

Application for Insurance (Insurance Broker)

保險申請表 (保險經紀)



☐ Non Medical 不驗身

☐ Medical 驗身

Policy No. 保單編號: **611**

By completing this Application, you are applying for an insurance policy underwritten by Sun Life Hong Kong Limited. Your payment or transfer must be made to "Sun Life Hong Kong Limited" only. Sun Life Hong Kong Limited will not be responsible for any transfer or payment made otherwise. 通過填寫此申請表，閣下現正申請由香港永明金融有限公司所承保的壽險計劃。所有付款或匯款必須指定收款人為「香港永明金融有限公司」，否則香港永明金融有限公司不會對有關付款或匯款承擔任何責任。

In compliance with the Guideline on Anti-Money Laundering and Counter-Terrorist Financing issued by the Insurance Authority, all insurance institutions should identify and verify the identities of the customers when the business relationship is established. Therefore, your consultant will have to obtain a copy of the identification documents of the Policy Owner. 根據保險業監管局發出的「打擊洗錢及恐怖分子資金籌集指引」，保險機構與客戶建立業務關係時，必須識別及核實其客戶之身分。因此，閣下的顧問會向閣下索取保單主權人的身分證明文件。

Only a legal person may be designated as a policy owner. In case a trustee is a proposed policy owner, the trustee may be designated as a policy owner if it is a legal person. A trust cannot be designated as a policy owner. The identity of a policy owner will be ascertained based on the identity information of the legal person supplied within the Application Form (or any transfer of policy ownership form), in particular the identification number, with reference to the identification documents submitted. In the case of inconsistency between the name of the Policy Owner as appearing on this Application Form and that as appearing on the identification documents, the latter shall prevail. 只有法人可以被定立為保單主權人。倘若某受託人是保單主權人，如該受託人是法人便可以定立為保單主權人。信託不可以被定立為保單主權人。香港永明金融有限公司將根據保險申請表(或任何更改保單主權人的表格)中提供的法人身份資料(尤其是識別證明文件編號)，並參考已提交的識別證明文件，以確定保單主權人的身份。倘若保單主權人於此保險申請表上的名稱與識別證明文件上的名稱不符，香港永明金融有限公司將以後者為準。

For the avoidance of doubt, in case a policy owner is being described as a trustee/trustees acting on behalf of, or appointed for, a trust by whatever means or annotations, the trust will not be taken as a policy owner (or part of the legal person of the Policy Owner) or become part of the identification of the trustee involved. Any change in trustee of the trust will not change the Policy Owner in this Policy. Similarly, any co-trustee(s)/replacement trustee(s)/alternate trustee(s) of a trust will also be disregarded by Sun Life Hong Kong Limited in identifying the Policy Owner. If the Policy Owner would like to designate another trustee (a co-trustee(s)/replacement trustee(s)/alternate trustee(s)) to be the policy owner, he/she must submit a change form for the transfer of policy ownership. Sun Life Hong Kong Limited has absolute discretion to interpret unclear policy owner designations as appropriate. 為免疑問，倘若某保單主權人(不論以何等方式或注釋)被描述為代表或被委任為某信託行事的一位或多於一位受託人，該信託將不會被視為保單主權人(或該保單主權人具法人資格的一部分)，亦不會成為該受託人的身份證明的一部分。信託的受託人的任何變更均不會改變本保單的保單主權人。同樣，在識別保單主權人的身份時，香港永明金融有限公司也不顧某信託的共同受託人/替任受託人/候補受託人。如果保單主權人想定立另一名受託人(某共同受託人/替任受託人/候補受託人)作為保單主權人，他/她必須提交更改保單主權人的申請。如有保單主權人的名稱含糊不清，香港永明金融有限公司有絕對酌情權予以適當詮釋。

For reference purpose and without prejudice to the rules of identification as described above, Sun Life Hong Kong Limited may abbreviate information in any manner as it sees fit in its internal systems, including using abbreviations/expressions like "ATO" to denote any description supplied by the Policy Owner that an entity is acting as a trustee of a trust. All these abbreviations/expressions may or may not be used in any future correspondences or payment instructions of Sun Life Hong Kong Limited at its absolute discretion. 為供參考，及在不損害上述的識別規則的前提下，香港永明金融有限公司可在其內部系統以其認為適合的方式縮寫資料，包括使用「ATO」等簡稱/用語以表示若干由保單主權人提供的描述指某實體以某信託之受託人的身份行事。香港永明金融有限公司有絕對酌情權決定是否在未來任何通訊或付款指示中使用該等簡稱/用語。

LICENSED INSURANCE INTERMEDIARY'S DETAILS 持牌保險中介人資料

Name 姓名	Code 編號	Division / Branch 區域 / 分行	Licensed Insurance Intermediary Share (%) 持牌保險中介人分配 (%)	Campaign Code 推廣活動編號
				1. _____
				2. _____
				3. _____

*Unless otherwise specify, the Licensed Insurance Intermediary Share (%) will be divided into equal shares. 如無特別註明，持牌保險中介人分配將平均分配。

SECTION 1 第一部份：PERSONAL INFORMATION 個人資料

		Proposed Insured 準受保人		Policy Owner 保單主權人 (if not the same as Proposed Insured 如非準受保人)	
1. Name in English 英文姓名	Surname 姓 _____ Given Name 名 _____		Surname / Company Name 姓 / 公司名稱 _____ Given Name 名 _____		
2. Name in Chinese 中文姓名					
3. Relationship to Proposed Insured 與準受保人之關係	Not Applicable 不適用		<input type="checkbox"/> Parent 父母 <input type="checkbox"/> Spouse 配偶 <input type="checkbox"/> Employer (Employee Benefit / Keyman Insurance)* 僱主 (僱員保障 / 公司要員保險)* *Please delete as appropriate 請刪去不適用者 <input type="checkbox"/> Others, please specify 其他，請列明 _____		
4. Sex 性別	<input type="checkbox"/> Male 男 <input type="checkbox"/> Female 女		<input type="checkbox"/> Male 男 <input type="checkbox"/> Female 女 <input type="checkbox"/> Company 公司		
5. Smoking Status 吸煙狀況	<input type="checkbox"/> Non-Smoker 非吸煙者 <input type="checkbox"/> Smoker 吸煙者		<input type="checkbox"/> Non-Smoker 非吸煙者 <input type="checkbox"/> Smoker 吸煙者		
6. Date of Birth 出生日期 (日dd/月mm/年yyyy)			Age Last Birthday 上次生日年齡		Age Last Birthday 上次生日年齡
7. Country of Birth 出生國家					
Date & Place of Incorporation 公司註冊日期及地點 (For Corporate Owner 如保單主權人為公司/機構團體)	Not Applicable 不適用				
8. Nationality 國籍					
9. Citizenship 公民身份 (Please list all if different from Nationality. 如與國籍不同，請列出所有。)					

		Proposed Insured 準受保人			Policy Owner 保單主權人 <i>(if not the same as Proposed Insured 如非準受保人)</i>		
10.	ID Card / Passport No. 身份證 / 護照號碼 (For Corporate Applicant, please provide Business Registration No.企業客戶請填寫商業登記號碼) <i>*For Hong Kong Non-Permanent ID holder, please provide a copy of Passport/Travel document. 如香港非永久性居民身份證持有人，請提供護照/旅遊證件副本</i>	<input type="checkbox"/> Hong Kong Permanent ID / Birth Certificate 香港永久性居民身份證 / 出世紙 <input type="checkbox"/> Hong Kong Non-Permanent ID* 香港非永久性居民身份證* No. _____ 號碼：_____			<input type="checkbox"/> Hong Kong Permanent ID / BR 香港永久性居民身份證 / 商業登記 <input type="checkbox"/> Hong Kong Non-Permanent ID* 香港非永久性居民身份證* No. _____ 號碼：_____		
		<input type="checkbox"/> PRC ID / PRC Birth Certificate / Macau ID 中國身份證 / 中國出生證明書 / 澳門身份證 No. _____ 號碼：_____ Expiry Date <input type="checkbox"/> _____ / _____ / _____ 有效期 日dd / 月mm / 年yyyy <input type="checkbox"/> Long-Term 長期			<input type="checkbox"/> PRC ID / Macau ID 中國身份證 / 澳門身份證 No. _____ 號碼：_____ Expiry Date <input type="checkbox"/> _____ / _____ / _____ 有效期 日dd / 月mm / 年yyyy <input type="checkbox"/> Long-Term 長期		
		<input type="checkbox"/> Passport / Travel document 護照 / 旅遊證件 No. _____ 號碼：_____ Expiry Date _____ / _____ / _____ 有效期 日dd / 月mm / 年yyyy			<input type="checkbox"/> Passport / Travel document 護照 / 旅遊證件 No. _____ 號碼：_____ Expiry Date _____ / _____ / _____ 有效期 日dd / 月mm / 年yyyy		
11.	Marital Status 婚姻狀況	<input type="checkbox"/> Single 單身 <input type="checkbox"/> Married 已婚 <input type="checkbox"/> Others 其他			<input type="checkbox"/> Single 單身 <input type="checkbox"/> Married 已婚 <input type="checkbox"/> Others 其他		
12.	Occupation Title 職業職銜						
	Exact Duties 確實職務	Please state here 請於以下說明： _____			Please state here 請於以下說明： _____		
	Does your job involve manual work, outdoor work, work at height, underground work, work outside Hong Kong, operating machine or other hazardous work? 閣下的工作是否涉及體力勞動、戶外工作、高空工作、地底工作、在香港以外地區工作、操作機器或其他危險工作？	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否 If yes, please provide detail including average height/depth, work location, type of machine or others. 如是，請提供詳情包括工作平均高度/深度，工作地方，需使用的機器等。 _____ _____			<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否 If yes, please provide detail including average height/depth, work location, type of machine or others. 如是，請提供詳情包括工作平均高度/深度，工作地方，需使用的機器等。 _____ _____		
	Average Monthly Salary (HKD) 每月平均薪酬(港幣)						
	Employer's Name 僱主名稱						
	Employer's Address 僱主地址						
	Nature of Business 公司業務性質 (If trading, please specify type of goods being traded. 如為貿易，請註明其貿易貨品的種類。)						
13.	Residential Address / Registered Address (applicable to company as policy owner) 居住地址 / 註冊地址 (適用於保單主權人為公司) <i>(If Residential address of Proposed Insured is different from Policy Owner, please specify. 如準受保人的居住地址與保單主權人不同，請填寫。)</i> Residential address provided herein will apply to all policy(ies) under Sun Life Hong Kong Limited. 此欄提供的居住地址將適用於閣下於香港永明金融有限公司的所有保單。	Room / Flat 室	Floor 樓數	Block 座數	Room / Flat 室	Floor 樓數	Block 座數
		Building / Estate Name 大廈 / 屋邨名稱			Building / Estate Name 大廈 / 屋邨名稱		
		No. & Name of Street / Lot No. 街道名稱及編號 / 地段號數			No. & Name of Street / Lot No. 街道名稱及編號 / 地段號數		
		District / Country 地區 / 國家	<input type="checkbox"/> HK 香港 <input type="checkbox"/> KLN 九龍 <input type="checkbox"/> NT 新界 ZIP/Postal Code 郵政編號 _____		District / Country 地區 / 國家	<input type="checkbox"/> HK 香港 <input type="checkbox"/> KLN 九龍 <input type="checkbox"/> NT 新界 ZIP/Postal Code 郵政編號 _____	

