AIA Hong Kong

12/F, AIA Tower, 183 Electric Road,
North Point, Hong Kong
T : (852) 2881 3333

AIA.COM.HK

Consent Letter for Release of Information for New Capital Investment Entrant Scheme

Name of Policyholder: _____

Insurance Policy(ies) Number: _____

New CIES Reference Number: _____

I, the policyholder ("Policyholder") of the abovementioned policy(ies) (hereafter be referred to as "Policy(ies)"), hereby authorize AIA International Limited ("AIA") and its appointed administrator to provide a copy of all documents which AIA has submitted to Invest Hong Kong relating to the Policy(ies), including the following list of documents, to the below named Accounting Company by email* for the purpose of my application of the New Capital Investment Entrant Scheme (hereafter be referred to as "New CIES"). I shall undertake full liability arising from the release of such information and documents to the below named Accounting Company. This authorization shall remain valid until nullified in writing.

- Signed Financial Intermediary Agreement – New Capital Investment Entrant Scheme
- Policy issue notification letter with initial purchase advice
- Policyholder's instruction to partial withdraw from the Policy(ies) or to surrender the Policy(ies)
- Policy partial withdrawal / surrender notification letter with partial withdrawal / surrender confirmation
- Annual filing of policy statement of the Policy(ies)

** If email address is not available, the documents will be sent to the below Accounting Company by post.*

Name of Accounting Company: _____

_____

Address: _____

Contact Person: _____ Email Address: _____

Contact Number: _____ Fax Number: _____

_____ _____
Policyholder's Signature Date (MM/DD/YYYY)
Policyholder's Name:

_____ _____
Signature of the Witness Date (MM/DD/YYYY)
Witness's name:

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新資本投資者入境計劃資料披露同意書

保單持有人姓名：_____

保單號碼：_____

新資本投資者入境計劃參考編號：_____

本人為上述保單的保單持有人(以下簡稱「**保單持有人**」)，現授權友邦保險(國際)有限公司（以下簡稱「**友邦**」）及其委任的行政人員就本人的新資本投資者入境計劃（以下簡稱「**新入境計劃**」）申請，以電郵形式*向下述會計師行提供已由友邦向香港投資推廣署呈交與上述保單有關的所有文件的副本，包括下列文件。本人將承擔因向下述會計師行披露該等資料及文件而引起的全部責任。此授權將一直有效，直至以書面宣布其無效。

- 經簽署之金融中介機構協議－新資本投資者入境計劃
- 保單繕發通知書及首次認購信
- 保單持有人從保單作出部份提取或退保的指示
- 保單部份提取 / 退保通知書及部份提取 / 退保確認通知信
- 保單報告書的周年存檔

* *如沒有提供電郵地址，文件將會以郵寄方式送交下述會計師行*

會計師行：_____

地址：_____

連絡人：_____ 電郵地址：_____

聯絡電話：_____ 傳真號碼：_____

_____ _____

保單持有人簽署 日期（月/日/年）

保單持有人姓名：

_____ _____

見證人簽署 日期（月/日/年）

見證人姓名：