

FORMULIR PERMOHONAN MANFAAT ASURANSI INSURANCE BENEFIT FORM

Saya yang bertanda tangan di bawah ini adalah Pemegang Polis dengan data sebagai berikut :
I, the undersigned, are the Policyholders with the following data:

Nomor Polis <i>Policy Number</i>	
Nama Pemegang Polis <i>Policyholder Name</i>	
Kewarganegaraan <i>Nationality</i>	☐ WNI*) <i>Indonesian citizen</i> ☐ WNA**), Negara :
Saya mempunyai (jika ada) : ☐ Paspor Amerika Serikat ☐ Green Card Amerika Serikat <i>I have (if any): United States passport United States Green Card</i>	
*) WNI : - Lampirkan Fotokopi Identitas Pemegang Polis (E-KTP) <i>Indonesian Citizens: - Attach Photocopy of (E-KTP)</i>	
**) WNA : - Lampirkan Fotokopi Passpor dan KIMS/KITAS/KITAP. - Isi Foreigner's Questionnaire Form.	
**) FOREIGN NATIONAL: - Attach a copy of passport and KIMS / KITAS / KITAP. - Fill in the Foreigner's Questionnaire Form.	

ISI DAN BERIKAN TANDA ✓ PADA KOTAK, SESUAI DENGAN YANG DIINGINKAN CONTENT AND GIVE SIGNS ✓ ON THE BOX, ACCORDING TO THE DESIRE

Dengan ini Saya mengajukan permohonan pengambilan Manfaat Asuransi berupa :
I hereby submit an application for taking Insurance Benefits in the form of:

☐ Akhir Polis / End of Policy

Sebesar (CNH/USD) :

In Amount of (CNH/USD)

Alasan melakukan pengajuan pengambilan Manfaat Asuransi (Wajib diisi) :
Reasons for applying for insurance benefits (required)

☐ Selesai Akhir Polis / End of Policy

Pengiriman Dana sesuai pilihan di bawah ini : (wajib diisi dengan lengkap)
Funds Transfer according to the options below: (must be filled in completely)

☐ Pengiriman Nilai Manfaat Polis di transfer ke rekening pendebetan sebagaimana tercantum dalam Surat Permohonan Asuransi Jiwa (SPAJ) yang ada pada data kami.
Delivery of Value of Benefit Policy is transferred to the debit account as stated in the Life Insurance Application (SPAJ) in our data.

☐ Pengiriman Nilai Manfaat Polis dapat dilakukan sesuai data di bawah ini.
Shipping Value of Policy Benefits can be done according to the data below.

☐ Ditransfer ke Rekening *) : ☐ CNH ☐ US Dollar ☐ Lainnya, sebutkan:	<i>Transferred to Account Other, Specify</i>
Nama Bank :	Cabang Bank/Kota:
<i>Bank Name</i>	<i>Bank / City Branch</i>
Nomor Rekening :	
<i>Account Number</i>	
Nama Pemilik Rekening :	
<i>Name of Account Owner</i>	

*) Penerima dana harus sama dengan yang tercantum pada Data Polis Anda (Pemegang Polis, Tertanggung, atau Ahli Waris)
The recipient of the funds must be the same as stated in your Policy Data (Holder of Policy, Insured, or Heir)

☐ Dikurangi untuk pembayaran Premi/Kontribusi pertama/lanjutan atau Pinjaman Polis (Diisi jika ada**) :
Less for payment of first / advanced Premium / Contribution or Policy Loan (Filled if any) **):

SYARAT DAN KETENTUAN TERMS AND CONDITIONS

1. Transaksi-transaksi tersebut di atas hanya dapat diproses bila :

The above transactions can only be processed if

a. Polis dalam keadaan aktif (inforce).

The policy is active (inforce).

b. Formulir asli ini dan/atau berkas lainnya yang dipersyaratkan telah di isi secara benar dan lengkap.

This original form and / or other files required are filled in correctly and completely.

2. Dokumen yang dilampirkan :

The attached document:

- Fotokopi Identitas Pemegang Polis.

Photocopy of Policyholder Identity.