Policy Owner's Contact Information 保單主權人聯絡資料* * The contact information applies to all of your existing policies. 閣下的聯絡資料將適用於所有保單。					
<p>If you are a natural person[^] and have provided an email address and mobile phone number herein or before, then, unless you choose to receive hardcopy in the "Policy Document Option" section, all correspondences (if any) relating to the insurance policy / policies you own / may own in the future ("Document(s)") will be delivered only to the "Policy Documents" folder of your account in My Sun Life HK App or My Sun Life HK Portal ("Client Digital Platforms"), which is the same as delivery to your correspondence address. If eAdvice is applicable to you, delivery will be notified to you by eAdvice (as defined in the "Policy Document Option" section). Once delivered, you will be deemed to have read the Documents. No printed copies will be delivered to your correspondence address.</p> <p>如您為自然人[^]並已在此文件或曾經提供了電郵地址及手提電話號碼，則除非您於「保單文件選項」部份選擇接收列印版本，所有與您擁有的／將來或會擁有的保單相關的信件（如有）（「該等文件」）將只會被傳送至您在My Sun Life HK流動應用程式或My Sun Life HK網上平台（「客戶網上平台」）帳戶中的「保單文件」頁面，如同郵寄至您的通訊地址一樣。如電子通知適用於您，您將會收到電子通知（請參閱「保單文件選項」部份以了解其釋義）向您提示該等文件已被傳送。一旦該等文件已被傳送，您即被視為已閱讀它們。您將不會再透過通訊地址收到印刷版本。</p> <p>[^]If a BR No. is provided for the Policy Owner in this form, then you may not be eligible to apply for eAdvice.</p> <p>[^]如您已就保單主權人在這份表格內提供了商業登記號碼，則您或不符合資格申請電子通知。</p>					
Correspondence Address 通訊地址 (If Correspondence Address is different from Residential Address, please specify. 如通訊地址與居住地址不同，請填寫。) <input type="checkbox"/> Apply to this policy only 只適用於本保單 (If no option is selected, "Apply to all policies" will be defaulted. 如沒有作出指示，將設定為「適用所有保單」。)		Room / Flat 室	Floor 樓數	Block 座數	Building / Estate Name 大廈 / 屋邨名稱
		No. & Name of Street / Lot No. 街道名稱及編號 / 地段號數		District / Country 地區 / 國家	<input type="checkbox"/> HK 香港 <input type="checkbox"/> KLN 九龍 <input type="checkbox"/> NT 新界 ZIP/Postal Code 郵政編號 _____
Tel 電話 (With Country Code. 需包含國家代碼) Mobile no. must be provided 必須提供手提電話號碼 Tel no. provided herein will supersede all the contact no. you have provided to Sun Life Hong Kong Limited before (if any). 此欄提供的電話號碼將會取代閣下之前向香港永明金融有限公司提供的所有電話號碼 (如有)。		1. OTP will be sent to your registered mobile number if you pay premium for new application(s) via Credit Card ePayment system or the first time you log in to My Sun Life HK app 若您於網上以信用卡繳付投保申請的保費或當您首次登入My Sun Life HK流動應用程式時，我們會發出一一次性密碼到你已登記的手機號碼 2. SMS notification will be sent to you when your eContract is available in My Sun Life HK app or when there are important notices that need your immediate attention 我們會透過手機短訊通知您電子保單已上載至My Sun Life HK流動應用程式或有關保單的重要資訊			
		Home Tel 住宅電話 Country Code 國家代碼 Telephone No 電話號碼		Business Tel 公司電話 Country Code 國家代碼 Telephone No 電話號碼	
		Mobile 手提電話 Country Code 國家代碼 Telephone No 電話號碼			
Email Address 電郵地址 If no update here, your existing email address (if provided) will be retained. 如沒有於此處作出更新，閣下現有的電郵地址（如已提供）將繼續被保留。 Email address must be provided if selected eAdvice for Policy Document Option. 如「保單文件選項」選用電子通知，必須提供電郵地址。					
Policy Document Option 保單文件選項		<input type="checkbox"/> Hardcopy 列印版本 (If you do not put a tick in the box, you will be applying for eAdvice for all your existing and future policies, and you agree to download and/or register to use the Client Digital Platforms. "eAdvice" is an email or push notification from Sun Life Hong Kong Limited to you. 如您沒有在方格內填上剔號，您將為您現在及將來擁有的所有保單申請電子通知，您亦同意下載及／或註冊使用客戶網上平台。 「電子通知」是由香港永明金融有限公司向您發送的電郵或推送通知。) Please provide email address under Email Address in page 2 for receiving eAdvice. 請於第2頁「電郵地址」一欄提供電郵地址以作收取電子通知。			
Policy Contract Language Option 保單合約語言選項		<input type="checkbox"/> English 英文 (Chinese will be defaulted, please tick if English is needed. 預設為中文語言，如選用英文語言，請在方格內填上剔號。)			
Policy Contract Version 保單合約版本		<input type="checkbox"/> Hardcopy 列印版本 (eContract is the default option, please tick the box if Hardcopy is required 預設為電子版本，如選用列印版本，請在方格內填上剔號。) a) Since eContract is not applicable for entity Policy Owner, a printed policy contract will be provided. 由於電子保單並不適用於公司實體保單主權人，我們將提供列印版保單合約。 b) Your eContract can be viewed in My Sun Life HK mobile app. 閣下可於My Sun Life HK 流動應用程式中查閱電子保單。 c) A valid mobile number and/or an email address are required for eContract (see Question 13 of this form) . Otherwise, a hard copy of your contract will be provided. 如選擇電子保單，請提供有效的手提電話號碼及／或電郵地址（見本表格第13題）。如未能提供，我們將發出列印版保單合約。			

Jurisdiction of Residence and Taxpayer Identification Number or its Function equivalent ("TIN")

居留司法管轄區及稅務編號或具有等同功能的識別編號 (以下簡稱「稅務編號」)

14. Please complete the following questions indicating (I) all the jurisdictions of residence where the Policy Owner is a resident for tax purposes and (II) the Policy Owner's TIN for each jurisdiction indicated.

提供以下資料，列明 (I) 保單主權人所有的居留司法管轄區，亦即保單主權人的稅務管轄區及 (II) 該居留司法管轄區發給保單主權人的稅務編號。

For Question d, indicate **ALL** (not restricted to five) jurisdictions of residence other than Hong Kong or U.S..

在問題d，列出所有（不限於 5 個）居留司法管轄區（除了香港及美國）。

If a TIN is unavailable, provide the appropriate reason A, B or C:

如沒有提供稅務編號，必須填寫合適的理由：

Reason A – The jurisdiction where the Policy Owner is a resident for tax purposes does not issue TINs to its residents.

理由 A – 保單主權人的居留司法管轄區並沒有向其居民發出稅務編號。

Reason B – The Policy Owner is unable to obtain a TIN. Explain why the Policy Owner is unable to obtain a TIN if you have selected this reason.

理由 B – 保單主權人不能取得稅務編號。如選取這一理由，解釋保單主權人不能取得稅務編號的原因。

Reason C – TIN is not required. Select this reason only if the authorities of the jurisdiction of residence do not require the TIN to be disclosed.

理由 C – 保單主權人毋須提供稅務編號。居留司法管轄區的主管機關不需要保單主權人披露稅務編號。

- a. Are you a tax resident in Hong Kong?

閣下是否香港的稅務居民？

☐ Yes 是

☐ No 否

- b. Is Hong Kong the only jurisdiction you are a resident for tax purposes?

香港是閣下所屬的唯一稅務居住地管轄區嗎？

☐ Yes 是

☐ No 否

- c. Are you a resident in U.S. for tax purposes (which includes being a U.S. citizen)?

閣下是否就稅務目的為美國居民(包括成為美國公民)?

☐ Yes 是 TIN號碼 _____

☐ No 否

- d. Apart from U.S. and HK, are you a resident in any other jurisdiction for tax purposes?

除美國和香港外，閣下是否屬於其他稅務管轄區？

☐ Yes 是 (Please fill in the table below 請填寫下表)

☐ No 否

Jurisdiction of Tax Residence 居留司法管轄區	Taxpayer Identification Number 稅務編號	Enter Reason A, B or C if no TIN is available 如沒有提供稅務編號， 填寫理由 A、B 或 C	Explain why the Policy Owner is unable to obtain a TIN if Reason B is selected 如選擇理由 B， 解釋保單主權人不能取得稅務編號的原因
(1)		Reason 理由 A / B / C *	
(2)		Reason 理由 A / B / C *	
(3)		Reason 理由 A / B / C *	
(4)		Reason 理由 A / B / C *	
(5)		Reason 理由 A / B / C *	

* Please delete as inappropriate 請將不適用者刪除

For entity Policy Owner, please complete:

• CRS Self-Certification Form – Entity; and

• Declaration of FATCA Classification for An Entity; and

• CRS Self-Certification Form - Controlling Person (if appropriate) • 自我證明表格 - 實體；及

如實體保單主權人，請填寫：

• 自我證明表格 - 實體；及

• FATCA實體分類之聲明；及

• 自我證明表格 - 控權人（如適用）

1. Plan Currency 保單貨幣 ☐ HK\$ 港元 ☐ US\$ 美元 ☐ RMB 人民幣 ☐ Others (please specify) 其他(請註明)

Name of Plan 計劃名稱	Premium Payment term 保費繳付期	Class / Loading 職業分類 / 額外保費	Sum Assured / Plan Level / Guaranteed Monthly Income / Guaranteed Saving Amount / Guaranteed Monthly Annuity Payment / Initial Notional Amount 保障額 / 計劃級別 / 保證每月入息 / 保證 儲蓄金額 / 保證每月年金款項 / 投保時名 義金額	Modal Premium 每期保費
----------------------	-------------------------------	--------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------

From source policy no. 由原有保單編號	Name of Basic plan / term rider to be converted 被轉換之基本計劃 / 附加保障名稱	Sum Assured to be converted 被轉換之保障額	Remaining sum assured of source policy 原有保單所剩餘的保障額
			<input type="checkbox"/> Cancel 取消 <input type="checkbox"/> Remain in-forced 維持生效 <input type="checkbox"/> Reduce sum assured to 減低剩餘保障額到 _____
			<input type="checkbox"/> Cancel 取消 <input type="checkbox"/> Remain in-forced 維持生效 <input type="checkbox"/> Reduce sum assured to 減低剩餘保障額到 _____

• **Effective date of cancellation or reduction is the Premium Due Date of the source policy.**
取消或減低剩餘保障額生效日期為原有保單的保費到期日。

[illegible]

Medical Insurance Suitability Assessment (applicable to medical or critical illness insurance product but Financial Needs Analysis submission is not required)

(1) What are your objective(s) of purchasing a medical insurance product? (tick one or more) 閣下購買醫療保險產品的目標為何? (可選多於一項)

☐ a. Getting insurance protection for future healthcare needs (e.g. increasing expenses for medical and healthcare services) 得到為應付未來醫療需要的保險保障 (例如: 醫療及保健服務開支增加)

☐ b. Getting insurance protection for loss of income upon illness 得到因疾病而失去收入的保險保障

☐ c. Getting insurance protection for loss of income during hospital confinement 得到在住院期間失去收入的保險保障

☐ d. Others 其他: _____

(2) What type(s) of medical insurance products are you looking for to meet your objective(s) above? (tick one or more) 閣下考慮以哪種類型的醫療保險產品迎合 閣下上述的目標? (可選多於一項)

☐ a. Indemnity (i.e. reimbursement product) 彌償 (如實報實銷產品)

☐ b. Non-indemnity 非彌償

(2) Year(s) of buying life insurance 有多少年購買人壽保險經驗: ☐ Without any experience 沒有任何經驗 ☐ Less than 5 years 少於五年 ☐ 5 years or above 五年或以上

Linked Policy Number
連結之保單號碼： _____

*** Family Protection Enhancer Benefit can be available only if (1) the linked policy number is filled above, (2) the submission date of this policy and the linked policy is within 90 days. These 2 points are minimum requirements. For details, please refer to Product Brochure.**

家保額外保障申請只適用於(1)已於上述提供連結之保單號碼，(2)本保單及連結之保單申請提交日期相距不超過90天。以上兩點為基本要求，詳情請參閱推銷刊物。

(Only applicable to the plans with Lifelong Protection Lock-in Option 只適用於有「終身守護鎖定選項」的計劃)

Default Opt-in 預設為選擇

☐ Opt-out 不選擇

Default Settlement Option: Lump Sum
設定支付選擇：一筆過

If no option is ticked or information is unclear, the death benefit will be paid by lump sum as default.
 如沒有剔選或資料不清，身故賠償將設定為一筆過支付。

For plans accept:
 如申請的計劃可接受：

1. **other settlement options not listed below; or**
 下列以外的支付選項；或
2. **each named beneficiary to select different settlement option; or**
 每名指定受益人選擇不同支付選項；或
3. **more than one named beneficiary to select the same or different settlement option,**
 多於一名指定受益人選擇相同或不同支付選項，

please submit "Application Supplement for Death Benefit Settlement Option".
 請填寫「投保申請補充書—身故保障支付選項」。

If selected "Full Payment by Instalments" or "Partial Payment by Instalments", please complete the following and tick if applicable.

