

Verification of Trust (New Business)
信託核實表格 (新生意)

Name of Proposed Life Insured (Surname first) 準受保人姓名 (姓氏先行)	Chandni Gobind Samtani
Policy No. (where applicable) 保單編號 (如適用)	611067085
Name of Policy Owner 保單主權	Alpadis Trust (HK) Limited

1. Trust Information 信託資料

a. Name of Trust 信託名稱 Alpadis Trust (HK) Limited	Date of Trust 信託日期
b. Governing Law of Trust (Country) 信託管治法律 (國家) Hong Kong	Type of Trust: 信託類別: <input checked="" type="checkbox"/> Revocable 可撤銷 <input type="checkbox"/> Irrevocable 不可撤銷
c. Registered Address 登記地址 Unit 1307, 13/F, Sunlight Tower, 248 Queen's Road East, Wan Chai, Hong Kong	
d. Identification number (if any) granted by any applicable official bodies (e.g. Tax ID number or registered charity or non-profit organization number) 任何官方機構授予的識別號碼 (如有) 例如報稅識別號碼或慈善或非牟利團體登記號碼	
e. Nature/Purpose/Objectives of Trust 信託性質/用途/目的 Asset Holding	

f. The undersigned Trustee(s) and Settlor(s) hereby certify that 下述簽署信託人及財產授予人在此聲明：

- (i) The Trustee(s) acting in their professional capacity, any one of them acting singly, has the authority, subject to applicable law, to purchase a life insurance Policy on the life of the above Life Insured and has taken all appropriate and necessary actions to ensure such purchase is properly authorised; 信託人在其專業的能力下行動，可根據適用法律，單獨行使權力，為上述受保人購買人壽保險，並已採取所有適當及必要的行動，以確保在獲正確受權的情況下購買保單；
- (ii) Such authorised signatory may exercise any and all ownership rights, subject to the provisions of the Policy, including but not limited to change of beneficiaries, surrender for its cash value, obtain loan without the consent of the Life Insured, the Settlor(s) or any other person; 有關的獲授權簽署人可根據保單條文，行使任何及一切擁有權，包括但不限於更改受益人，退保取回現金價值及取得貸款，而毋須經受保人，財產授予人或任何其他人士的同意；
- (iii) The Trustee(s) have verified and established the identities of the Settlor(s) and Beneficiary(ies) of the above named Trust and appropriate documentary evidence to support the identification of those parties is held by us and is available on demand; 信託人已核實及就上述信託的財產授予人與受益人建立身分，而本人(等)持有該些各方人士身分的適當證明文件，並可應要求提供；
- (iv) The Trustee(s) have reviewed the relevant trust instrument; 信託人已檢閱有關的信託文件；
- (v) To the best of my/our knowledge, funds to be used to meet the payment of premiums are not the proceeds of any criminal or immoral acts; 據本人(等)所知，用作繳付保費的資金並非源自任何犯罪或不道德行為的收益；
- (vi) Sun Life Hong Kong Limited shall not be responsible for the application or disposal of the proceeds of any insurance Policy by the Trustee(s) and shall fully discharge Sun Life Hong Kong Limited from all legal liability or responsibility arising therefrom; 香港永明金融有限公司對信託人就任何保單收益的應用或處理概不負責，並完全解除香港永明金融有限公司由此而產生的所有法律責任或一般責任；
- (vii) All information contained herein is true and complete and Sun Life Hong Kong Limited is entitled to rely on this verification for all purposes relating to any insurance Policy and without reference to any specific provisions of the Trust; 本人(等)核實本申請表內的所有資料完全屬實及真確無訛，而香港永明金融有限公司有權依賴此等核實資料，作任何有關保單的用途，並毋須參照任何特定的信託條文；
- (viii) I/ We acknowledge that all regulated activities including selling and application process of this policy was preformed and concluded in Hong Kong. 本人/吾確認本保單的所有受監管活動包括銷售和申請過程均在香港進行和完成。
- (ix) I/We acknowledge that acceptance of any payment of initial premium does not constitute a guarantee of acceptance of my/ our application. The acceptance of this application and issuance of the policy is subject to the completion of underwriting process and the fulfillment of the then applicable administration rules which may be changed by Sun Life Hong Kong Limited from time to time. 本人/吾確認支付的首次保費並不能保證本人/吾的申請受理。申請會否被接納和保單的續發需完成核保過程及受香港永明金融有限公司不時更改的和當時適用的行政程序的約束。
- (x) Upon review, Sun Life Hong Kong Limited may request additional clarification and/or request additional supporting documents. 經審查後，香港永明金融有限公司可要求進一步澄清和/或要求提供其他證明文件。



