



PICS (06/2014)

Policy Number* 保單號碼*		更改保單申請表 – 非財務相關項目 Request for Policy Change – Non-Financial	
<div>1 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></div> <div>2 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></div> <div>3 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></div> <div>4 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></div> <div>5 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></div> <div>6 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></div> <div>7 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></div> <div>8 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></div> <div>9 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></div> <div>0 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></div>		<div>計劃名稱Plan Type</div> <div>保單持有人英文姓名(姓氏先行) Name of Policyholder in English (Surname first)</div> <div># 身份證明文件類別及號碼 # ID Type & No.</div> <div>受保人英文姓名(姓氏先行) Name of Life Insured in English (Surname first)</div> <div># 身份證明文件類別及號碼 # ID Type & No.</div>	
<p>注意 NOTE :</p> <ol style="list-style-type: none">*請在適當的方格內加上X以註明保單號碼。 Please mark X in the appropriate boxes to indicate the policy number.# 身份證明文件類別ID Type: I = 香港身份證HKID, P = 護照Passport, B = 商業登記Business Registration, C = 公司註冊編號Certificate of Incorporation, X = 其他Others.請在適當方格內加上✓號,並用正楷填寫。 Please ✓ the appropriate box and complete in BLOCK LETTERS.任何答案如有更改,敬請保單持有人在旁簽署。 Any changes should be initiated by the Policyholder.▲美國除外之國家/地區。 Any country/territory other than US.如繳付款項貨幣有別於保單貨幣或保險業監管局訂定徵費上限的貨幣(即港幣),該款項可能會受本公司不時釐定的保單貨幣/港幣對繳付款項貨幣的匯率而改變。同樣,如任何款項的貨幣不是以保單貨幣或保險業監管局訂定徵費上限的貨幣(即港幣)支付,該款項將會受本公司不時釐定的保單貨幣對支付貨幣/港幣的匯率而改變。匯率之波動會對款額構成影響,包括但不限於以繳付保費,保費徵費及利益支付款項。選擇非本地貨幣結算的保單,閣下須承受匯率風險。匯率會不時波動,閣下可能因匯率之波動而損失部分的利益價值及繳交往後保費及/或保費徵費(如有)可能會比繳交首次保費及保費徵費金額為高。 If the payments are paid in currencies other than the policy currencies/currency of levy cap i.e. HKD as provided by the Insurance Authority, the payments would be subject to change according to the prevailing exchange rate of policy currencies/HKD to payment currencies to be determined by the Company from time to time. Likewise any payments settled in currencies other than the policy currencies/currency of levy cap i.e. HKD, the payments would be subject to the change according to the prevailing exchange rate of policy currencies/HKD to payment currencies to be determined by the Company from time to time. The fluctuation in exchange rates may have impact on the amount of payments including but not limited to premium payments, levy payments and benefit payments. By choosing the plans denominated in currencies other than local currency, you are subject to the exchange rate risks. Exchange rate fluctuates from time to time. You may suffer a loss of your benefit values and the subsequent premium payments and/or levy payments (if any) may be higher than your initial premium payment as a result of the exchange rate fluctuations.			

