

Direct Marketing Opt-in Request

直接促銷同意申請



Policy Owner Information 保單主權人資料

Policy No 保單號碼		Name of Policy Owner 保單主權人姓名	
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Sun Life Hong Kong Limited ("Sun Life") and/or its agents intend(s) to use your personal data for direct marketing. As required by the Personal Data (Privacy) Ordinance, Sun Life and/or its agents will not be able to further contact you to provide you marketing information unless your consent is received. Kindly read and sign as follows if you wish to cancel your opt out request (if any) and consent to the following.

永明金融有限公司(「永明」)及/或其代理擬把閣下之個人資料用於直接促銷。根據個人資料(私隱)條例規定，除非得閣下同意，永明及/或其代理將不可以聯絡閣下提供推廣資訊。請詳閱以下內容，如果閣下欲取消拒絕促銷要求(如有)及同意以下內容，請於下方簽署。

Declaration 聲明

I agree that Sun Life Hong Kong Limited ("Sun Life") and/or its agents may use my

- Contact details (e.g. Telephone number, Email)
- Demographic information (e.g. Age, Gender)
- Policy / plan details (e.g. Insurance coverage, MPF benefit)

to contact me with marketing information regarding Sun Life insurance, financial, pension products or services, or any insurance, financial, pension products or services provided by third parties, including by phone calls, mail, email, SMS or any type of electronic message.

This agreement above will supersede all my previous request(s) made to Sun Life for ceasing to use any of my personal information to contact me with any marketing information (if any). Nevertheless, at any time I may ask Sun Life to cease sending direct marketing information to me by writing to The Manager, Client Service Centre, Sun Life Hong Kong Limited, G/F, Tower B, Cheung Kei Center, 18 Hung Luen Road, Hunghom, Kowloon, Hong Kong.

本人同意香港永明金融有限公司(「永明」)及/或其代理人可使用本人之

- 聯絡資料 (例如 電話號碼, 電郵)
- 基本個人資料 (例如年齡, 性別)
- 保單/計劃資料 (例如 保障範圍, 強積金權益)

就永明的保險、金融、退休金產品或服務，或由第三方所提供的保險、金融、退休金產品或服務的推廣資訊，以包括電話、郵件、電郵、電話短訊或任何電子信息等方法聯絡本人。

此同意將取代本人以往曾向永明要求停止向本人發出直接促銷資訊之申請(如有)。然而，本人可隨時要求永明停止向本人發出直接促銷資訊，香港九龍紅磡紅鸞道 18 號祥祺中心 B 座地下香港永明金融有限公司客戶服務中心經理。

Signature 簽署

I have read and fully understand the above declaration. 本人已閱讀並完全明白以上聲明。

X _____
Signature of Policy Owner 保單主權人簽署
(must be consistent with policy's record 簽署樣式必須與保單記錄相符)

X _____
Sign Date (DD/MM/YYYY)
簽署日期 (日/月/年)



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