NOT

2. Settlor(s) 財產授予人

If more Settlers than the following section provides for, please insert an additional "Settlor" sheet(s). 如下列所提供的位置不足夠填寫所有財產授予人，請加入“財產授予人”文件繼續填寫。

Name in English 英文姓名	Name in Chinese 中文姓名 (If applicable 如適用)	
Chandni Gobind Samtani	N/A	
HKID Card No. If no HKID card, then Passport No. 香港身份證號碼。如無香港身份證，請提供護照號碼	Date of Birth 出生日期 (DD 日/MM 月/YYYY 年)	
B5881192	13/06/1985	
Nationality 1 國籍 1	Country of Birth 出生地	
INDONESIA	INDONESIA	
Nationality 2 (please complete if different from Nationality 1) 國籍 2 (若國籍 1 不同請填寫此欄)		
0.0		
Initial and ongoing source(s) of wealth or income of the settlor here 財產授予人之首次及往後的財富或收入來源		
Residential Address 居住地址		
Villa-18/2A, 394/Emirates Hill, Third (Meadows-8), Premise Number 394041593, Dubai, UAE		
Correspondence Address 通訊地址 (if correspondence address is different from Residential address 如通訊地址與居住地址不同，請填寫)		
0.0		
Previous address (Please complete if residing in Current Residential Address less than 3 years) 前居住地址 (若於現有住宅地址居住少於 3 年請填寫此欄)		
0.0		
Telephone No. 聯絡電話 (Please provide at least one telephone no. with its Country Code, Area Code (if any) and country 請最少提供一個聯絡電話、其國家代碼及區域代碼 (如適用) 與所屬國家)		
Home Tel 住宅		
971.0	0.0	0.0
Country Code 國家代碼	Area Code (if any) 區域代碼 (如適用)	Telephone No. 電話號碼
Business Tel 公司		
971.0	0.0	0.0
Country Code 國家代碼	Area Code (if any) 區域代碼 (如適用)	Telephone No. 電話號碼
Mobile 手提電話		
971.0	0.0	553595566.0
Country Code 國家代碼	Area Code (if any) 區域代碼 (如適用)	Telephone No. 電話號碼
Email Address 電子郵寄地址		
gib@eim.ae		
US Tax ID (where applicable) 美國稅務編號 (如適用)	Local Tax ID (where applicable and Optional)# 地方稅務編號 (如適用及非必要填寫)#	
0.0	0.0	
Country of Local Tax ID (where applicable and Optional)# 地方稅務編號之國家 (如適用及非必要填寫)#		
0.0		

Any country other than US 美國以外之國家

3. Trustee(s) 信託人

☒ Institution/Corporate 機構／公司☐ Individual 個人

(i) For Institution/Corporate Trustee(s) 機構／公司信託人

(Please also complete section 6 of this form if additional authorised signatories are required to be appointed 如需要委任額外獲授權簽署人士，請填寫本表格的第六部分)

Full Name of Institution or Corporate Trustee 機構或公司信託人名稱 Alpadis Trust (HK) Limited	
Correspondence Address 通訊地址 Unit 1307, 13/F, Sunlight Tower, 248 Queen's Road East, Wan Chai, Hong Kong	
Registered Address 登記地址	<input checked="" type="checkbox"/> Same as correspondence address 與通訊地址相同
Business Address 業務地址	<input checked="" type="checkbox"/> Same as correspondence address 與通訊地址相同 <input type="checkbox"/> Same as registered address 與登記地址相同
Certificate of Incorporation No. 公司註冊證書號碼 1309320	Business Registration No. 商業登記證號碼 50318934
Date of Incorporation 註冊日期 25 February 2009	Place of Incorporation 註冊地方 Hong Kong
GIN number (where applicable) 全球中間機構識別碼 (如適用)	
Telephone No. 聯絡電話 Country Code 國家代號 852 Area Code (if any) 區域代碼 (如適用) Telephone No. 聯絡電話 26393600	