致: 恒生保險有限公司

To: Hang Seng Insurance Company Limited

第一部份 Section I

<input type="checkbox"/> 1. 更改或更正客戶資料(請附上香港永久性居民身份證/香港非永久性居民身份證/護照/出生證明書副本以作證明) Change or correction of personal details (Please enclose Permanent Hong Kong Identity Card/Non-Permanent Hong Kong Identity Card/Passport/Birth Certificate copy in support) * 請填寫閣下現在的所有國籍,如修正任何國籍資料請附上國籍證明。 Please state all your current Nationality(ies). If you have any revision, nationality proof is required.	
客戶 Client®:	<input type="checkbox"/> 受保人 Life Insured <input type="checkbox"/> 保單持有人 Policyholder <input type="checkbox"/> 付款人 Payor <input type="checkbox"/> 受益人 Beneficiary <input type="checkbox"/> 承讓人 Assignee <input type="checkbox"/> 受權人 Power of Attorney <input type="checkbox"/> 後續保單持有人 Contingent Owner <input type="checkbox"/> 其他(適用於公司或信託保單) Others (For Corporate or Trust Policy) (如: 授權簽署人/股東/實益擁有人/合夥人/董事/中介控股公司/財產授予人/擔保人/主要管理人/受任人/信託/信託人/保護人/基金會/執行人) (e.g. Authorised Signatory/Principal Shareholder/Beneficial Owners/Partners/Directors/Intermediate Beneficial Owner/Settlor/Guarantor/Key Controller/Direct Appointee/Trust/Trustee/Protector/Foundation/Enforcer) 於下列說明 Please specify: _____
<p>® 如沒有選擇,將設定為「保單持有人」。 If not specified, default as "Policyholder".</p> <p><input type="checkbox"/> 下列相關之客戶資料更改或更正將同時適用於保單持有人之所有保單 Change or correction of relevant personal details as specified below is also applicable to all policies under the Policyholder</p>	
項目 Item:	
<input type="checkbox"/> 英文姓名 Name in English (Surname first) _____	
<input type="checkbox"/> 中文姓名 Name in Chinese _____	<input type="checkbox"/> 別名(如有) Other Known By Name (if any) _____
<input type="checkbox"/> 營業名稱(如有) Trading as (if any) _____	<input type="checkbox"/> 出生日期 Date of Birth _____
<input type="checkbox"/> 出生地區 Place of Birth _____	<input type="checkbox"/> 新簽署樣本 New Signature Specimen _____
<input type="checkbox"/> # 身份證明文件類別及號碼 # ID Type & No. _____	<input type="checkbox"/> 國籍1* Nationality 1* _____
<input type="checkbox"/> 國籍2* (若與國籍1不同請填寫此欄) Nationality 2* (please complete if different from Nationality 1) _____	<input type="checkbox"/> 國籍3* (若與國籍1及2不同請填寫此欄) Nationality 3* (please complete if different from Nationality 1 and 2) _____
<input type="checkbox"/> 美國稅務編號(如適用) US Tax ID (where applicable) _____	<input type="checkbox"/> 地方稅務編號(如適用)▲ Local Tax ID (where applicable)▲ _____
<input type="checkbox"/> 地方稅務編號之管轄區(如適用)▲ Jurisdiction of Local Tax ID (where applicable)▲ _____	<input type="checkbox"/> 全球中間機構識別碼(如適用) GIIN No. (where applicable): _____
<input type="checkbox"/> 在該機構的職銜及職位(如適用) Designation Title and Position in the organization (where applicable) _____	
如保單持有人之職業資料或就業資料有所更改,填妥第1部分之7項"更新保單持有人之個人資料"。 If policyholder has any revision of employment status or details, please complete Section I item 7 - Update Personal Details for Policyholder.	

- ☐ 2. 更改通訊地址・居住地址／營業地址（適用於公司）・永久地址／註冊公司地址（適用於公司）Change of Correspondence Address, Residential Address/Business Address (for Corporate), Permanent Address/Registered Office Address (for Corporate)
- 客戶® Client®: ☐ 受保人 Life Insured ☐ 保單持有人 Policyholder ☐ 付款人 Payor ☐ 受益人 Beneficiary
- ☐ 承讓入 Assignee ☐ 受權人 Power of Attorney ☐ 後續保單持有人 Contingent Owner
- ☐ 其他（適用於公司或信託保單）Others (For Corporate or Trust Policy) (如：授權簽署人／股東／實益擁有人／合夥人／董事／中介控股公司／財產授予人／擔保人／主要管理人／受任人／信託／信託人／保護人／基金會／執行人) (e.g. Authorised Signatory/Principal Shareholder/Beneficial Owners/Partners/Directors/Intermediate Beneficial Owner/Settlor/Guarantor/Key Controller/Direct Appointee/Trust/Trustee/Protector/Foundation/Enforcer)
- 於下列說明 Please specify: _____

® 如沒有選擇，將設定為「保單持有人」。If not specified, default as "Policyholder".

- ☐ 下列相關之地址更改將同時適用於保單持有人之所有保單 Change of relevant address as specified below is also applicable to all policies under the Policyholder:

☐ 新通訊地址 New Correspondence Address ☐ 新居住地址／營業地址 New Residential Address/Business Address

☐ 新永久地址／註冊公司地址 New Permanent Address/Registered Office Address

新通訊地址（英文）New Correspondence Address (in English) _____

新居住地址／營業地址（如與註冊公司地址不同）（適用於公司）New Residential Address/Business Address (if different to registered office address) (for Corporate)

☐ 與新通訊地址相同 Same as New Correspondence Address

新居住地址／營業地址（如與註冊公司地址不同）（適用於公司）（英文）New Residential Address/Business Address (if different to registered office address)