如選擇「全額分期支付」或「部分分期支付」，請填寫下列指引及剔選適用的指示。

☐ Full Payment by Instalments 全額分期支付

_____ (2-50) years 年

☐ Annual 每年 ☐ Monthly 每月

☐ Full Payment by Instalments 全額分期支付

_____ (2-50) years 年

☐ Annual 每年 ☐ Monthly 每月

☐ Partial Payment by Instalments 部分分期支付

Partial Payment by Lump Sum 部分一筆過支付 _____ % (at least 5% 最少為5%)

Remaining by Instalments 剩餘部分分期支付 _____ (2-50) years 年

☐ Annual 每年 ☐ Monthly 每月

年金 / 可支取現金 / 入息支付選擇

Except annuity plans, defaulted as "Accumulate with Interest" if no option is selected.
除年金計劃外，如沒有指定，則設定為「積存生息」。

☐ Accumulate with Interest
積存生息

☐ Cash Payment (Please complete the table below if needed.)
現金支付 (如有需要，請填寫下表。)

If no option is ticked or information is unclear, Sun Life will default the payout method by cheque and will issue the payout by HKD (for HK address) or policy currency cheque (for overseas address) and mail to client's correspondence address.
如沒有剔選或資料不清，永明金融將自動設定收款方法為支票，並以港元（香港地址）或保單貨幣（海外地址）支票付款，直接郵寄至客戶通訊地址。

Page 6 of 18

10. Dividend Options 紅利運用方式 (Only for designated products 只適用於指定產品)

- ☐ Accumulate with Interest
積存生息
- ☐ Premium Reduction (for annual mode only)
繳付保費 (只適用於年繳保單)
- ☐ Paid-Up Additions (For standard rate policy only)
紅利繳清壽險 (只適用於標準保費級別保單)
- ☐ Cash
現金

If no option is selected, "Accumulate with Interest" is assumed.
如沒有指定紅利運用方式，則假設為「積存生息」方式。

11. Payment Information 付款資料

a) Payment Arrangement 付款安排

(i) Payment Mode 付款形式

- ☐ Annual 年繳
- ☐ Semi-Annual 半年繳
- ☐ Monthly Autopay 月繳自動轉賬
- ☐ Single Payment 整付保費

If also apply prepayment (if applicable), please attach Prepayment page of Proposal and refer to the page to complete below 如同時申請預繳保費(如適用)，請遞交保單建議書的預繳保費說明頁及依據該頁填寫以下資料：

☐ Prepayment 預繳保費

Number of Annual Premiums

年繳保費之期數：

Prepayment of Premiums

預繳保費額：

\$

(ii) Payment Method 付款方法

- ☐ *Direct Billing 通知繳付
(Not applicable to Monthly Mode 不適用於月繳付款)

☐ Autopay 自動轉賬

(Please submit DDA form 請遞交直接付款授權書)

*Except Monthly Mode, Direct Billing will be the defaulted option if none of above is chosen. 除月繳付款外，若以上均沒有選擇則付款方法將自動設定為通知繳付。

b) Amount paid with this application 連同此申請表一同繳交之款項

(Initial investment/ premium could be paid at any time before the policy is issued.
首期投資/ 保費可選擇隨時於保單生效前完成繳付。)

(i) Payment Means 繳交方式

- ☐ Cash 現金 ☐ Cheque 支票 ☐ Credit Card 信用卡
- ☐ Electronic Payment 電子貨幣支付¹：

Date 日期 _____ Time 時間 _____

Type 型式 _____

☐ Thru' Convenient Store 經由便利店

☐ Others (please specify) 其他 (請註明) _____

(ii) Payment Amount 繳交金額

☐ HK\$ 港元

☐ US\$ 美元

☐ RMB 人民幣

¹ The account for electronic payment (including ATM, PPS, phone banking and internet banking) must be held by the Policy Owner/third party payer as defined in Section B of the "third party payment declaration". In case of premium refund, Sun Life will automatically arrange such refund to the original payment account.
用於電子貨幣支付 (包括自動櫃員機、繳費靈、電話理財及網上繳費) 的帳戶需由保單主權人/如「第三方付款聲明書」B部所列之第三方支付款人所持有。如有保費退款，永明將會自動安排退款予原本之付款帳戶內。

12. Specified Policy Date (Please follow product admin rule)

指定保單日期 (請遵循產品行政指引)

Day 日

Month 月

Year 年

For Office Use Only 公司專用

SECTION 3 第三部份：BENEFICIARY INFORMATION 受益人資料

Important Notes 重要事項:

- Unless otherwise specify, the relevant death benefit payable will be divided into equal shares to the beneficiaries surviving upon the death of the Proposed Insured. If beneficiary has not been designated or no surviving beneficiary, death benefit will belong to the Policy Owner or the Policy Owner's Estate. 如無特別註明，有關及須繳付的身故賠償將平均分子準受保人去時尚生存的受益人。如沒有定立受益人或仍生存的受益人，身故賠償將屬保單主權人所有或撥入保單主權人之遺產。
- This section provides beneficiary designation of primary and contingent beneficiaries. The beneficiary designation of contingent beneficiary will be effective only if all primary beneficiaries die. 此部份提供指定基本受益人及次位受益人。指定次位受益人須於所有基本受益人身故後才生效。
- A beneficiary designation of either “estate” or “own estate” will constitute an instruction to designate the Policy Owner as at the death of the Proposed Insured to receive the relevant death benefit payable. 指定 estate 或 own estate 作為受益人將構成對保險公司的指示，指定於準受保人去時時之保單主權人收取有關及須繳付的身故賠償。
- Save and except as otherwise agreed by Sun Life Hong Kong Limited, whenever the policy is assigned to a third party collateral assignee (“Third Party”) as a collateral security for which Sun Life Hong Kong Limited has acknowledged in writing, the following important terms shall apply and shall be read in conjunction with the policy: 除非香港永明金融有限公司另有同意，否則每當保單被轉讓予第三方受讓人（「第三方」）作為附屬抵押品而香港永明金融有限公司已就其作出書面確認時，下列重要條款將適用且須與保單一併閱讀：
 - So long as the collateral assignment is subsisting and its discharge is not yet acknowledged in writing by Sun Life Hong Kong Limited: 只要抵押轉讓依然有效且香港永明金融有限公司尚未書面確認其解除，則：
 - death proceeds or benefits payable under the policy upon the death of the Proposed Insured will first be paid to the Third Party, who will be taken as a beneficiary under the policy, to the extent of the outstanding debt including interest, and 根據保單在準受保人死亡後應付的身故保障或賠償將首先被支付予第三方以抵償未清償的債務連利息，而該第三方將被視為保單的受益人，及
 - only the balance (if any) will be paid according to the policy provisions to the other beneficiaries designated from time to time or to the Policy Owner or his/her estate in the absence of any designation or surviving beneficiaries. 只有餘額（如有）會根據保單條款被支付予不時獲指定的其他受益人，或若沒有任何指定或沒有受益人尚存，則會被支付予保單主權人或其遺產。
 - The above sub-section 4(1) 以上第 4 條第（1）款
 - overrides anything inconsistent in this section, the policy provisions, any service forms or any requests that may be made by the Policy Owner subsequent to the issuance of the policy to the extent of the inconsistency; and 凌駕於在本條、保單條款、任何服務申請書或保單主權人在簽發保單後或會提出的任何要求內的與之不一致的內容之上，但僅以該與之不一致的內容的範圍為限；及
 - applies notwithstanding: 即使在下列第 (i) 至 (iv) 段所載的情況下仍適用:
 - any beneficiary may be irrevocable, 任何受益人或屬不可撤銷，
 - at any given time a beneficiary may be the spouse or child of the Policy Owner or of the Proposed Insured, 在任何特定的時間，某受益人可能是保單主權人或準受保人的配偶或子女，
 - subsequent to this Application, it may be stated on any service forms that all prior beneficiary designation and trustee appointment will be superseded, and/or 在本保險申請後，任何服務申請書上或有述明所有先前指定的受益人和任命的信託人隨即被撤銷，及 / 或
 - any provisions or important notes to the contrary; and 任何條款或重要事項載有相反的規定； no consent of any beneficiary shall be required for effecting the purpose in sub-section 4(1) above. 且以上第 4 條第（1）款的實施無需取得任何受益人的同意。
 - Sun Life Hong Kong Limited may rely on a confirmation provided by the Third Party in determining the amount of the outstanding debt. 香港永明金融有限公司可以第三方提供的確認書作為依據以釐定該未清償的債務的金額。
- Only a legal person may be designated as a beneficiary. In case a trustee is a proposed beneficiary, the trustee may be designated as a beneficiary if it is a legal person. A trust cannot be designated as a beneficiary. The identity of a beneficiary will be ascertained based on the identity information of the legal person supplied within the Application Form (or any change in beneficiary form), in particular the identification number, with reference to the identification documents submitted. In the case of inconsistency between the name of the beneficiary as appearing on this Application Form and that as appearing on the identification documents, the latter shall prevail. 只有法人可以被定立為受益人。倘若某受託人是準受益人，如該受託人是法人便可以定立為受益人。信託不可以被定立為受益人。香港永明金融有限公司將根據保險申請表（或任何更改受益人的表格）中提供的法人身份資料（尤其是識別證明文件編號），並參考已提交的識別證明文件，以確定受益人的身份。倘若受益人於此保險申請表上的名稱與識別證明文件上的名稱不符，香港永明金融有限公司將以後者為準。
For the avoidance of doubt, in case a beneficiary is being described as a trustee/trustees acting on behalf of, or appointed for, a trust by whatever means or annotations, the trust will not be taken as a beneficiary (or part of the legal person of the beneficiary) or become part of the identification of the trustee involved. Any change in trustee of the trust will not change the beneficiary in this Policy. Similarly, any co-trustee(s)/replacement trustee(s)/alternate trustee (s) of a trust will also be disregarded by Sun Life Hong Kong Limited in identifying the beneficiary. If the Policy Owner would like to designate another trustee (a co-trustee(s) /replacement trustee(s)/alternate trustee(s)) to be the beneficiary, he/she must submit a change in beneficiary designation. Sun Life Hong Kong Limited has absolute discretion to interpret unclear beneficiary designations as appropriate. 為免疑問，倘若某受益人（不論以何等方式或注釋）被描述為代表或被委任為某信託行事的一位或多於一位受託人，該信託將不會被視為受益人（或該受益人具法人資格的一部分），亦不會成為該受託人的身份證明的一部分。信託的受託人的任何變更均不會改變本保單的受益人。同樣，在識別受益人的身份時，香港永明金融有限公司也不顧某信託的共同受託人 / 替任受託人 / 候補受託人。如果保單主權人想定立另一名受託人（某共同受託人 / 替任受託人 / 候補受託人）作為受益人，他/她必須提交更改受益人的申請。如有受益人的名稱含糊不清，香港永明金融有限公司有絕對酌情權予以適當詮釋。
For reference purpose and without prejudice to the rules of identification as described above, Sun Life Hong Kong Limited may abbreviate information in any manner as it sees fit in its internal systems, including using abbreviations/expressions like “ATO” to denote any description supplied by the Policy Owner that an entity is acting as a trustee of a trust. All these abbreviations/expressions may or may not be used in any future correspondences or payment instructions of Sun Life Hong Kong Limited at its absolute discretion. 為供參考，及在不損害上述的識別規則的前提下，香港永明金融有限公司可在其內部系統以其認為適合的方式縮寫資料，包括使用「ATO」等簡稱/用語以表示若干由保單主權人提供的描述指某實體以某信託之受託人的身份行事。香港永明金融有限公司有絕對酌情權決定是否在未來任何通訊或付款指示中使用該等簡稱/用語。
I/We hereby designate beneficiary(ies) for the policy as below and I/We hereby declare that any trustee designated in the table below shall be appointed as trustee to receive any death benefit under the policy for the beneficiary(ies) designated below and in accordance with the percentage proportion as stated in the same row during his/her minority.
本人/吾等為本保單於下表內指定受益人及本人/吾等謹此聲明，於指定受益人未成年期間，委任以下表內之指定信託人以信託人身份代表下列之指定受益人根據下表內同一行之百分比收取本保單的身故賠償。

Beneficiary 受益人 (*Please tick whenever appropriate 請於適當地方加上剔號)						Trustee 信託人 (Only applicable to beneficiary under the age of 18 只適用於18歲以下的受益人)			
*Primary 基本	*Contingent 次位	Name 姓名	Relationship with Proposed Insured 與準受保人的關係	ID / Passport No 身份證/護照號碼	Share (Total 100%) 分配百分比 (合共100%)	Name 姓名	Relationship with Proposed Insured 與準受保人的關係	ID / Passport No 身份證/護照號碼	
<input type="checkbox"/>	<input type="checkbox"/>								
<input type="checkbox"/>	<input type="checkbox"/>								
<input type="checkbox"/>	<input type="checkbox"/>								
<input type="checkbox"/>	<input type="checkbox"/>								

SECTION 4 第四部份：OTHER INSURANCE 其他人壽保險					Proposed Insured 準受保人	
1. Do you have any existing or pending insurance policy? If yes, please give details below. (* Please delete whichever is inappropriate) 閣下是否持有任何現正生效或正在辦理申請手續的保單？如是，請於下方提供詳細資料。（*請刪去不適用者）					Yes 是 <input type="checkbox"/> No 否 <input type="checkbox"/>	
Company's Name 承保公司名稱	Year Issued 簽發年份	Type of Insurance 保險類別	Currency 貨幣	Sum Assured 保障額		
		Life / Accident / Critical Illness / Hospital* 人壽 / 意外 / 危疾 / 住院*				
		Life / Accident / Critical Illness / Hospital* 人壽 / 意外 / 危疾 / 住院*				
		Life / Accident / Critical Illness / Hospital* 人壽 / 意外 / 危疾 / 住院*				

Index 指示：
Please follow the below table to complete required sections. 請根據下表填寫合適部份。

Product Type 產品類型	Section 部份
Simplified Underwriting Product 簡易核保產品.....	Section 5 第5部份
Traditional Life Policies 傳統壽險產品.....	Section 6, 7A to 7D and 7G 第6, 7A至7D及7G部份
SunWell Essential Care 萬家康安心保.....	Section 7E and Section 7G 第7E及7G部份
Baby Care 福寶保.....	Section 7F 第7F部份