Full Name of the duly authorised Signatory for and on behalf of the Institution or Corporate Trustee 代表機構或公司信託人正式獲授權簽署人士的姓名 Robert George Payne	Name in Chinese 中文姓名 (If applicable 如適用) N/A
HKID Card No. If no HKID card, then Passport No. 香港身份證號碼。如無香港身份證，請提供護照號碼 M065482(0)	Date of Birth 出生日期 (DD 日/MM 月/YYYY 年) 05/05/1982
Nationality 國籍 British	Country of Birth 出生地 England
Residential Address 居住地址 Room 217, 20/F, Hennessy Court, 217 Hennessy Road, Wan Chai, Hong Kong	
Correspondence Address 通訊地址 (if correspondence address is different from Residential address 如通訊地址與居住地址不同，請填寫) Unit 1307, 13/F, Sunlight Tower, 248 Queen's Road East, Wan Chai, Hong Kong	
With regular source of income 固定收入來源 <input checked="" type="checkbox"/> Yes 有 <input type="checkbox"/> No 沒有	
Education Level 教育程度 <input type="checkbox"/> Primary 6 or below 小六或以下 <input type="checkbox"/> Completed Secondary 中學畢業 <input checked="" type="checkbox"/> University or above 大學或以上 <input type="checkbox"/> Others 其他	
Telephone No. 聯絡電話 (Please provide at least one telephone no. with its Country Code, Area Code (if any) and country 請最少提供一個聯絡電話、其國家代碼及區域代碼 (如適用) 與所屬國家) Home Tel 住宅 Country Code 國家代碼 Area Code (if any) 區域代碼 (如適用) Telephone No. 電話號碼 Business Tel 公司 852 26393600 Country Code 國家代碼 Area Code (if any) 區域代碼 (如適用) Telephone No. 電話號碼 Mobile 手提電話 852 90957377 Country Code 國家代碼 Area Code (if any) 區域代碼 (如適用) Telephone No. 電話號碼 Email Address 電子郵寄地址	

(ii) For Individuals as Trustee(s) 個人信託人

If more Individual as Trustee(s) than the following section provides for, please insert an additional "For Individuals as Trustee(s) sheet(s). 如下列所提供的
位置不足夠填寫所有個人信託人，請加入“個人信託人”文件繼續填寫。

Full Name of the duly authorised Signatory for and on behalf of the Institution or Corporate Trustee 代表機構或公司信託人正式獲授權簽署人士的姓名	Name in Chinese 中文姓名 (If applicable 如適用)										
HKID Card No. If no HKID card, then Passport No. 香港身份證號碼。如無香港身份證，請提供護照號碼	Date of Birth 出生日期 (DD 日/MM 月/YYYY 年)										
Nationality 國籍	Country of Birth 出生地										
Residential Address 居住地址											
Correspondence Address 通訊地址 (if correspondence address is different from Residential address 如通訊地址與居住地址不同，請填寫)											
With regular source of income 固定收入來源 <input type="checkbox"/> Yes 有 <input type="checkbox"/> No 沒有											
Education Level 教育程度 <input type="checkbox"/> Primary 6 or below 小六或以下 <input type="checkbox"/> Completed Secondary 中學畢業 <input type="checkbox"/> University or above 大學或以上 <input type="checkbox"/> Others 其他 _____											
Telephone No. 聯絡電話 (Please provide at least one telephone no. with its Country Code, Area Code (if any) and country 請最少提供一個聯絡電話、其國家代碼及區域代碼 (如適用) 與所屬國家) Home Tel 住宅 <table><tr><td>Country Code 國家代碼</td><td>Area Code (if any) 區域代碼 (如適用)</td><td>Telephone No. 電話號碼</td></tr></table> Business Tel 公司 <table><tr><td>Country Code 國家代碼</td><td>Area Code (if any) 區域代碼 (如適用)</td><td>Telephone No. 電話號碼</td></tr></table> Mobile 手提電話 <table><tr><td>Country Code 國家代碼</td><td>Area Code (if any) 區域代碼 (如適用)</td><td>Telephone No. 電話號碼</td></tr></table>			Country Code 國家代碼	Area Code (if any) 區域代碼 (如適用)	Telephone No. 電話號碼	Country Code 國家代碼	Area Code (if any) 區域代碼 (如適用)	Telephone No. 電話號碼	Country Code 國家代碼	Area Code (if any) 區域代碼 (如適用)	Telephone No. 電話號碼
Country Code 國家代碼	Area Code (if any) 區域代碼 (如適用)	Telephone No. 電話號碼									
Country Code 國家代碼	Area Code (if any) 區域代碼 (如適用)	Telephone No. 電話號碼									
Country Code 國家代碼	Area Code (if any) 區域代碼 (如適用)	Telephone No. 電話號碼									
Email Address 電子郵寄地址											

