YFLife 萬通保險

First Policy No.: 第一份保單編號:								
Second Policy No.: 第二份保單編號:								

Supplementary Customer Information Form (G03-EDD)
客戶資料補充表格

Name of Insured: 受保人姓名：	Name of Consultant: 顧問姓名：
Name of Policy Owner/ New Policy Owner (For Change of Policy Ownership): 保單持有人/ 新保單持有人(如更改保單擁有權) 姓名：	Consultant's Code: 顧問編號：

I declare the following statement(s).
本人謹此作出以下聲明。

Information of Policy Owner/ New Policy Owner (For Change of Policy Ownership) 保單持有人/ 新保單持有人(如更改保單擁有權) 的資料

(1) **Source of Wealth (Ticks one or more)**
財富來源（可選多於一項）

- ☐ Employment Income (e.g. Salary, Bonus and Commission) 就業收入(如薪酬、花紅及佣金）
- ☐ Business Income (e.g. Earnings and Profits) 經營收入(如收入及利潤)
- ☐ Maturity or Surrender of Life Policy 人壽保單滿期或退保
- ☐ Sale of investments/liquidation of investment portfolio 投資組合出售/清算
- ☐ Sale of property (出售物業)
- ☐ Others (Please specify) 其他（請詳述）_____

Amount 金額:

(2) **Source of Fund (Ticks one or more)**
資金來源 （可選多於一項）

- ☐ Cash and Bank Savings 現金及銀行存款
- ☐ Employment Income (e.g. Salary, Bonus and Commission 就業收入(如薪酬、花紅及佣金）
- ☐ Business Income (e.g. Earnings and Profits) 經營收入(收入及利潤)
- ☐ Investment Income (e.g. Stocks, Funds and Bonds) 投資（如股票、債券及基金)
- ☐ Retirement Fund or Mandatory Provident Fund 退休金或強積金
- ☐ Others (Please specify) 其他（請詳述）_____

(3) **Name of Company/Employer**
公司／僱主名稱

_____

Place of Work ☐ HK 香港 ☐ Macau 澳門
工作地點 ☐ Other Location 其他國家/地區 _____

(4) **Policy Owner / New Policy Owner is an Individual 保單持有人／新保單持有人為個人**

Monthly Income 每月收入	**Total Liquid Assets** 流動資產總值

(5) **Policy Owner / New Policy Owner is an Entity 保單持有人／新保單持有人為實體**

Annual Business Revenue 全年總收入	**Total Liquid Assets** 流動資產總值

Signed by Policy Owner
保單持有人簽署

MM／DD／YY
月／日／年

Signed by New Policy Owner
(Applicable for Request of Change of Policy Ownership)
新保單持有人簽署
(適用於更改保單擁有權)

MM／DD／YY
月／日／年

Signed by Consultant(s)
顧問簽署

MM／DD／YY
月／日／年