SECTION 5 第五部份：SIMPLIFIED HEALTH DECLARATION 簡易健康聲明
Important notes 重要事項：
1. Only for designated products and subject to specified conditions. 只適用於指定產品且須符合特定的條件。
2. If any rider(s) is/are applied, full underwriting is required. 如投保附加計劃，將需要作完整核保。

	Proposed Insured 準受保人	*Policy Owner 保單主權人
1. Have you been hospitalized for a total of 60 days or more in the last 12 months OR have you been advised by a doctor that you are suffering from a terminal illness with a survival period of less than 12 months? 在過去十二個月內，閣下是否曾住院六十日或以上或是否曾被醫生診斷為末期病症而生存期少於十二個月？	Yes 是 <input type="checkbox"/> No 否 <input type="checkbox"/>	
2. Are you currently under palliative or intensive care? 閣下是否正在接受姑息治療或深切治療？	Yes 是 <input type="checkbox"/> No 否 <input type="checkbox"/>	

SECTION 6 第六部份：PERSONAL STATEMENT 個人聲明
*(Policy Owner should also complete this section if applying for owner benefit.)
(如申請保單主權人豁免保障，保單主權人須回答此部份)

	Proposed Insured 準受保人	*Policy Owner 保單主權人
1. Did the Proposed Insured Person reside / travel outside of place of residence (refer to residential address provided) for more than six (6) months in the past twelve (12) months; or does Proposed Insured Person intend to reside / travel outside of place of residence (refer to residential address provided) for more than six (6) months or anticipate any significant change in traveling pattern / resident city location within the next twelve (12) months? If "Yes", please indicate the country, city, reason and duration of stay. 準受保人曾否於過去十二 (12) 個月內在居住地 (即提供的居住地址) 以外居住 / 旅行超過六 (6) 個月；或於未來十二 (12) 個月內打算在居住地 (即提供的居住地址) 以外居住 / 旅行超過六 (6) 個月或預計旅遊習慣 / 居住地區有重大變化？ 如果“是”，請註明國家，城市，原因和逗留時間。	Yes 是 <input type="checkbox"/> No 否 <input type="checkbox"/>	Yes 是 <input type="checkbox"/> No 否 <input type="checkbox"/>
2. Do you participate or intend to participate in any hazardous activities such as to fly in an aircraft as a pilot, scuba diving, car racing, mountain climbing other than in Hong Kong, parachuting? If yes, please submit corresponding questionnaire and provide details for other hazardous activities. 閣下是否參與或計劃參與駕駛飛機、潛水、賽車、在香港以外地方攀山、跳傘 / 特技跳傘或其他危險活動？如是，請填寫有關問卷。若為其他危險活動，請提供詳細資料。	Yes 是 <input type="checkbox"/> No 否 <input type="checkbox"/>	Yes 是 <input type="checkbox"/> No 否 <input type="checkbox"/>
3. Has any application for or reinstatement of life, health, critical illness or accident insurance on you been declined, postponed, withdrawn or accepted on a basis other than that applied for? If yes, please provide the reason, insurance company's name, application date and policy number. 閣下是否曾投保或復保人壽、醫療、危疾或意外保險時，被拒絕、延期、撤回、加費或修改？如是，請填寫原因、投保公司名稱、投保日期及保單號碼。	Yes 是 <input type="checkbox"/> No 否 <input type="checkbox"/>	Yes 是 <input type="checkbox"/> No 否 <input type="checkbox"/>
4. Have you ever made a claim for accident, critical illness, disability or health benefit? If yes, please state the date, type, reason, amount of the claim and the insurance company's name. 閣下是否曾申請意外、危疾、傷殘、醫療利益保障的索償？如是，請列明賠償日期、類別、原因、金額及保險公司名稱。	Yes 是 <input type="checkbox"/> No 否 <input type="checkbox"/>	Yes 是 <input type="checkbox"/> No 否 <input type="checkbox"/>

SECTION 7 第七部份：HEALTH DETAILS 健康資料 (For Non-Medical Application Only) (只適用於不驗身投保)				
SECTION 7A 第七A部份				
*(Policy Owner should also complete this section if applying for owner benefit.) (如申請保單主權人豁免保障，保單主權人須回答此部份)			Proposed Insured 準受保人	*Policy Owner 保單主權人
1. Please state your height and weight. 請填寫閣下的身高及體重。 <i>Please note 請注意：</i> <i>1kg is equivalent to 2.2 lbs. 1公斤等於2.2磅。</i>			cm 厘米 kg 公斤	cm 厘米 kg 公斤
2. Have you ever suffered from any of the following conditions? 閣下是否曾患有以下任何一項身體狀況？ <input type="checkbox"/> Hydrocephalus 腦積水 <input type="checkbox"/> Tuberculosis 肺結核* <input type="checkbox"/> Asthma 哮喘* <input type="checkbox"/> Chronic bronchitis 慢性支氣管炎* <input type="checkbox"/> Diabetes 糖尿病* <input type="checkbox"/> Gastritis or Helicobacter pylori 胃炎或幽門螺旋菌* <input type="checkbox"/> Duodenal or gastric ulcer 十二指腸或胃潰瘍* <input type="checkbox"/> Kidney or bladder disorder 腎或膀胱疾病 <input type="checkbox"/> Prostate problem 前列腺問題 <input type="checkbox"/> High blood pressure 高血壓* <input type="checkbox"/> Chest pain or discomfort 胸口痛或不適* <input type="checkbox"/> Heart disorder 心臟病 <input type="checkbox"/> Palpitation 心悸 <input type="checkbox"/> Coronary artery disease 冠心動脈疾病 <input type="checkbox"/> Stroke 中風 <input type="checkbox"/> Epilepsy 癲癇症* <input type="checkbox"/> Cancer 癌症* <input type="checkbox"/> Cyst, polyp, nodule or tumour 囊腫、息肉、結節或腫瘤* <input type="checkbox"/> Thyroid disorder 甲狀腺疾病 <input type="checkbox"/> Mental or nervous disorder 精神病或神經系統病症 <input type="checkbox"/> Deficits in cognitive abilities 認知能力障礙 <input type="checkbox"/> Any form of hepatitis (including Hepatitis B carrier) 任何類型的肝炎 (包括乙型肝炎帶菌者)* <input type="checkbox"/> Liver disease (other than hepatitis) 肝臟疾病 (肝炎除外) <input type="checkbox"/> Blood disorder 血液失調 <input type="checkbox"/> Skin disorder 皮膚病 <input type="checkbox"/> Arthritis or joint disease 關節炎或關節病症 <input type="checkbox"/> Systemic lupus erythematosus 紅斑狼瘡 <input type="checkbox"/> Any disease of the musculoskeletal system 肌肉骨骼系統的疾病 <input type="checkbox"/> HIV infection 人類缺乏免疫能力病毒感染 <input type="checkbox"/> AIDS 愛滋病 <input type="checkbox"/> AIDS related complex or any other sexually transmitted disease 與愛滋病有關的併發症或其他性病 <input type="checkbox"/> Any physical impairment or deformity 肢體殘缺 (*Please complete relevant questionnaire) (*請填寫有關問卷)			Yes 是 No 否 <input type="checkbox"/> <input type="checkbox"/> If your answer is YES, please tick the appropriate box(es) next to the impairments on the left. 如是，請於左欄適當的空格填上「✓」號。	Yes 是 No 否 <input type="checkbox"/> <input type="checkbox"/> If your answer is YES, please tick the appropriate box(es) next to the impairments on the left. 如是，請於左欄適當的空格填上「✓」號。
3. Do you have or have you ever had any physical or health impairments not mentioned above? 閣下是否有或曾有任何上文未提及的疾病或傷殘？			Yes 是 No 否 <input type="checkbox"/> <input type="checkbox"/>	Yes 是 No 否 <input type="checkbox"/> <input type="checkbox"/>
4. Have you ever been advised or do you intend to have any medical investigation (e.g. ECG, CT scan, blood test, biopsy or other diagnostic tests), medication, medical treatment or advice? 閣下是否曾被建議、或準備接受任何檢驗(例如心电图、電腦掃描、血液檢查、活組織檢驗或其他診斷檢驗)、治療或服用任何藥物或建議？			Yes 是 No 否 <input type="checkbox"/> <input type="checkbox"/>	Yes 是 No 否 <input type="checkbox"/> <input type="checkbox"/>
5. Do you have a regular doctor? If yes, please give the doctor's name and address. 閣下是否有固定醫生為閣下診治病症？如是，請提供醫生姓名及地址。			Yes 是 No 否 <input type="checkbox"/> <input type="checkbox"/>	Yes 是 No 否 <input type="checkbox"/> <input type="checkbox"/>
6. Family History 家庭成員健康履歷 Have any of your natural parents, brothers or sisters ever had cancer, coronary heart disease, diabetes mellitus, motor neuron disease, multiple sclerosis, stroke, Parkinson's disease, or other hereditary diseases including cystic fibrosis, familial adenomatous polyposis, Alzheimer's disease, familial cardiomyopathy, inherited blood disorders (hemophilia, thalassemia, sickle cell disease), muscular dystrophy, polycystic kidney disease or Huntington's disease? If yes, please complete the relevant section below with details. 閣下的生身父母、兄弟或姊妹是否曾患有癌症、冠心病、糖尿病、運動神經元疾病、多發性硬化症、中風、帕金森症、其他遺傳病包括囊性纖維化、家族性大腸腺息肉病、亞茲海默氏症、家族性心肌病、遺傳性血病(血友病、地中海貧血、鐮刀型貧血)、肌肉萎縮症、多囊性腎病或亨丁頓舞蹈症？如是，請詳細填寫以下有關部分。			Yes 是 No 否 <input type="checkbox"/> <input type="checkbox"/>	Yes 是 No 否 <input type="checkbox"/> <input type="checkbox"/>
	Relationship of family member to you 該家庭成員與閣下之關係	Name of disease 所患的疾病名稱	Current health status 現時的健康狀況	Onset age of the disease 該疾病的病發年齡
Proposed Insured 準受保人				
*Policy Owner 保單主權人				