4. The Beneficiaries named under the Trust (if any) 信託中列明的受益人 (如適用)

If more Beneficiaries than the following section provides for, then continue on supplementary sheets. If no individual Beneficiaries have been nominated, then move to 4b below 如下列所提供的位置不足夠填寫所有受益人，請於補充文件繼續填寫。如無提名任何個人受益人，請填寫第 4b 部分

a. Name in English 英文姓名		Name in Chinese 中文姓名 (If applicable 如適用)	
Chandni Gobind Samtani		N/A	
Date of Birth 出生日期 (DD 日/MM 月/YYYY 年) 13/06/1985		Country of Birth 出生地 INDONESIA	
Nationality 1 國籍 1 INDONESIA		Nationality 2 (please complete if different from Nationality 1) 國籍 2 (若國籍 1 不同請填寫此欄) 0.0	
HKID Card No. If no HKID card, then Passport No. 香港身份證號碼。如無香港身份證，請提供護照號碼 B5881192		Relationship to the Life Insured: 與受保人關係：	
Relationship to the Settlor: 與財產授予人關係：		% Beneficial Interest Share: 實益擁有股份：	
Residential Address 居住地址 Villa-18/2A, 394/Emirates Hill, Third (Meadows-8), Premise Number 394041593, Dubai, UAE			
Correspondence Address* 通訊地址* (if correspondence address is different from Residential address 如通訊地址與居住地址不同，請填寫) 0.0			
Previous address* (Please complete if residing in Current Residential Address less than 3 years) 前居住地址* (若於現有住宅地址居住少於 3 年請填寫此欄)			
Telephone No. 聯絡電話 (Please provide at least one telephone no. with its Country Code, Area Code (if any) and country 請最少提供一個聯絡電話、其國家代碼及區域代碼 (如適用) 與所屬國家)			
Home Tel 住宅			
971.0	0.0	0.0	
Country Code 國家代碼	Area Code (if any) 區域代碼 (如適用)	Telephone No. 電話號碼	
Business Tel 公司			
971.0	0.0	0.0	
Country Code 國家代碼	Area Code (if any) 區域代碼 (如適用)	Telephone No. 電話號碼	
Mobile 手提電話			
971.0	0.0	553595566.0	
Country Code 國家代碼	Area Code (if any) 區域代碼 (如適用)	Telephone No. 電話號碼	
Email Address 電子郵件地址 gib@eim.ae			
US Tax ID* (where applicable) 美國稅務編號* (如適用) 0.0		Local Tax ID (where applicable and Optional)** 地方稅務編號 (如適用及非必要填寫)** 0.0	
Country of Local Tax ID (where applicable and Optional)** 地方稅務編號之國家 (如適用及非必要填寫)** 0.0			

Any country other than US 美國以外之國家

* Applicable for irrevocable beneficiary(ies) 只適用於不可撤換受益人

- b. If Beneficiaries are not specifically named by the Trust for the purposes of the above, then state here the precise beneficiary destination Clause wording as it appears in the Trust. If insufficient space available, then provide copy of relevant page of the trust instrument signed by a Trustee. 如信託並無特別就上述目的列明受益人身份，請在此準確列明信託中的受益人條款。如下列所提供的位置不足夠填寫，請提供信託中有關的頁面副本，並由信託人簽署。

5. Beneficial Owners 實益擁有人

Does any other individual or entity (not already identified above) hold any influence or control over the Trust? If yes, please provide full name, relationship to Settlor and Life Insured, nationality and copy of HKID or Passport. 有沒有 (以上述未有列明的) 其他個人或實體對信託擁有任何影響或控制權？如有，請提供姓名，與財產授予人及受保人的關係、國籍及香港身份證或護照副本。