- Formulir E-KTP Beda Tandatanganan bermaterai yang ditandatangani Pemegang Polis (jika berubah tandatangan)

Form E-KTP Different Signed Stamp signed by Policyholder (if changing signature)

- Melampirkan Polis asli (khusus pengajuan Akhir Masa Asuransi)

Attach the original policy (specifically filing the End of Insurance Period)

- Bank administration fees or transfers are borne by the Policyholder.*

I understand, agree and are willing to accept all financial and non-financial losses that may arise as a result of my negligence either intentionally or unintentionally following the procedure for requesting payment of Policy End Benefits as stated in the policy provisions and / or other documents related to the Policy.

Saya yang bertanda tangan di bawah ini menyatakan bahwa :

I understand, agree and are willing to accept all financial and non-financial losses that may arise as a result of my negligence either intentionally or unintentionally following the procedure for requesting payment of Policy End Benefits as stated in the policy provisions and / or other documents related to the Policy.

- I / We declare that I / We are not holders of United States / Green Card United States Passports or companies established / domiciled in the United States ("USperson") for US federal income tax purposes I / We do not act for, or on behalf of a US Person. I / We have understood the Insurer believes that this statement is true, will depend on, and act on that statement. In the event that the statement is wrong, the Insurer is entitled and given the right to cancel / refuse the submission of this Insurance Benefit. (If the Applicant is a United States citizen and / or United States Green Card, then this clause does not apply)

- I / We will notify the Insurer within 30 (thirty) days of the change in my citizenship status / We become U.S Person for US federal income tax purposes.*

- Insurers are subject to and required to, or have agreed to comply with certain laws and regulations and / or other requirements ("Reporting Obligations"). With the Reporting Obligation, I / We hereby grant approval and authority to the Insurer to provide My / Our personal data and information to government officials, regulators or regulatory agencies, and / or other parties both inside and outside the country in connection with the implementation Reporting Obligations. I / We understand that such disclosure can be done through the transfer of personal data across borders out of jurisdiction, and such disclosures may relate to:

- Personal data I / We, Policyholders, Insured, Beneficiaries ("Parties"), or one of them;*

- any information relating to this policy; and

- any information relating to other policies owned by the Parties or one of them.*

I / We understand that the Insurer will not be able to carry out transactions and provide services to Me / Us if I / We refuse to give this agreement.

/ /

Tanggal/Date Bulan/Month Tahun/Year

Tanda tangan dan nama lengkap Petugas CLII
Signature and full name of CLII Officer

Catatan / Notes :	Di proses oleh /Processed by :	Di proses oleh /Processed by :
	Nama/Tanggal (Name/Date)	Nama/Tanggal (Name/Date)

PENTING / IMPORTANT

Data yang tertera di Formulir ini adalah milik PT China Life Insurance Indonesia (CLII).

The data listed on this Form is the property of PT China Life Insurance Indonesia (CLII).

Data yang tertera di Formulir ini akan digunakan untuk memproses permohonan Anda. Apabila terdapat informasi yang kurang/tidak lengkap, PT China Life Insurance Indonesia (CLII) berhak untuk tidak melanjutkan permohonan Anda hingga dilengkapinya seluruh informasi.

The data listed on this Form will be used to process your application. If there is less / incomplete information, PT China Life Insurance Indonesia (CLII) has the right not to continue your application until all information is complete.

Apabila dikemudian hari di Formulir ini terdapat data yang tidak benar dan/atau perlu untuk diperbarui, Anda wajib untuk memperbaiki dan/atau memperbarui data tersebut dengan cara menghubungi PT China Life Insurance Indonesia (CLII) Customer Care pada No. Telepon

If in the future this form contains incorrect data and / or needs to be updated, you are required to correct and / or update the data by contacting PT China Life Insurance Indonesia (CLII) Customer Care at No. Telephone

Seluruh karyawan dan Tenaga Pemasar PT China Life Insurance Indonesia (CLII) wajib menjaga kerahasiaan data dan tidak diperkenankan untuk mempublikasikan atau menyebarkan atau memberikan data kepada pihak yang tidak berkepentingan dan pihak luar manapun tanpa izin tertulis terlebih dahulu dari PT China Life Insurance Indonesia. Jika Formulir ini ditemukan tersebar tanpa sengaja atau tidak tersimpan dengan aman, mohon diberitahukan kepada PT China Life Insurance Indonesia Customer Care di atas.

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