果第1部分的聲明是錯誤的，我所收到的佣金可能會被追回及我將受到本公司的調查並可能被轉介至市場操行委員會(MCC)。如多於一人簽署本聲明書，我同意所有簽署本聲明書的人士就本聲明書所述的所有義務和責任均須對本公司共同及各別負上法律責任。**

適用於經紀負責人：**對友邦保險(國際)有限公司（"本公司"）因以上第1部分的聲明是錯誤的，而引起或與之相關的任何損失，包括使本公司被針對或遭受的任何及所有法律責任、損失、費用、申索、支出、法律行動、法律程序、損害或要求（包括提出、抗辯或和解任何申索的所有法律費用和支出)，我同意須向本公司作出彌償並使之免受損害。我同意如果第1部分的聲明是錯誤的，我將受到本公司的調查並可能被轉介至市場操行委員會(MCC)。如多於一人簽署本聲明書，我同意所有簽署本聲明書的人士就本聲明書所述的所有義務和責任均須對本公司共同及各別負上法律責任。**

_____ _____
Date 日期 (MM月/DD日/YYYY年) Signature of District Director / Responsible Officer of Broker
區域總監 / 經紀負責人簽署