☐ Yes 是 ☒ No 否

Beneficial Owner in relation to a trust: 就信託而言，實益擁有人的定義為：

(i) an individual who is entitled to a vested interest in not less than 10% of the capital of the trust property, whether the interest is in possession or in remainder or reversion and whether it is defeasible or not; (ii) the settlor of the trust; (iii) a protector or enforcer of the trust, or, (iv) an individual who has ultimate control over the trust. (i) 有權享有信託財產的資本的既得權益的不少於 10% 的任何個人，而不論該人是享有該權益的管有權、剩餘權或復歸權，亦不論該權益是否可予廢除；(ii) 該信託的財產授予人；(iii) 該信託的保護人或執行人；或 (iv) 對該信託擁有最終控制權的個人。

[Definition of the Hong Kong 2012 Anti-Money Laundering and Counter-Terrorist Financing (Financial Institutions) Ordinance, and the HKMA and HK Office of the Commissioner of Insurance guideline on Anti-Money Laundering and Counter-Terrorist Financing 定義源自 2012 香港打擊洗錢及恐怖分子資金籌集 (金融機構) 條例，及香港金融管理局及保險業監理處的打擊洗錢及恐怖分子資金籌集指引]

6. Additional Authorised Signatories (if any) 額外獲授權簽署人 (如適用)

Use this section if wishing to appoint additional authorised signatories to give direction and instruction to Sun Life Hong Kong Limited in respect of the insurance Policy. 如要委任額外獲授權簽署人士向香港永明金融有限公司就保單發出方向及指示，請填寫此部分。


If more Authorised Signatories than the following section provides for, please insert an additional "Additional Authorised Signatories" sheet(s). 如下列所提供的位位置不足夠填寫所有額外獲授權簽署人，請加入“額外獲授權簽署人”文件繼續填寫。

Full Name of the duly authorised Signatory for and on behalf of the Institution or Corporate Trustee 代表機構或公司信託人正式獲授權簽署人士的姓名 Leung Wing Sum	Name in Chinese 中文姓名 (If applicable 如適用) 梁詠琛																		
HKID Card No. If no HKID card, then Passport No. 香港身份證號碼。如無香港身份證，請提供護照號碼 D659717(4)	Date of Birth 出生日期 (DD 日/MM 月/YYYY 年) 15/11/1968																		
Nationality 國籍 Hong Kong	Country of Birth 出生地 Hong Kong																		
Residential Address 居住地址 Block 11, 23/F., Flat H, South Horizon, Ap Lei Chau, Hong Kong																			
Correspondence Address 通訊地址 (if correspondence address is different from Residential address 如通訊地址與居住地址不同，請填寫) Unit 1307, 13/F., Sunlight Tower, 248 Queen's Road East, Wan Chai, Hong Kong																			
With regular source of income 固定收入來源 <input checked="" type="checkbox"/> Yes 有 <input type="checkbox"/> No 沒有																			
Education Level 教育程度 <input type="checkbox"/> Primary 6 or below 小六或以下 <input type="checkbox"/> Completed Secondary 中學畢業 <input checked="" type="checkbox"/> University or above 大學或以上 <input type="checkbox"/> Others 其他 _____																			
Telephone No. 聯絡電話 (Please provide at least one telephone no. with its Country Code, Area Code (if any) and country 請最少提供一個聯絡電話、其國家代碼及區域代碼 (如適用) 與所屬國家) Home Tel 住宅 <table><tr><td>Country Code 國家代碼</td><td>Area Code (if any) 區域代碼 (如適用)</td><td>Telephone No. 電話號碼</td></tr><tr><td>852</td><td></td><td>2639 3600</td></tr></table> Business Tel 公司 <table><tr><td>Country Code 國家代碼</td><td>Area Code (if any) 區域代碼 (如適用)</td><td>Telephone No. 電話號碼</td></tr><tr><td></td><td></td><td></td></tr></table> Mobile 手提電話 <table><tr><td>Country Code 國家代碼</td><td>Area Code (if any) 區域代碼 (如適用)</td><td>Telephone No. 電話號碼</td></tr><tr><td></td><td></td><td></td></tr></table>		Country Code 國家代碼	Area Code (if any) 區域代碼 (如適用)	Telephone No. 電話號碼	852		2639 3600	Country Code 國家代碼	Area Code (if any) 區域代碼 (如適用)	Telephone No. 電話號碼				Country Code 國家代碼	Area Code (if any) 區域代碼 (如適用)	Telephone No. 電話號碼			
Country Code 國家代碼	Area Code (if any) 區域代碼 (如適用)	Telephone No. 電話號碼																	
852		2639 3600																	
Country Code 國家代碼	Area Code (if any) 區域代碼 (如適用)	Telephone No. 電話號碼																	
Country Code 國家代碼	Area Code (if any) 區域代碼 (如適用)	Telephone No. 電話號碼																	
Email Address 電子郵寄地址																			