(for Corporate) (in English) _____

新永久地址／註冊公司地址（適用於公司）New Permanent Address/Registered Office Address (for Corporate)

☐ 與新通訊地址相同 Same as New Correspondence Address

新永久地址／註冊公司地址（適用於公司）（英文）New Permanent Address/Registered Office Address (for Corporate) _____

成立／註冊／組建所在國家／地區（適用於公司）Country/Territory of Incorporation/registration/formation (for Corporate) _____

如新地址所屬之國家／地區與閣下之國籍或現時地址不同，請說明原因：_____ 及填妥第1部分之7項“更新保單持有人之個人資料”。

If country/territory of new address is not the same as nationality or existing address, please provide reason: _____

and complete Section I item 7 — Update Personal Details for Policyholder.

前居住地址（若於居住地址少於12個月請填寫此欄）Previous Address (please complete if residing in Residential Address less than 12 months)

☐ 3. 更改電話／電郵地址 Change of Telephone No./E-mail Address

下列相關之客戶電話／電郵地址更改將同時適用於保單持有人之所有保單 Change of relevant telephone no./e-mail address as specified below is also applicable to all policies under the Policyholder

聯絡電話號碼 Telephone no.

（請最少提供一個聯絡電話及其所屬國家／地區。如聯絡電話為海外號碼（香港／美國／中國號碼除外），請於號碼前填寫地區代號，不得含有空格或符號。Please provide at least one telephone no. with its country/territory. For overseas telephone no., except HK/US/China no., please fill in area code in front of the telephone no. and omit any space and/or symbols.）

住宅 Home ☐ 香港 HK ☐ 美國US 1 ☐ 中國 China 86

☐ 其他國家／地區名稱 Other Country/Territory Name _____

聯絡電話號碼 Telephone no. _____

工作 Work ☐ 香港 HK ☐ 美國US 1 ☐ 中國 China 86

☐ 其他國家／地區名稱 Other Country/Territory Name _____

聯絡電話號碼 Telephone no. _____

手提電話 Mobile ☐ 香港 HK ☐ 美國US 1 ☐ 中國 China 86

☐ 其他國家／地區名稱 Other Country/Territory Name _____

聯絡電話號碼 Telephone no. _____

電郵地址 E-mail address _____

<input type="checkbox"/> 4. 新繳費方式 New Payment Mode : 生效日期 Effective Date (日DD/月MM/年YYYY) _____			
<input type="checkbox"/> 每月自動轉賬 Monthly by Autopay*		<input type="checkbox"/> 每年自動轉賬 Annually by Autopay*	
		<input type="checkbox"/> 每年郵寄賬單 Annually by Premium Notice	
<small>*如申請直接付款，請填寫第5項之直接付款授權書。To apply direct debit, please complete Direct Debit Authorisation in item 5.</small>			
<input type="checkbox"/> 5. 更改自動轉賬賬戶 Change of Direct Debit Account 本人／我等授權恒生保險有限公司在本人／我等的戶口以港元直接轉賬支付保費及保費徵費。I/We authorise Hang Seng Insurance Company Limited to initiate deductions from my/our account, as specified below, for the premium and levy due in HKD.			
銀行及分行之名稱 Bank Name and Branch		銀行編號 Bank No.	分行編號 Branch No.
		賬戶號碼 Account No.	
戶口持有人簽署 Signature of Account Holder		與保單持有人關係* (如非保單持有人) Relationship to Policyholder (if not Policyholder)	
(S.V.)		(S.V.)	
適用於個人／聯名戶口客戶 Applicable to sole/ joint account holder		適用於個人／聯名戶口客戶 Applicable to sole/ joint account holder	
稱謂 Salutation: <input type="checkbox"/> 先生 Mr. <input type="checkbox"/> 小姐 Miss <input type="checkbox"/> 太太 Mrs. <input type="checkbox"/> 女士 Ms		稱謂 Salutation: <input type="checkbox"/> 先生 Mr. <input type="checkbox"/> 小姐 Miss <input type="checkbox"/> 太太 Mrs. <input type="checkbox"/> 女士 Ms	
性別 Sex: <input type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female		性別 Sex: <input type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female	
英文姓名／公司名稱 Name in English/Name of Company (必須與所屬銀行紀錄相同 Must be match with Bank's record)		英文姓名 Name in English	
#身份證明文件類別及號碼 #ID Type & No.		#身份證明文件類別及號碼 #ID Type & No.	
適用於公司戶口客戶 Applicable to Company account holder 營業名稱 (如有) Trading as (if any)		如由第三者繳付往後保費及保單每月保費相等或多於美元10,000/港元78,000 (或等值貨幣)，或保單年度化保費/每年保費相等或多於美元120,000/港元936,000 (或等值貨幣)，請填寫更改自動轉賬賬戶 (續) 之5.1/5.2部份。If subsequent premium payment paid by third party and monthly premium payment is equal to or greater than USD10,000/HKD78,000 (or other currency equivalent), or annualized premium/annual premium payment is equal to or greater than USD120,000/HKD936,000 (or other currency equivalent) per year, please complete Change of Direct Debit Account (cont'd) item 5.1/5.2.	
<small>#身份證明文件類別ID Type: I = 香港身份證HKID, P = 護照Passport, B = 商業登記Business Registration, C = 公司註冊編號Certificate of Incorporation, X = 其他Others.</small>			
<small>*註: 付款人必須為以下指定人士或法人之一，包括受保人／保單持有人之父母、合法配偶、兄弟姊妹、子女、法定監護人及僱主。 Note: The payor must be one of the designated persons or legal person which include the Life Insured's/Policyholder's parent, legal spouse, sibling, children, legal guardian and employer.</small>			

