

信託聲明 Declaration of Trust

保單號碼

Policy no.

準受保人

Proposed Insured

申請人

Applicant

人壽保險基本計劃名稱

Name of Life Insurance Basic Plan

身份證號碼/出世紙號碼

ID no./Birth Cert. no.

身份證號碼/護照號碼

ID no./Passport no.

本人，即上述申請人，作為以上即將就準受保人發出的人壽保險基本計劃的持有人（「此保單」），謹此聲明及同意根據以下條款及細則擔任此保單之信託人：-

I, the above Applicant, being the Owner of the Insurance Policy of the captioned Life Insurance Basic Plan to be issued on the life of the Proposed Insured ("the Policy"), hereby declare and consent to act as the Trustee of the Policy subject to the following terms and conditions: -

- 〔甲〕 直至準受保人年滿十八歲前，本人將以信託形式為準受保人的利益持有此保單，並以信託人的身分擁有權力行使所有在此保單內的選項及 / 或權利。
- 〔乙〕 若準受保人未滿十八歲前去世，此等在保單下的權利、利益及 / 或權益將歸持有人或其遺產（如適用）絕對擁有。
- 〔丙〕 於準受保人年滿十八歲時，此等在保單下的權利、利益及 / 或權益將歸準受保人絕對擁有，而準受保人需填妥有關表格及提供此申請時所需之所有資料及文件。
- (a) Until the Proposed Insured attains the age of 18 years, I shall own the Policy upon Trust for the benefit of the Proposed Insured, and shall have power to exercise every option and/or right under the Policy in my capacity as Trustee.
- (b) In the event of the death of the Proposed Life Insured prior to his / her attaining the age of 18 years, all the rights, benefits, and / or interests under the Policy shall be vested in the Owner of the Policy or his / her estate (if applicable) absolutely.
- (c) When the Proposed Insured attains the age of 18 years, all rights, benefits and / or interests under the Policy shall be vested absolutely in the Proposed Insured. The Proposed Insured shall complete the required form(s) and provide information and such document as may be required at the time of the application.

簽署日期 (日 / 月 / 年)

Sign Date (DD / MM / YYYY)

見證人簽署

Signature of Witness

申請人 / 信託人簽署

Signature of Applicant / Trustee

委任信託人授權書 Appointment of Trustee and Authorisation

本人，_____，作為準受保人的父親 / 母親* (身份證號碼 / 護照號碼 _____) 謹此同意申請人為本人子女，即準受保人之利益擔任此保單之信託人，直到本人上述子女年滿十八歲。

I, _____, being the Father / Mother* of the Proposed Insured (ID/Passport no. _____), hereby agree the Applicant to act as the Trustee of the Policy for the benefit of my child, the Proposed Insured, until he / she attains the age of 18 years.

簽署日期 (日 / 月 / 年)

Sign Date (DD / MM / YYYY)

見證人簽署

Signature of Witness

父親 / 母親*簽署

Signature of Father / Mother*

*Please delete as appropriate 請刪去不適用者