I/We declare that the information given and statements made in this form are, to the best of my/our knowledge and belief, true, correct and complete. 本人/我們聲明就本人所知所信，本表格內所填報的所有資料和聲明均屬真實、正確和完備。

Signed at Hong Kong on this _____ day of _____, _____
簽署地點：香港 Day 日 Month 月 Year 年


X
Signature of Policy Owner 保單主權人簽署


X
Signature of Proposed Insured
(if other than Policy Owner & aged 18 or above)
準受保人簽署
(如非保單主權人及年齡為18歲或以上)


X
Signature of Settlor 財產授予人簽署

7. Personal Information Collection Statement And Consent 個人資料收集聲明及同意書

I/We understand and consent that, personal information in respect of I/we or such other relevant parties may be collected from I/we from time to time, any personal data collected by Sun Life Hong Kong Limited ("Sun Life") (whether collected in this form or otherwise) may be used by Sun Life for the following purposes: (i) processing and evaluating this application and any other applications I/we make; (ii) administering and providing services in relation to this product and any other products I/we hold; (iii) processing and investigating claims; (iv) conducting customer surveys; (v) researching and designing financial, insurance or pensions products for customer use; (vi) selecting and participating in reward, loyalty or privileges program and related service for me/us; (vii) contacting me/us for the above purposes; (viii) complying with all laws, regulations, regulatory guidance, court orders or obligation or requirement under an agreement, or other commitment, between Sun Life or any entity within the Sun Life Group and the regulator or government in any jurisdiction (in relation to money laundering, terrorist financing and tax evasion or otherwise) to which Sun Life and its related companies are subject to (of Hong Kong or any other countries); and (ix) purposes which are directly related to any of the above purposes.

Sun Life may also use my/our contact details, demographic information and policy details to contact me/us with marketing information regarding Sun Life and third party pensions, financial and insurance products, including by phone calls, mail, email, SMS or any type of electronic message. Sun Life may not so use my/our data unless Sun Life have received my/our consent (which includes an indication of no objection). I/We know I/we can tick the box below if I/we do not consent to receive such marketing information. If third party information are required, I/we have obtained all necessary authorisation from them for Sun Life use and transfer of their information as described in this section.

Sun Life may disclose my/our personal data for any of the above purposes: (a) to third parties who provide services in Hong Kong or elsewhere which assist Sun Life to carry out the above purposes, including claims investigators, medical advisors, medical service providers, emergency assistance service providers, reinsurers and professional advisors (provided that such contractors are required to keep all such personal data confidential and may only use the personal data to provide those services); (b) to my/our bank for payment purposes; (c) to my/our insurance broker (if any); (d) to Sun Life's insurance agents and MPF intermediaries; (e) to Sun Life's related companies (as defined in the Companies Ordinance) including pensions services provider, insurance companies and financial services companies; (f) to the Hong Kong Federation of Insurers (or any similar association of insurance companies) and its members; (g) to any person or authority to whom Sun Life and its related companies are required to make disclosure to as a result of applicable law, regulation, regulatory guidance, court order or obligation or requirement under an agreement, or other commitment, between Sun Life or any entity within the Sun Life Group and the regulator or government in any jurisdiction (in relation to money laundering, terrorism and tax evasion or otherwise) that Sun Life and its related companies are subject to or required to comply with (of Hong Kong or any other countries) and (h) as otherwise required or permitted by law.

Sun Life may also use and disclose my/our personal data in other ways with my/our consent or as otherwise required or permitted by law. I/We understand that the information I/we give is voluntary, but failure to provide the requested personal data may mean Sun Life is unable to process my/our application or continue to provide services to me/us. I/We have the right to seek access to and request correction of any personal data Sun Life holds about me/us by sending a written request to The Manager, Customer Service Centre, Sun Life Hong Kong Limited, 8/F, Sun Life Tower, The Gateway, 15 Canton Road, Kowloon, Hong Kong. Sun Life may charge a reasonable fee for the processing of any such requests.