SECTION 7B 第七B部份 (For Proposed Insured with Age 18 or Above Only 只適用於18歲或以上的準受保人)		
*(Policy Owner should also complete this section if applying for owner benefit.) (如申請保單主權人豁免保障，保單主權人須回答此部份)	Proposed Insured 準受保人	*Policy Owner 保單主權人
7. Do you have any weight gain or loss of more than 5 kgs in the past year? If yes, please circle "gain" or "loss" on the right and state how many kg gained/lost with reason(s). 閣下在過去一年體重是否有增加或減少超過5公斤？如是，請於右欄圈出「增加」或「減少」，並註明增加 / 減少多少公斤及其原因。 <i>Please note 請注意：</i> 1kg is equivalent to 2.2 lbs. 1公斤等於2.2磅。	Yes 是 No 否 <input type="checkbox"/> <input type="checkbox"/> Gain 增加 / Loss 減少 _____ kg 公斤 Reason 原因：_____	Yes 是 No 否 <input type="checkbox"/> <input type="checkbox"/> Gain 增加 / Loss 減少 _____ kg 公斤 Reason 原因：_____
8. Within the last 12 months, have you smoked cigarettes? 閣下在過去十二個月內是否曾吸食香煙？	Yes 是 No 否 <input type="checkbox"/> <input type="checkbox"/>	Yes 是 No 否 <input type="checkbox"/> <input type="checkbox"/>
9. Within the last 12 months, have you smoked cigars, vape, pipes or used other tobacco products? 閣下在過去十二個月內是否曾吸食雪茄、電子煙、煙斗或其他煙草產品？	Yes 是 No 否 <input type="checkbox"/> <input type="checkbox"/>	Yes 是 No 否 <input type="checkbox"/> <input type="checkbox"/>
10. (a) In the last 5 years, did you drink alcohol? 閣下在過去五年內是否曾飲用酒精飲品？ If yes, please state type, quantity consumed on average per week. 如是，請註明種類、平均每星期飲用的數量 <i>Please note 請注意：</i> 1 can of beer is equivalent to 330 ml 一罐啤酒為330毫升 1 glass of wine is equivalent to 100 ml 一杯餐酒為100毫升 1 tot of spirit is equivalent to 30 ml (e.g. Brandy, Vodka, Chinese Wine) 一杯烈酒為30毫升（例如：白蘭地、伏特加、中國酒）	Yes 是 No 否 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Beer 啤酒 _____ can(s) 罐 <input type="checkbox"/> Table Wine 餐酒 _____ glass(es) 杯 <input type="checkbox"/> Spirit 烈酒 _____ tot(s) 杯 <input type="checkbox"/> Other 其他： Type 種類 _____ Quantity 份量 _____ ml 毫升	Yes 是 No 否 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Beer 啤酒 _____ can(s) 罐 <input type="checkbox"/> Table Wine 餐酒 _____ glass(es) 杯 <input type="checkbox"/> Spirit 烈酒 _____ tot(s) 杯 <input type="checkbox"/> Other 其他： Type 種類 _____ Quantity 份量 _____ ml 毫升
(b) Have you ever been advised to reduce or discontinue use of alcohol or sought treatment for alcohol use? If yes, please complete Use of Alcohol Questionnaire. 閣下是否曾被建議戒除飲酒或減少酒量？又或因酗酒而需尋求治療？如是，請填寫「使用酒精問卷」。	Yes 是 No 否 <input type="checkbox"/> <input type="checkbox"/>	Yes 是 No 否 <input type="checkbox"/> <input type="checkbox"/>
11. Have you ever used any drugs or narcotics that weren't prescribed to you by a medical professional (such as marijuana, cocaine, lysergic acid diethylamide, ecstasy, heroine, fentanyl, anabolic steroids or amphetamines)? If yes, please complete Drug Usage Questionnaire. 閣下是否曾經使用任何非專業醫療人員開出的藥物或毒品（例如大麻、可卡因、麥角酰二乙胺、搖頭丸、海洛因、芬太尼、合成代謝類固醇或安非他明）？如是，請填寫「使用藥物問卷」。	Yes 是 No 否 <input type="checkbox"/> <input type="checkbox"/>	Yes 是 No 否 <input type="checkbox"/> <input type="checkbox"/>
SECTION 7C 第七C部份 (For Female aged 15 or above Only 只適用於15歲或以上之女性)		
*(Policy Owner should also complete this section if applying for owner benefit.) (如申請保單主權人豁免保障，保單主權人須回答此部份)	Proposed Insured 準受保人	*Policy Owner 保單主權人
12. (a) Have you ever had, or been told to have, or been treated for or are you intending to be treated for menstrual disorder, abnormal pap smear, or any disease / disorder of the cervix, uterus, fallopian tubes, vagina, ovaries or the breast? 閣下是否曾患有、被告知患有月經紊亂或失調、子宮頸抹片檢查不正常或任何子宮頸、子宮、輸卵管、陰道、卵巢或乳房之疾病 / 失調？及是否曾因以上情況而接受治療或準備接受治療？	Yes 是 No 否 <input type="checkbox"/> <input type="checkbox"/>	Yes 是 No 否 <input type="checkbox"/> <input type="checkbox"/>
(b) Have you ever had, or have been advised to have investigations and/or treatment of the cervix, uterus, fallopian tubes, vagina, ovaries or the breast, such as pap smear, cone biopsy, colposcopy, ultrasound, mammogram or surgery? 閣下是否曾接受、或被建議接受子宮頸、子宮、輸卵管、陰道、卵巢或乳房的檢驗和 / 或治療，例如子宮頸細胞塗片、錐形活組織化驗、陰道鏡、超聲波、乳房 X光或手術？	Yes 是 No 否 <input type="checkbox"/> <input type="checkbox"/>	Yes 是 No 否 <input type="checkbox"/> <input type="checkbox"/>
(c) Are you now pregnant? If yes, please state number of months. 閣下現在是否懷孕？如是，請說明已懷孕月數。	Yes 是 No 否 <input type="checkbox"/> <input type="checkbox"/> Pregnant for 已懷孕 _____ months 月	Yes 是 No 否 <input type="checkbox"/> <input type="checkbox"/> Pregnant for 已懷孕 _____ months 月
(d) Have you ever had complications during or as a result of your pregnancy such as high blood sugar, high blood pressure or other complications? 閣下是否曾在妊娠期間或因懷孕而導致併發症，例如高血糖、高血壓或其他併發症？	Yes 是 No 否 <input type="checkbox"/> <input type="checkbox"/>	Yes 是 No 否 <input type="checkbox"/> <input type="checkbox"/>
(Answer questions (e) and (f) only for application of Carnation Pregnancy Cover or Optional Female Benefit) (如投保「康乃馨懷孕保障」或「自選女性保障」，請回答下列問題(e)及(f))		
(e) Has a test for foetal Down's Syndrome ever been done or recommended? If yes, please state the result. 閣下是否曾接受或被建議接受胎兒唐氏綜合症的測試？如是，請詳述結果。	Yes 是 No 否 <input type="checkbox"/> <input type="checkbox"/> Result 結果：_____	Yes 是 No 否 <input type="checkbox"/> <input type="checkbox"/> Result 結果：_____
(f) Have any of your children ever suffered from any hereditary or congenital disorder? 閣下的子女是否曾患有任何遺傳性或先天性疾病？	Yes 是 No 否 <input type="checkbox"/> <input type="checkbox"/> If yes, please state the disorder 如是，請說明所患的疾病：_____	Yes 是 No 否 <input type="checkbox"/> <input type="checkbox"/> If yes, please state the disorder 如是，請說明所患的疾病：_____

SECTION 7D 第七D部份 (For Proposed Insured with Age 17 or below Only 只適用於17歲或以下的準受保人)	
	Proposed Insured 準受保人
<p>13. (For Proposed Insured aged 5 or less) (只適用於五歲或以下的準受保人)</p> <p>(a) Please state the weight at birth. 請填寫出生時的體重。</p> <p>Please note 請注意： 1kg is equivalent to 2.2 lbs. 1公斤等於2.2磅。</p> <p>(b) Has proposed insured had premature birth (i.e. baby born before 37 weeks) or suffered from neonatal jaundice? 準受保人是否早產(即37週前出生的嬰兒)或曾患有新生兒黃疸？</p> <p>(c) Has proposed insured ever been diagnosed with any growth or developmental delay by attending physicians? 準受保人曾否被主診醫生確診為生長或發育遲緩？</p>	<p>kg 公斤</p> <p>Yes 是 No 否 <input type="checkbox"/> <input type="checkbox"/></p> <p>Yes 是 No 否 <input type="checkbox"/> <input type="checkbox"/></p>
<p>14. Has proposed insured ever been diagnosed or received treatment for any of the following? 準受保人是否曾被診斷或因以下情況而接受治療？</p> <p>(a) Impaired vision, hearing or speech 視力、聽力或言語障礙</p> <p>(b) Congenital condition including but not limited to cleft lip or cleft palate, Kawasaki disease, Down's Syndrome, Fragile X Syndrome, Turner's Syndrome or cystic fibrosis 先天疾病包括但不限於唇裂或腭裂、川崎病、唐氏綜合症、X染色體脆弱症、特納氏綜合症或囊腫性纖維化</p> <p>(c) Behavioral and developmental disorder including but not limited to Autism Spectrum Disorder, Attention Deficit Hyperactivity Disorder (ADHD), Tourette Syndrome, coordination disorder, movement disorder, learning disorder or language disorder 行為及發展疾病包括但不限於自閉症譜系障礙、專注力失調及過度活躍症、妥瑞症、協調障礙、動作障礙、學習障礙或言語障礙</p>	<p>Yes 是 No 否 <input type="checkbox"/> <input type="checkbox"/></p> <p>Yes 是 No 否 <input type="checkbox"/> <input type="checkbox"/></p> <p>Yes 是 No 否 <input type="checkbox"/> <input type="checkbox"/></p>
SECTION 7E 第七E部份 (For SunWell Essential Care only 只適用於萬家康安心保)	
	Proposed Insured 準受保人
<p>1. Did the Proposed Insured Person reside / travel outside of place of residence (refer to residential address provided) for more than six (6) months in the past twelve (12) months; or does Proposed Insured Person intend to reside / travel outside of place of residence (refer to residential address provided) for more than six (6) months or anticipate any significant change in traveling pattern / resident city location within the next twelve (12) months? If "Yes", please indicate the country, city, reason and duration of stay. 準受保人曾否於過去十二 (12) 個月內在居住地 (即提供的居住地址) 以外居住 / 旅行超過六 (6) 個月；或於未來十二 (12) 個月內打算在居住地 (即提供的居住地址) 以外居住 / 旅行超過六 (6) 個月或預計旅遊習慣 / 居住地區有重大變化？ 如果“是”，請註明國家、城市、原因和逗留時間。</p> <p>2. Have you ever suffered from any of the following conditions? 閣下是否曾患有以下任何一項身體狀況？</p> <p><input type="checkbox"/> Cancer or Carcinoma in situ 癌症或原位癌*</p> <p><input type="checkbox"/> Blood and Lymphatic cancer (including Lymphoma, leukemia) and melanoma 血液及淋巴癌(包括淋巴瘤、白血病)及黑色素瘤*</p> <p><input type="checkbox"/> Cyst, polyp, nodule or tumour 囊腫、息肉、結節或腫瘤*</p> <p><input type="checkbox"/> Thyroid disorder including but not limited to thyroid nodule, goiter, thyroiditis, abnormal thyroid function (Do not disclose hypothyroidism or hyperthyroidism that no longer require any treatment as confirmed by doctor and last thyroid function test is normal) 甲狀腺疾病包括但不限於甲狀腺結節、甲狀腺腫大、甲狀腺炎、甲狀腺功能異常(無需申報經醫生確認不再需要任何治療且上次甲狀腺功能檢查結果正常之甲狀腺功能低下症或甲狀腺功能亢進症)</p> <p><input type="checkbox"/> Any form of hepatitis (including Hepatitis B carrier) 任何類型的肝炎 (包括乙型肝炎帶菌者)*</p> <p><input type="checkbox"/> Liver disease (other than hepatitis) 肝臟疾病 (肝炎除外)</p> <p><input type="checkbox"/> Blood disorder 血液失調</p> <p><input type="checkbox"/> HIV / AIDS 人類缺乏免疫能力病毒感染 / 愛滋病</p> <p>(*Please complete relevant questionnaire) (*請填寫有關問卷)</p>	<p>Yes 是 No 否 <input type="checkbox"/> <input type="checkbox"/></p> <p>If your answer is YES, please tick the appropriate box(es) next to the impairments on the left. 如是，請於左欄適當的空格填上「✓」號。</p>
<p>3. Have you ever been advised or do you intend to have any medical investigation (e.g.: CT Scan, blood test, biopsy or other diagnostic tests), medical treatment or advice? (except for the conditions mentioned in the forgiven list below) 閣下是否曾被建議、或準備接受任何醫學檢驗 (例如電腦掃描、血液檢查、活組織檢驗或其他診斷檢驗)、治療或建議？(下列豁免列表中提到的疾病或情況除外)</p> <p>Forgiven List 豁免列表：</p> <ul style="list-style-type: none"> • Abortion / miscarriage (without complication) 墮胎 / 流產 (無併發症) • Appendicitis or appendectomy 闌尾炎或闌尾切除術 • Adenitis or Adenoidectomy 腺炎或腺樣體切除術 • Angioplasty 心臟血管成形術 • Bunion, bony spur 腳趾囊腫、骨刺 • Carpal tunnel syndrome 腕管綜合症 • Chalazion 霰粒腫 • Childbirth – Normal delivery or Caesarian section 分娩 - 正常分娩或剖腹產 • Circumcision 包皮環切術 • Clubfoot / Plantar fasciitis 馬蹄內翻足/足底筋膜炎 • Cosmetic surgery (excluding surgery for obesity, breast augmentation, skin lesions excisions, breast reduction) 整容手術 (不包括因肥胖而進行的手術、乳房整形手術、皮膚病變切除、乳房縮小成形術) • Common cold 普通感冒 • Coronary artery disease 冠心病 • Dental treatment 牙齒治療 • Deviated Nasal Septum 鼻中隔彎曲 • Diabetes Mellitus 糖尿病 • Fever for less than 3 days (other than COVID 19) 少於 3 天的發燒 (2019 冠狀病毒病除外) • Flu / Sore throat / Influenza 流感 / 喉嚨痛 / 流行性感冒 • Fractures without complications (excluding the fracture of skull or spine) 沒有併發症的骨折 (不包括顱骨或脊柱骨折) • Ganglion 腱鞘囊腫 • Gastroenteritis / food poisoning (fully recovered and without any endoscopy or other procedure) 腸胃炎 / 食物中毒 (完全康復及沒有任何內窺鏡或其他醫療程序) • Hernia 疝氣 • Heart diseases including heart attack, heart valve disorders, heart failure etc. 心臟疾病包括心臟病發作、心臟疾病、心臟衰竭等 • Indigestions 消化不良 • Ingrown toenail 腳趾嵌甲 • Muscle sprain or sprained wrists or ankles 肌肉扭傷或扭傷手腕或腳踝 • Mental health disorders 精神病 • One or single episode of pneumonia 1 次或單次發作的肺炎 • One or single episode of urinary tract infection 1 次或單次發作的尿道感染 • Kidney diseases 腎病 • Refractive eye surgeries such as Lasik 屈光眼科手術，例如角膜切割、激光矯視手術 • Skin complaints (excluding skin cancer or psoriasis) 皮膚病 (不包括皮膚癌或牛皮癬) • Stroke or mini-stroke (transient ischemic attack) 中風或小中風 (短暫性腦缺血) • Tonsillitis or tonsillectomy 扁桃體炎或扁桃體切除術 • Trigger Finger 扳機指 • Tubal ligation or sterilization 輸卵管結紮術或絕育 • Vasectomy or sterilization 輸精管結紮術或絕育 	<p>Yes 是 No 否 <input type="checkbox"/> <input type="checkbox"/></p>

