

委托付款承诺函  
Letter of Payment Undertaking

委托人:

Client:

\_\_\_\_\_

委托人住址:

Client' s Adress:

\_\_\_\_\_

受托人1:

Trustee 1:

\_\_\_\_\_

受托人住址:

Trustee' s Adress:

\_\_\_\_\_

受托人2:

Trustee 2:

\_\_\_\_\_

受托人住址:

Trustee' s Adress:

\_\_\_\_\_

委托人证件类型/证件号:

Client' s ID Type/Number:

\_\_\_\_\_

联系电话:

Client' s Contact Number:

\_\_\_\_\_

受托人证件类型/证件号:

Trustee' s ID Type/Number:

\_\_\_\_\_

联系电话:

Trustee' s Contact Number:

\_\_\_\_\_

受托人证件类型/证件号:

Trustee' s ID Type/Number:

\_\_\_\_\_

联系电话:

Trustee' s Contact Number:

\_\_\_\_\_

致：复星联合健康保险股份有限公司广东分公司

To: Fosun United Health Insurance Company GuangDong Branch

委托人作为投保人于\_\_\_\_\_年\_\_\_\_\_月\_\_\_\_\_日向复星联合健康保险股份有限公司（下称“贵公司”）购买了\_\_\_\_\_险种的保险产品，保险单号/投保单号为：\_\_\_\_\_，每期保险费共计人民币\_\_\_\_\_元，交费方式为\_\_\_\_\_。On\_\_\_\_\_ (D) / \_\_\_\_\_ (M) / \_\_\_\_\_ (Y), the Client purchases an insurance product named from Fosun United Health Insurance Company XX Branch (hereinafter “Your Company”), of which the insurance contract number is , total premium of each installment is , and the payment duration is year.

现委托人与受托人就受托人代委托人支付上述保险合同的保险费事宜共同向贵公司做出如下承诺：

Regarding the matters in relation to the Trustee's payment of premiums on behalf of the Client under the abovementioned insurance contract, the Client and the Trustee jointly and collectively make the following undertakings to Your Company:

**一、委托权限：受托人同意接受委托人委托，代为支付与上述保险合同相关的首期保险费、续期保险费以及其他保险费用，所有款项由受托人通过转账方式缴付予贵公司。**

Scope of authority: The Trustee hereby expressly accepts the Client's delegation and will pay on the Client's behalf the initial premium, renewal premium, and all other insurance-related expenses in connection with the insurance contract mentioned above. All payments will be made by transferring through the Trustee's banking account to Your Company's banking account.

**二、所有与上述付款安排相关的税务问题应由受托人与委托人负责解决；受托人与委托人应依法申报、缴纳所有税务事宜；所有税务相关的法律责任均由受托人与委托人连带承担，贵公司不承担任何责任。**

The Trustee hereby acknowledges and confirms that the Trustee and the Client shall be the sole parties to be responsible for solving all taxation-related issues in connection with the payment arrangement mentioned above. The Trustee and the Client shall make all taxation-related declaration and pay all relevant taxes in accordance with applicable laws and regulations. The Trustee and the Client shall always be the sole parties to be responsible for all taxation-related obligations and responsibilities and be jointly and severally responsible for holding Your Company harmless from any such obligations and responsibilities.

**三、受托人仅代为支付保险费，与保单相关的所有权利和义务仍由委托人行使和承担。但如果因该保单发生任何退费，保单所有的退费都应由贵公司退回至受托人的原付款户。**

The sole responsibility of the Trustee under the insurance contract is to pay premiums and insurance-related expenses on the Client's behalf. All the legal rights and obligations in connection with the insurance contract shall remain to be carried out and undertaken by the Client. However, if any fee of the policy needs

to be refunded, the entire amount of money to be refunded by Your Company shall be paid back to the original payment account of the Trustee.

**四、上述保险合同在保险期间内委托人与受托人均不得申请保单借款。**

The Client and Trustee acknowledge and confirm that any policy-related loan under the insurance contract mentioned above shall be prohibited for the entire duration of the insurance contract.

委托期间：自\_\_\_\_年\_\_\_\_月\_\_\_\_日至\_\_\_\_年\_\_\_\_月\_\_\_\_日  
Authorize period: From\_\_\_\_(D)/\_\_\_\_(M)/\_\_\_\_(Y) to \_\_\_\_  
(D)/\_\_\_\_(M)/\_\_\_\_(Y)

本函的中英文版本如有不一致之处时，则应以中文版本为准。本函适用中华人民共和国法律进行解释。与本函有关的任何争议应向中华人民共和国法院提起诉讼。

In the case of any inconsistency, if any, between the Chinese version and English version of this letter, the Chinese version shall prevail. This letter shall be governed by laws of the People's Republic of China and construed accordingly. Any dispute in connection with this letter shall be submitted to competent court of the People's Republic of China.

特此承诺！

In witness of the undertakings above!

委托人（盖章/签名）：

Client (Stamp/Signature):

（请与投保单上盖章/签名样本保持一致）

(Make sure it is consistent with the Stamp/Signature on the insurance application)

日期：\_\_\_\_年\_\_\_\_月\_\_\_\_日

Date: \_\_\_\_ (D)/\_\_\_\_ (M)/\_\_\_\_ (Y)

受托人 1（盖章/签名）：

Trustee 1 (Stamp/Signature) :

日期：\_\_\_\_年\_\_\_\_月\_\_\_\_日

Date: \_\_\_\_ (D)/\_\_\_\_ (M)/\_\_\_\_ (Y)

受托人 2（盖章/签名）：

Trustee 2 (Stamp/Signature) :

日期：\_\_\_\_年\_\_\_\_月\_\_\_\_日

Date: \_\_\_\_ (D)/\_\_\_\_ (M)/\_\_\_\_ (Y)