"Sun Life Group" means Sun Life together with its subsidiaries, subsidiary undertakings and associated companies (whether direct or indirect) from time to time.

☒ Please tick here to reject receiving marketing information from Sun Life.

本人 / 吾等明白及同意香港永明金融有限公司(「永明」)將不時從本人 / 吾等收集本人 / 吾等或其他有關方面人士的個人資料, 永明可以將其所收集的任何個人資料(不論由此表格所收集或由其他途徑取得)作以下用途: (i) 處理及評估本人/吾等的此項申請及任何其他申請; (ii) 管理本人/吾等所持有的本項及其他產品, 並提供相關服務; (iii) 處理及調查索償個案; (iv) 進行客戶調查; (v) 為客戶研究及設計金融、保險或退休金產品; (vi) 為本人/吾等甄選及參與獎賞、忠實或特選客戶計劃; (vii) 因上述目的與本人/吾等聯絡; (viii) 為遵守所有永明及其關連公司所受限制的(香港或其他國家)法例、法規、法規指引、法庭命令或永明或永明集團內的任何實體與任何管轄區域的監管機構或政府之間的協議項下的義務或要求或其他承諾(其相關於洗黑錢、恐怖分子 資金籌集、逃稅或其他); 及 (ix) 與上述任何目的直接有關的其他目的。

永明亦可使用本人/吾等的聯絡資料, 基本個人資料及保單資料, 就永明及第三方的退休金、金融及保險產品的推廣資訊, 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/吾等。除非得到本人/吾等之同意 (包括表示不反對), 否則永明不可使用本人/吾等之資料為該用途。本人 / 吾等明白若本人/吾等不同意接受此等推廣資訊, 可於下列方格內填上剔號。本人 / 吾等確認如有提交第三方資料, 本人 / 吾等已經取得必要的授權, 以交永明如本節所述使用。

永明可為以上任何目的披露本人/吾等的個人資料予 (a) 為協助永明就上述用途 (不論在香港或其他地方) 而提供服務的第三方, 包括索償調查員、醫療顧問、醫療服務提供者、緊急支援服務供應商、再保險公司、專業顧問(條件是有關承辦商須把所有個人資料保密並只會為提供有關服務而使用個人資料); (b) 本人/吾等的銀行作繳款用途; (c) 本人/吾等的保險經紀 (如有); (d) 永明的保險代理人及強積金中介人; (e) 永明的關連公司 (根據公司條例訂明) 包括退休金服務提供者、保險公司及金融服務機構 (f) 香港保險業聯會 (或任何相似的保險公司協會) 及其會員; (g) 永明及其關連公司因受(香港或其他國家)之法例、法規、法規指引、法庭命令或永明或永明集團內的任何實體與任何管轄區域的監管機構或政府之間的協議項下的義務或要求或其他承諾(其相關於洗黑錢、恐怖分子資金籌集、逃稅或其他)限制而需向其作出披露的任何人士或監管當局; 及 (h) 按法例要求或准許的其他人士。

永明可就法例准許或於獲得本人/吾等的同意後披露或將本人 / 吾等的個人資料作其他用途。本人/吾等明白本人/吾等所提供之個人資料均屬自願, 然而倘若未能提供所需個人資料, 可導致永明無法處理本人/吾等的申請或繼續提供服務予本人/吾等。本人/吾等有權查閱及要求更正永明持有有關本人/吾等的個人資料, 有關要求可以書面形式郵寄至香港九龍廣東道15號港威大廈永明金融大樓8樓香港永明金融有限公司客戶服務中心經理。永明可就處理任何該等要求收取合理費用。

“永明集團”指永明及其不時之附屬公司、附屬企業和相聯公司 (無論是直接的還是間接的)。

☐ 若不同意收取由永明發出的推廣資訊, 請於方格內填上剔號。

Signed at Hong Kong on this _____ day of _____, _____
簽署地點: 香港 Day 日 Month 月 Year 年

X
Signature of Policy Owner 保單主權人簽署



X
Signature of Proposed Insured
(if other than Policy Owner & aged 18 or above)
準受保人簽署
(如非保單主權人及年齡為18歲或以上)



X
Signature of Settlor 財產授予人簽署