				Proposed Insured 準受保人
4. Have any of your natural parents, brothers or sisters ever had cancer, or hereditary disease including but not limited to cystic fibrosis, familial adenomatous polyposis, or polycystic kidney disease? If yes, please complete the table below with details. 閣下的生身父母、兄弟或姊妹是否曾患有癌症、其他遺傳病包括但不限於囊性纖維化、家族性大腸腺息肉或多囊性腎病？如是，請詳細填寫以下有關部分。				Yes 是 No 否 <input type="checkbox"/> <input type="checkbox"/>
Relationship of family member to you 該家庭成員與閣下之關係	Name of disease 所患的疾病名稱	Current Health status 現時的健康狀況	Onset age of the disease 該疾病的病發年齡	
5. Within the last 12 months, have you smoked cigarettes, cigars, vape, pipes or used other tobacco products? 閣下在過去十二個月內是否曾吸食香煙、雪茄、電子煙、煙斗或其他煙草產品？				Yes 是 No 否 <input type="checkbox"/> <input type="checkbox"/>
6. Have you ever been advised to reduce or discontinue use of alcohol or sought treatment for alcohol use? If yes, please complete Use of Alcohol Questionnaire. 閣下是否曾被建議戒除飲酒或減少酒量？又或因酗酒而需尋求治療？如是，請填寫「使用酒精問卷」。				Yes 是 No 否 <input type="checkbox"/> <input type="checkbox"/>
7. Have you ever used any drugs or narcotics that weren't prescribed to you by a medical professional (such as marijuana, cocaine, lysergic acid diethylamide, ecstasy, heroine, fentanyl, anabolic steroids or amphetamines)? If yes, please complete Drug Usage Questionnaire. 閣下是否曾經使用任何非專業醫療人員開出的藥物或毒品（例如大麻、可卡因、麥角酰二乙胺、搖頭丸、海洛因、芬太尼、合成代謝類固醇或安非他明）？如是，請填寫「使用藥物問卷」。				Yes 是 No 否 <input type="checkbox"/> <input type="checkbox"/>
8. For Female aged 15 or above Only 只適用於15歲或以上之女性 (a) Have you ever had, or been told to have, or been treated for or are you intending to be treated for menstrual disorder, abnormal pap smear, or any disease / disorder of the cervix, uterus, fallopian tubes, vagina, ovaries or the breast? 閣下是否曾患有、被告知患有月經紊亂或失調、子宮頸抹片檢查不正常或任何子宮頸、子宮、輸卵管、陰道、卵巢或乳房之疾病 / 失調及是否曾因以上情況而接受治療或準備接受治療？				Yes 是 No 否 <input type="checkbox"/> <input type="checkbox"/>
(b) Have you ever had, or have been advised to have investigations and/or treatment of the cervix, uterus, fallopian tubes, vagina, ovaries or the breast, such as pap smear, cone biopsy, colposcopy, ultrasound, mammogram or surgery? 閣下是否曾接受、或被建議接受子宮頸、子宮、輸卵管、陰道、卵巢或乳房的檢驗和 / 或治療，例如子宮頸細胞塗片、錐形活組織化驗、陰道鏡、超聲波、乳房 X光或手術？				Yes 是 No 否 <input type="checkbox"/> <input type="checkbox"/>
9. For Male aged 15 or above Only 只適用於15歲或以上之男性 Have you ever had, or have been advised to have investigations and/or treatment of prostate or testes, such as free Prostate Specific Antigen (PSA), Prostate Specific Antigen (PSA), rectal exam, prostatic and/or testicular ultrasound, transurethral resection of the prostate (TURP), prostatic and/or testicular biopsy? 閣下是否曾接受、或被建議接受檢驗和 / 或治療前列腺或睪丸，例如游離前列腺癌抗原、前列腺特異抗原、直腸指檢、前列腺及 / 或睪丸超聲波、經尿道前列腺切除術、前列腺及 / 或睪丸活檢？				Yes 是 No 否 <input type="checkbox"/> <input type="checkbox"/>
SECTION 7F 第七F部份 (For Baby Care only 只適用於福寶保)				
1. Did the Proposed Insured Person reside / travel outside of place of residence (refer to residential address provided) for more than six (6) months in the past twelve (12) months; or does Proposed Insured Person intend to reside / travel outside of place of residence (refer to residential address provided) for more than six (6) months or anticipate any significant change in traveling pattern / resident city location within the next twelve (12) months? If "Yes", please indicate the country, city, reason and duration of stay. 準受保人曾否於過去十二 (12) 個月內在居住地 (即提供的居住地址) 以外居住 / 旅行超過六 (6) 個月；或於未來十二 (12) 個月內打算在居住地 (即提供的居住地址) 以外居住 / 旅行超過六 (6) 個月或預計旅遊習慣 / 居住地區有重大變化？ 如果“是”，請註明國家，城市，原因和逗留時間。				Proposed Insured 準受保人 Yes 是 No 否 <input type="checkbox"/> <input type="checkbox"/>
If any answer to question 2 and 3 is "No", application will be rejected. 若問題2或3的答案為「否」，投保將被拒絕承保。 If any answer to question 4 to 6 is "Yes", application will be rejected. 若問題4至6的答案為「是」，投保將被拒絕承保。				Proposed Insured 準受保人
2. I am a female who is conceived by natural pregnancy or assisted pregnancy (such as IVF), and am carrying the fetus for myself on the date of application of the policy. I will become the legal mother of the child following live birth; I am now at 22 weeks of pregnancy or more; I am not carrying more than two fetuses. 本人是通過自然受孕或輔助受孕 (如體外人工受精 (IVF)) 的女性，於投保申請日時本人已懷有胎兒，並將在該嬰孩出生後成為其合法母親。本人現已懷孕22週或以上，並懷有不超過兩個(2)胎兒。				Yes 是 No 否 <input type="checkbox"/> <input type="checkbox"/>
3. I have been receiving ante-natal care by a registered specialist, and have undergone all the recommended pre-natal screening tests including blood tests, fetal ultrasounds for current pregnancy prior to the application. 本人在投保申請前已接受註冊專科醫生的產前檢查，並已接受所有建議的產前篩查，包括驗血、當前懷孕的胎兒超聲波檢查。				Yes 是 No 否 <input type="checkbox"/> <input type="checkbox"/>
4. Have you ever been diagnosed of or had any indication or symptoms of cancer, stroke (including transient ischemic attack (TIA)), heart disease*, any history prior to or during pregnancy of high blood pressure, diabetes, hyperthyroidism, hypothyroidism, kidney disease, renal failure, hepatitis B or C, HIV/AIDS or depression? 閣下曾否被診斷患有以下疾病或出現任何相關跡象或病徵：癌症、中風（包括短暫性腦缺血 (TIA) / 小中風）、心臟疾病*、任何孕前或懷孕期間的高血壓病史、糖尿病、甲狀腺功能亢進症、甲狀腺功能減退症、腎病、腎衰竭、乙型肝炎、丙型肝炎、人類免疫力缺乏病毒感染 (HIV) / 愛滋病 (AIDS) 或抑鬱症？ * Heart disease includes but not limited to angina, heart attack, coronary artery disease (CAD), ischemic heart disease (IHD), heart surgery such as angioplasty, coronary artery bypass grafting (CABG), heart rate abnormalities such as irregular heart rate, heart defects such as valvular regurgitation or prolapse, aneurysm, atrial septal defect (ASD), ventricular septal defect (VSD). * 心臟疾病包括但不限於心絞痛、心臟病發作、冠狀動脈疾病/冠心病 (CAD)、缺血性心臟病 (IHD)、心臟手術如心臟血管成形術、冠狀動脈旁路移植術/冠狀動脈搭橋手術 (CABG)、心率異常如心律不齊、心臟缺陷例如心臟瓣膜反流或脫垂、動脈瘤、心房中隔缺損 (ASD)、心室中隔缺損 (VSD)。				Yes 是 No 否 <input type="checkbox"/> <input type="checkbox"/>
5. Since confirmation of your pregnancy, have you used any tobacco product or consumed alcoholic beverage? 在確認懷孕後，閣下曾否使用任何煙草製品或飲用酒精飲料？				Yes 是 No 否 <input type="checkbox"/> <input type="checkbox"/>
6. (a) During this current or any of your previous pregnancy (ies), have you ever had any history of complications or had children born with congenital heart disease, neurological disease, haemophilia or spinal defects? 在閣下這次或過往的任何一次懷孕期間，閣下曾否有過任何妊娠併發症史或嬰兒出生時患有先天性心臟病、神經系統疾病、血友病或脊柱缺陷？				Yes 是 No 否 <input type="checkbox"/> <input type="checkbox"/>
(b) In your current pregnancy, have you had or been advised by your attending doctor of any abnormal findings in your pre-natal checkups or test reports (including but not limited to ultrasound, electrocardiogram (ECG), blood tests, genetic test, urine test)? 在閣下目前的懷孕期間，曾否患有或被主診醫生告知閣下的產前檢查或測試報告（包括但不限於超聲波、心電圖 (ECG)、血液檢查、基因測試、尿液檢查）有任何異常發現？				Yes 是 No 否 <input type="checkbox"/> <input type="checkbox"/>

SECTION 7G 第七G部份：FOLLOW-UP QUESTIONS 跟進問題

If any answer to Section 5-7 is "Yes", please give full particulars below and quote the relevant section and question number.

若第五至第七部份問題中曾答「是」，請在此欄提供詳細資料並註明所屬部份及題號。

If space given is insufficient, please use the space in Supplementary Information or submit an "Application Supplement Form".

如空位不夠使用，請填寫於補充資料欄內或遞交「投保申請補充書」。

Question No. 題號	(a) Dates of illness / injury 患病 / 受傷日期	(b) Duration of illness / injury 患病 / 受傷持續時間	(c) Diagnosis 診斷結果	(d) Type of investigations and result/ treatment taken 曾接受的檢查類型及結果 / 治療	(e) Last follow-up date 最後覆診日期	(f) Name, address and reference of attending doctor / hospital 主診醫生姓名 / 醫院名稱、 地址及檔案編號

Any medical report is available? If yes, please submit a copy of report with this application.

是否有任何醫療報告？如有，請一併遞交報告副本。

Yes 是 No 否

☐ ☐

Supplementary Information/Special Instructions 補充資料/特別指示

Company Endorsement 公司批註

DECLARATION OF PAYMENT SOURCE 付款資金來源聲明 (To be completed by Policy Owner 由保單主權人作答)

(applicable to insurance product that Financial Needs Analysis submission is not required) (適用於毋需遞交理財需要分析的保險產品)

The source of premiums / investment / contributions are paid by myself and from my (tick one or more) 保費 / 投資 / 供款的資金由本人支付，並來自本人的 (可選多於一項)

☐ Salary 薪金☐ Savings 儲蓄☐ Investment income 投資收入 ☐ Rental income 租金收入 ☐ Others (please specify) 其他 (請註明) _____**REPLACEMENT DECLARATION 轉保聲明**

In order to fund the purchase of your new life insurance policy, are you using, or do you intend to use some or all of the funds arising from your existing life insurance policy, or any savings made by reducing the premium payable under your existing life insurance policy? For example, such funds or savings may arise from:

閣下是否使用或打算使用現有人壽保險保單的部分或全部資金，或使用或打算使用通過減少現有人壽保險保單的應付保費而節省的金額，以資助閣下購買新的人壽保險保單？例如，此等資金或金額可能來自：

- a) surrendering/ partially surrendering your existing life insurance policy to obtain its surrender value
就 閣下現有人壽保險保單作出退保/部分退保的安排，以獲得其退保價值
- b) taking out a policy loan (including automatic premium loan) from your existing life insurance policy
從 閣下現有人壽保險保單中提取保單貸款（包括自動保費貸款）
- c) withdrawing policy values from your existing life insurance policy (e.g. cash out dividends or redeem fund units etc.)
從 閣下現有人壽保險保單中提取保單價值（例如：套現紅利或贖回基金單位等）
- d) decreasing basic sum assured of your existing life insurance policy in order to reduce the premium payable
從 閣下現有人壽保險保單中遞減投保額以減低現時所需支付的保費
- e) lapsing your existing life insurance policy (e.g. by non-payment of premium)
使 閣下現有人壽保險保單失效（例如：終止支付保費）
- f) exercising the right to a premium holiday under your existing life insurance policy
在行使 閣下現有人壽保險保單中「保費假期」的權利
- g) converting your existing life insurance policy to reduced paid-up / extended term life insurance
把 閣下現有人壽保險保單轉為減額付清保險或延長定期保險
- h) assigning your existing life insurance policy to the assignee as collateral to obtain loan facility
將 閣下現有人壽保險保單作為抵押轉讓予受讓人以獲得貸款

Please check ONLY one appropriate box below

請在以下適當的方格內加上「✓」號（只可選擇一項）

☐ Yes 是☐ Not yet decided 尚未決定☐ No, I **have not exercised or have no intention to exercise** any of the above changes for my life insurance policy(ies) for funding the purchase of this new policy application

否，本人沒有或沒有打算於本人一張或多張人壽保險保單進行上述保單更改，以資助購買新的人壽保險保單

Warning: Please answer the above question carefully. Making changes on your existing life insurance policy may not be in your best interest. Your licensed insurance intermediary must explain to you the financial implications, insurability implications and claims eligibility implications of such changes. For this purpose, your licensed insurance intermediary may require certain information on your existing life insurance policy. You may need to approach the insurer of your existing life insurance policy to obtain accurate and up to date information on your existing policy.

If your answer is "Yes" or "Not yet decided", your licensed insurance intermediary must explain the "Important Facts Statement - Policy Replacement" to you.

忠告：請小心回答上述問題。就現有人壽保險保單作出變更未必符合 閣下的最佳利益。閣下的持牌保險中介人必須向 閣下解釋有關變更對 閣下的財務、受保資格及索償資格所構成的影響。因此，閣下的持牌保險中介人可能會向 閣下索取閣下現有人壽保險保單的某些資料。閣下可能需要聯絡現有人壽保險保單的保險公司並向其索取有關現有人壽保險保單準確及最新的資料。

若 閣下的回答為「是」或「尚未決定」，閣下的持牌保險中介人必須向 閣下解釋《重要資料聲明書 -- 轉保》。

X

Signature of Policy Owner

保單主權人簽署

Date (D / M / Y)

日期(日 / 月 / 年)

SECTION 8 第八部份：FOREIGN TAX REPORTING AND WITHHOLDING OBLIGATIONS STATEMENT ("TAX OBLIGATIONS STATEMENT")

外國稅務申報和預扣義務陳述書 ("稅務義務陳述書")

I/We acknowledge that Sun Life may from time to time be subject to any applicable local or foreign law, court order, ordinance, regulation, demand, guidance, guidelines, rules, codes of practice, whether or not relating to an intergovernmental agreement between the governments or regulatory authorities of two or more jurisdictions; and any agreement between Sun Life (or any other entity of Sun Life Group, as the case may be) and any government or taxation authority in any jurisdiction (the "Applicable Laws and Obligations"). I/We irrevocably agree to the following:

- (1) Sun Life may require me/us (and any other Consenting Persons) to provide Sun Life with the Personal Information, and any update to the Personal Information to ensure its compliance with the Applicable Laws and Obligations;
- (2) Any Personal Information shall be provided to Sun Life within such time and in such manner as Sun Life may require, and any update shall be notified to Sun Life promptly and in any event within 31 days of the update;
- (3) Sun Life may disclose the Personal Information and Policy Information, including, where applicable, any update to such information, to any governments or tax authorities; and
- (4) To the extent not prohibited by law and permitted by the policy provisions, where I/we or any Consenting Person fails to provide Sun Life with the updated, correct and complete Personal Information in the manner described in (1) and (2) above, Sun Life may, for the purpose of ensuring its compliance with the Applicable Laws and Obligations, deduct or withhold such amount payable under the Policy, terminate the Policy and/or provide any of the Personal Information and/or Policy Information to such governments or tax authorities.

- (5) The following terms have the meanings as follows:

"Consenting Person" means each of the following: (i) the policy owner; (ii) each person who is entitled to access the Policy's value (for example, through withdrawal, surrender, policy claim, benefit payment or otherwise), change a beneficiary, or claim or receive a benefit payment or any person who is entitled to a future benefit payment under the Policy, including without limitation any policy claimant, assignee and beneficiary under the Policy; and (iii) each person who is entitled to receive a payment (such as a policy claimant, assignee and beneficiary) when an obligation to make any payment under the Policy arises or becomes fixed.

"Personal Information" means: (i) where I am/we are an individual(s), my/our full name(s), date(s) and place(s) of birth, residential address(es), mailing address(es), contact information (including telephone number), taxpayer identification number(s), social security number(s), citizenships, residency(ies) and tax residency(ies); (ii) where I am/we are a corporate(s), my/our date and place of incorporation or formation, registered address, address of place of business, tax identification number, tax status, tax residency, registered address, address of place of business or (if applicable) such information as Sun Life or any entity within the Sun Life Group may reasonably require regarding each of my/our substantial shareholders and controlling persons.

"Policy Information" means any information relating to the Policy including without limitation the Policy number, Policy balance or value, gross receipts, withdrawals and payments from the Policy.

本人/我們承認，永明可能不時須受下述各項的約束：任何適用的當地或外國法律、法院命令、條例、規則、要求、指引、指導原則、規則、實務守則（無論其是否與兩個或多個管轄區域的政府或監管機構間訂立的政府間協定有關）；和永明（或永明集團的任何其他實體，視情況而定）與任何管轄區域的任何政府或稅務機關間訂立的任何協議（“適用法律和義務”）。本人/我們不可撤銷地同意如下：

- (1) 永明可要求本人/我們（和任何其他同意人）向永明提供個人資料及個人資料的任何更新，以確保永明遵守適用法律和義務。
- (2) 任何個人資料應以永明要求的方式在永明要求的時間內提供給永明，個人資料的任何更新應迅速地（在任何情況下均應在更新後31天內）通知永明。
- (3) 永明可向任何政府或稅務機關披露個人資料和保單資料（包括該等資料的任何更新，如適用）。
- (4) 在不受到法律禁止，並在保單合約規定允許的情況下，如果本人/我們或任何同意人未按上文(1)段和(2)段所述方式向永明提供正確完整的最新個人資料，則永明為了確保其遵守適用法律和義務，可扣減或預扣保單項下應付的金額、終止保單並且/或者向相關政府或稅務機關提供任何個人資料和/或保單資料。
- (5) 下述詞語具有如下含義：

“同意人”指下述任一人：(i) 保單擁有人；(ii) 有權（如通過提取、退保、按保單索賠、收取累算權益或其他方式）獲得保單價值、變更受益人、索取或收取利益的每一人，或有權取得保單項下未來利益的任何人，包括但不限於保單項下的任何保單索賠人、受讓人 and 受益人；和(iii) 在保單項下支付任何款項的義務發生或獲得確立時有權取得付款的每一人（如保單索賠人、受讓人 and 受益人）。

“個人資料”指(i) 本人/我們為個人時，指本人/我們的全名、出生日期與地點、住址、郵寄住址、聯繫資訊（包括電話號碼）、納稅人識別號、社會保障號、國籍、居留地和稅務居留地；(ii) 本人/我們為法團時，指本人/我們的註冊成立或設立日期與地點、註冊地址、營業地址、稅務識別號、稅務地位、稅務住所、登記地址、營業地址或（如適用）永明或永明集團的任何其他實體可能合理要求的關於本人/我們的每一主要股東和控股人的資料。

“保單資料”指與保單相關的任何資料，包括但不限於保單號、保單結餘或價值、保單下收取、提取和支付款項總額。

SECTION 9 第九部份：AUTOMATIC EXCHANGE OF FINANCIAL ACCOUNT INFORMATION 自動交換財務帳戶資料

Declaration:

I/We acknowledge and agree that (a) the information contained in this application is collected and may be kept by the financial institution for the purpose of automatic exchange of financial account information, and (b) such information and information regarding the Policy Owner and any reportable account(s) may be reported by the financial institution to the Inland Revenue Department of the Government of the Hong Kong Special Administrative Region and exchanged with the tax authorities of another jurisdiction or jurisdictions in which the Policy Owner may be resident for tax purposes, pursuant to the legal provisions for exchange of financial account information provided under the Inland Revenue Ordinance (Cap.112).

I/We undertake to advise Sun Life Hong Kong Limited of any change in circumstances which affects the tax residency status of the individual identified in Section 1 of this application or causes the information contained herein to become incorrect, and to provide Sun Life Hong Kong Limited with a suitably updated self-certification form within 30 days of such change in circumstances.

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.

WARNING: It is an offence under the Inland Revenue Ordinance if any person, in making the self-certification set out at Question 14 of Section 1, makes a statement that is misleading, false or incorrect in a material particular knowingly or in a reckless manner. A person who commits the offence is liable on conviction to a fine at level 3 (i.e. \$10,000).

聲明：

本人/吾等知悉及同意，財務機構可根據《稅務條例》（第 112 章）有關交換財務帳戶資料的法律條文，(a) 收集此申請表所載資料並可備存作自動交換財務帳戶資料用途及 (b) 把該等資料和關於保單主權人及任何須申報帳戶的資料向香港特別行政區政府稅務局申報，從而把資料轉交到保單主權人的居留司法管轄區的稅務當局。

本人/吾等承諾，如情況有所改變，以致影響此申請表第一部份所述的個人的稅務居民身分，或引致此申請表所載的資料不正確，本人/吾等會通知香港永明金融有限公司，並會在情況發生改變後30日內，向香港永明金融有限公司提交一份已適當更新的自我證明表格。

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。

警告：根據《稅務條例》第 80(2E)條，如任何人在第一部份第14題作出自我證明時，在明知一項陳述在要項上屬具誤導性、虛假或不正確，或罔顧一項陳述是否在要項上屬具誤導性、虛假或不正確下，作出該項陳述，即屬犯罪。一經定罪，可處第3級（即\$10,000）罰款。

SECTION 10 第十部份：PERSONAL INFORMATION COLLECTION STATEMENT AND CONSENT 個人資料收集聲明及同意書

I/We understand and consent that, any personal data collected by Sun Life Hong Kong Limited (Incorporated in Bermuda with limited liability) ("Sun Life") (whether collected in this form or otherwise) may be used by Sun Life for the following purposes:

- (i) processing and evaluating insurance applications and/or any other applications for financial services;
- (ii) administering and providing services in relation to insurance or financial products;
- (iii) processing, investigating and settling insurance claims and detecting and preventing fraud (whether or not relating to the policy issued by the Company);
- (iv) conducting customer surveys;
- (v) researching and designing financial, insurance or pensions products for clients' use;
- (vi) selecting and participating in reward, loyalty or privileges program and related service;
- (vii) contacting clients for the above purposes;
- (viii) purposes which are directly related to the above purposes; and
- (ix) complying with applicable laws, regulation or 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, terrorist financing and tax evasion or otherwise) to which Sun Life and its related companies are subject to.

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 use my/our data for direct marketing 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 direct marketing information.

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 the Company to carry out the above purposes, including claims investigators, insurance adjusters, medical advisors, health care professionals, medical service providers, hospitals, emergency assistance service providers, reinsurers, accountants, solicitors and professional financial advisors;
- (b) to banks for payment purposes;
- (c) to insurance brokers who are representing the policy owners or clients directly or indirectly;
- (d) to the Company's insurance agents and MPF intermediaries;
- (e) to the Company's related companies (as defined in the Companies Ordinance) including pensions services provider, financial services companies and insurance companies;
- (f) to the Hong Kong Federation of Insurers (or any similar association of insurance companies) and its members;
- (g) to the policy owner / employers of an insured employee under a group product;
- (h) to any third party service provider appointed by the policy owner who provides administrative services for the policy owner;
- (i) to organisations that consolidate claims and underwriting information for the insurance industry;
- (j) to fraud prevention organisations;
- (k) to other insurance companies (whether directly or through fraud prevention organisations or other persons named in this paragraph), the police and databases or registers (and their operators) used by the insurance industry to analyse and check information provided against existing information;
- (l) to any person to whom the Company or its related companies (inside or outside Hong Kong) are under an obligation to make disclosure under the requirements of any law, regulation or court order binding on or applying to or to which the Company or its related companies (inside or outside Hong Kong) are subject to, or under and for the purposes of any guidelines issued by regulatory or other authorities with which the Company or its related companies (inside or outside Hong Kong) are expected to comply; and
- (m) as otherwise required or permitted by law.

If third party personal information is supplied to the Company by the clients, clients' service providers, claimants or applicants for services, such clients, service providers, claimants or applicants must inform these third parties about this personal information collection statement before they collect their information and supply it to the Company.

I/We understand that it is voluntary for me/us to supply the information, 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, Client Service Centre, Sun Life Hong Kong Limited, G/F, Tower B, Cheung Kei Center, 18 Hung Luen Road, Hunghom, 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（於百慕達註冊成立之有限責任公司）（「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) 處理及評估申請及/或任何其他金融服務申請；
- (ii) 管理並提供與保險及/或金融產品相關服務；
- (iii) 處理、調查和結清保險索償個案，以及偵測和防止欺詐行為（無論是否與公司發出的保單有關）；
- (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) 甄選及參與獎賞、忠實或特選客戶計劃；
- (vii) 因上述目的與客戶聯絡；
- (viii) 與上述目的直接有關的任何其他目的；及
- (ix) 為遵守適用的法例、法規、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）。

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。

永明可為以上任何目的披露本人/吾等的個人資料予：

- (a) 為協助公司就上述用途（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、保險理算人、醫療顧問、醫護專業人士、醫療服務提供者、醫院、緊急支援服務供應商、再保險公司、會計師、律師、專業理財顧問；
- (b) 銀行作繳款用途；
- (c) 直接或間接代表保單持有人或客戶的保險經紀；
- (d) 公司的保險代理人及強積金中介人；
- (e) 公司的關連公司（根據公司條例訂明）包括退休金服務提供者、金融服務機構及其他保險公司；
- (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) 團體產品的保單持有人 / 受保僱員之僱主；
- (h) 由保單持有人指定及提供行政服務給保單持有人的第三方服務供應商；
- (i) 整合保險業索償和承保資料的組織；
- (j) 防欺詐組織；
- (k) 其他保險公司（無論是直接地，或是通過防欺詐組織或本段中指名的其他人士）、警察和保險業就現有資料而對所提供的資料作出分析和檢查的數據庫或登記冊（及其運營者）；
- (l) 公司及其關連公司（不論在香港與否）為遵守監管當局或其他機構發出之指引或其就法例、法規或法庭頒令所約束或規定之責任而需向其作出披露的任何人士；及
- (m) 按法例要求或准許的其他人士。

假如第三方個人資料是由客戶、客戶的服務供應商、索償人或申請人提供給公司，該客戶、服務供應商、索償人或申請人必須在收集這些資料前，將此《個人資料收集聲明》告知有關的第三方才把資料提供給公司。

本人/吾等明白本人/吾等提供個人資料均屬自願，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。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。

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)

Date (D/M/Y)
日期 (日/月/年)

SECTION 11 第十一部份：DECLARATION AND AUTHORIZATION 聲明及授權

I/We hereby declare and agree that:

(1) the answers and statements made in this application and in any other documents forming part of this application (collectively "this Application") are complete and true (and will be complete and true at the time of payment of the initial investment/premium) and will be the basis of any contract that may arise. I/We declare and agree that if any of the answers and statements given in this Application is inaccurate or untrue, being material facts which shall influence the assessment and acceptance of this Application, not withstanding any provisions in the policy to the contrary, Sun Life shall have the sole and absolute discretion to render the policy null and void;

(2) Sun Life will not incur any liability pursuant to this Application unless Sun Life has approved the issue of a policy and then only if the initial investment/premium therefore has been paid in full;

(3) Sun Life will have the right to adopt or change the basis for any distribution of surplus and for the determination of any amount to be apportioned by way of dividend to this policy (if participating);

(4) no person (including any consultant) has the authority to make or modify Sun Life's policies or to waive any of Sun Life's rights or requirements;

(5) my/our acceptance of any policy issued pursuant to this Application will, without further notice, constitute a ratification by me/us of any addition or modification to this Application made by Sun Life in the space provided for "Company Endorsement", photostatic copy of which constitutes sufficient notice to me of the change(s) made;

(6) I/we shall disclose to Sun Life immediately if there is any change in the health conditions and/or occupation of the Insured (and the Policy Owner, if applicable) and/or any information stated in this Application and all related supplement(s)/questionnaire(s) and the amendments therein at any time during the period between the effective date of this Application and my/our receipt of the policy;

(7) the policyowner is the beneficial owner of this Application and not acting on behalf of any other person including natural person, legal person or trust, unless the policyowner have declared otherwise in any application supplement;

(8) the policy owners of Sun Life's inforce policies will be automatically assigned to accounts for the e-service of Sun Life (the "e-service") and My Sun Life HK mobile app ("My Sun Life HK"). All of my/our inforce policies can then be accessed and operated through my/our e-service and My Sun Life HK account. I/we understand and agree that upon my/our login to my/our e-service and Sun Life HK account, I/we will be bound by the TERMS AND CONDITIONS of the e-service;

(9) The Policy Owner will have the right to change the coverage and/ or change the Insured under the policy without my written consent;

(10) all information provided in this Application and the source policy/ies will form the basis of this policy. Any Suicide Provision and any Incontestability Provision in the General Provisions of this policy will be effective from the date of the source policy/ies (except when there are additional benefits for which evidence of insurability is required for their inclusion in this policy, these benefits will be effective from the approval date of this Application);

(11) in the event of cancellation or rejection of application, SunLife shall retain the personal data and application record, including but not limited to original of application form; and

(12) I/We have considered my/our circumstances in light of the legal requirements on insurable interest, and confirm that (i) the person for whose use or benefit or on whose account the policy contract is to be entered into has an insurable interest in the Proposed Insured, (ii) the recoverable sum under the policy does not exceed the amount of such interest, and (iii) I/we have obtained all necessary independent and professional advice. While this confirmation is the basis on which Sun Life will process the application, the confirmation may be enforced and relied on by Sun Life independent of the policy. I/we agree that the validity and enforceability of this confirmation shall not be contingent on the validity and enforceability of the policy, and any invalidity or unenforceability of the policy shall not affect the effect of this confirmation.

^ Only applicable to Conversion of Term Assurance

本人/吾等在此聲明及同意：

(1) 此申請表及任何其他組成此申請表之文件(在此併稱為「此申請表」)中所作之答案及陳述為完全及屬實(並於繳付首次投資/保費時乃屬完全及屬實)並將成為任何由此產生的合約之依據。本人/吾等聲明及同意，假若此申請表內所作之任何答案及陳述為不正確或非事實，此乃指會影響評估及接受此申請之重要事實，即使本保單內有任何與此相反的條款，永明有完全及絕對權決定本保單無效；

(2) 除非永明已核准簽發保單而該保單之首次投資/保費亦全數繳付，否則永明不會根據此申請表承擔任何責任；

(3) 永明有權採用或更改任何分配盈餘之基礎及決定此保單(若為分紅保單)可獲分配之紅利；

(4) 任何人士(包括顧問)無權更改永明之保單或豁免任何永明之權利或規定；

(5) 本人/吾等收取根據此申請表續發的保單，即表示本人/吾等認可永明在「公司批註」內對此申請表的任何增補或修改，而無須另行通知。其影印本即為更改通知；

(6) 在此申請表生效日後直至本人/吾等收到本保單前，本人/吾等必須立即向永明披露有關受保人(及保單主權人，如適用)的健康狀況及/或職業及/或任何於此申請表及所有相關補充文件/問卷及其中之修訂內的資料之任何改變；

(7) 此保單主權人為該保險申請的實益擁有人，並不是作為第三者代表投保，包括自然人，法人或信託，除非保單主權人在本申請時提供投保申請補充書並加以說明；

(8) 持有生效保單的保單主權人會自動獲發永明網上服務(「網上服務」)及My Sun Life HK流動應用程式(「My Sun Life HK」)的帳戶。本人/吾等可透過本人/吾等網上服務及My Sun Life HK的帳戶查閱及操作本人/吾等名下所有生效中的保單。本人/吾等明白及同意一經登入網上服務或My Sun Life HK的帳戶，本人/吾等將受網上服務的有關條款及細則約束；

(9) 此保單權益人有權更改此保單之保障範圍及/或更換受保人而無需取得本人之書面同意；

(10) 所有於此申請表及原有保單內所提供的資料將成為此保單的依據。此保單一般條款內的任何自殺及無可置疑條款之生效日期，將以原有保單的條款計算(惟此保單另增購附加保障而因此須遞交可保證明，其有關條款之生效日期將由此申請表獲批准之日期起計算)；

(11) 若申請被取消或拒絕，永明有權保留本人/吾等的個人資料及申請記錄，包括但不限於申請表正本；及

(12) 本人/吾等已按照有關可保權益的法律規定考慮了本人/吾等的處境，並確認 (i) 將要訂立的保險合約是為某人的使用或利益，或為某人而訂立的，而該人擁有準受保人的可保權益，(ii) 本保單可追討的保障金額不超過該權益的金額，且 (iii) 本人/吾等已獲取所須的獨立及專業建議。雖然永明金融將以此項確認作為處理此投保申請的依據，永明金融仍可獨立地執行及信賴此項確認，與本保單不相關聯。本人/吾等同意此項確認的有效性及可強制執行性將不取決於本保單的有效性及可強制執行性，且本保單即使無效或不可予強制執行，此項確認的效力也將不受影響。

^ 只適用於轉換定期壽險計劃

I/We hereby authorize

(a) any doctor, hospital, clinic, insurance company, government office, organization or persons who has any records, knowledge or information about me/us (whether medical or otherwise), to disclose, release or transfer to Sun Life Hong Kong Limited ("Sun Life") or its representative such records, knowledge or information pertinent to this Application for insurance, reinstatement and any claims arising therefrom;

(b) Sun Life or any of its appointed medical / paramedical examiners or laboratories to perform necessary medical assessments and tests to evaluate the health status of me/us in relation to this Application for insurance, reinstatement and any claim arising therefrom. This authorization shall bind my/our successors and assignees and remains valid notwithstanding death or incapacity; and

(c) my/our appointed insurance broker to be the nominated representative on behalf of me/us to receive or handle policy contract or policy related documents.

A photostatic copy of this authorization shall be as valid as the original.

本人/吾等現授權

(a) 任何擁有本人/吾等之記錄、詳情或資料(醫療或其他資料)之醫生、醫院、診所、保險公司、政府部門、機構或人士就有關此投保申請、復保申請及由此所引起之任何索償向香港永明金融有限公司(「永明」)或其代表披露、透露或轉移此等記錄、詳情或資料；

(b) 永明或永明指定之醫生/醫護人員或化驗所進行必要之健康評估及檢驗，以評估與此投保申請、復保申請及由此所引起之任何索償有關之本人/吾等的健康情況。此授權書對本人/吾等之繼承人及受讓人有約束力，並於本人/吾等身故後或喪失能力後仍然有效；及

(c) 保險經紀成為被提名代表接受或處理保單合約或保單相關文件。

此授權書的正本及影印本同屬有效。

SECTION 12 第十二部份：COMMISSION DISCLOSURE STATEMENT AND CONSENT 佣金透露聲明及同意書

I/we understand, acknowledge and agree that, as a result of purchasing the policy to be issued by Sun Life Hong Kong Limited ("the Company"), then, during the continuance of the policy including renewals and reinstatements, in respect of any premiums received by the Company or any increase thereof (whether as a result of any change of benefit, payment of additional contributions or investments, or otherwise), the Company will pay the authorized insurance broker a commission. Where I/we are a body corporate, the authorized person who signs on behalf of me/us further confirms to the Company that he or she is authorized to do so. I/we further understand that the above agreement is necessary for the Company to proceed with the application.

本人/吾等明白、確認及同意，因為本人/吾等購買香港永明金融有限公司(「貴公司」)簽發的保單，因此，於保單有效期內，包括續保及保單復效，就貴公司所收到或增加的任何保費(無論是因為更改保單之保障、額外供款或投資，或其他有關情況)，貴公司會向負責安排有關保單的獲授權保險經紀支付佣金。假如本人/吾等為法人團體，代表本人/吾等簽署的獲授權人員亦向貴公司確認他/她已獲法人團體授權簽署。本人/吾等亦明白貴公司必須取得本人/吾等以上的同意，才可以處理有關申請。

SECTION 13 第十三部份：CANCELLATION RIGHT 取消保單權益

I/We understand that I/we have the right to cancel and obtain a refund of any investment(s) / contribution(s) / premium and levy paid by giving written notice. Such notice must be signed by me/us and received directly by the Company's Office (G/F, Tower B, Cheung Kei Center, 18 Hung Luen Road, Hunghom, Kowloon, Hong Kong) or through email (hk_csd@sunlife.com) within **21 calendar days** immediately following the day of delivery of the policy or the cooling-off notice informing me/us or my/our representative about the expiry date of the cooling-off period, whichever is earlier. I/We understand that the cooling-off notice is a notice that will be sent to me/us or my/our representative by the Company to notify me/us of the Cooling-off Period around the time the policy is delivered. I/We also understand that no refund of any premium and levy paid can be made if any payment from the Company under the policy has been made prior to the request for cancellation.

本人/吾等明白本人/吾等有權以書面通知要求取消保單及取回已付投資/供款/保費及保費徵費；惟本人/吾等必須簽署該通知，並確保護貴公司透過辦事處(香港九龍紅磡紅鸞道18號祥祺中心B座地下)或電郵(hk_csd@sunlife.com)於緊接保單或冷靜期通知書(以說明冷靜期之到期日)交付予本人/吾等或本人的/吾等的代表之日起計的**21個曆日內**(以較早者為準)收到該通知。本人/吾等明白冷靜期通知書是由貴公司在交付保單前後致予本人/吾等或本人/吾等的代表的一份通知書，以就冷靜期一事通知本人/吾等。本人/吾等明白如貴公司在收到取消保單申請前，曾經就有關保單作出任何付款，則不會獲退還保費及保費徵費。

IMPORTANT NOTE 注意：PLEASE DO NOT SIGN ON BLANK FORM 請勿在空白表格上簽署

X

Signature of **Policy Owner**
保單主權人簽署

Signature of Witness/Licensed Insurance Intermediary (Must be adult other than Policy Owner)
見證人 / 持牌保險中介人簽署 (必須成年及為非保單主權人)

Client Service Centre
G/F, Tower B, Cheung Kei Center, 18 Hung Luen Road,
Hunghom, Kowloon, Hong Kong
Tel: (852) 2103 8928 Fax: (852) 2103 8938

客戶服務中心
香港九龍紅磡紅鸞道18號祥祺中心B座地下
電話 (852) 2103 8928 傳真 (852) 2103 8938

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十八歲或以上)

Hong Kong
香港
Signed at
簽署地點

Date (D/M/Y)
簽署日期 (日/月/年)