5. 更改自動轉賬賬戶 (續) Change of Direct Debit Account (cont'd)	
適用於由第三者繳付往後保費 Applicable to subsequent premium payment paid by third party	
<p>注意 Note:</p> <p>^ 必須填寫之欄位：如每月保費之金額達USD10,000（約相等於HKD78,000）或年度化保費／每年保費之金額達USD120,000（約相等於HKD936,000）</p> <p>^ Mandatory field: If Monthly Premium Amount reaches USD 10,000 (approximately equivalent to HKD78,000) or Annualized Premium/Annual Premium Amount reaches USD120,000 (approximately equivalent to HKD936,000)</p> <p>如保單貨幣並非為美元或港元，請參考“Life Insurance Policies Details”備註上所示之貨幣匯率以計算港元HKD金額。</p> <p>If the policy currency is NOT USD nor HKD, please refer to the currency exchange rate shown under the remark of “Life Insurance Policies Details” to calculate the HKD amount.</p>	
5.1 如付款人為個人身份 If the Payor is an Individual:	
<div> <div> ^ 出生日期 ^Date of Birth (DD/MM/YYYY) </div> <div> ^ 別名（如有） ^Other Known By Name (if any) </div> </div>	
<div> <div> ^ 國籍1 ^Nationality 1 </div> <div> 國籍2（若與國籍1不同請填寫此欄） Nationality 2 (please complete if different from Nationality 1) </div> </div>	
<div> <div> 國籍3（若與國籍1及2不同請填寫此欄） Nationality 3 (please complete if different from Nationality 1 and 2) </div> </div>	
^ 居住地址（請用英語填寫） ^Residential Address (please complete in English)	
<div> ^ 永久地址 ^Permanent Address <input type="checkbox"/> 同上居住地址 Same as above Residential Address <input type="checkbox"/> 其他（請用英語填寫） Others (please complete in English) </div>	
^ 永久地址國家／地區 ^Permanent Address Country/Territory	
5.2 如付款人為公司 If the Payor is a Company:	
^ 商業註冊日期 ^Date of Incorporation (DD/MM/YYYY)	^ 成立／註冊／組建所在國家／地區 ^Country/Territory of Incorporation/registration/formation
^ 註冊公司地址 Registered office address	
^ 營業地址（如與註冊公司地址不同） Business address (if different to Registered Office Address)	
^ 業務／行業性質 ^Nature of Business/Industry	
^ 是否受監管機構監管／是否在交易所上市？ ^Is the Entity Regulated in an Equivalent Country/Territory/listed in an Exchange? <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No	

☐ **6. 更改受益人 Change of Beneficiary**

本人指定下列人士為保單受益人。此項提名取代一切以往的提名紀錄。I appoint the following person(s) as Beneficiary of the Policy. This nomination supersedes all prior nominations.

請提供下列所需資料，並於簽妥後一個月內遞交申請。若有關資料遺漏，此申請將不獲接納。Please provide all the required information as listed below, sign and return the application to us within one month. If the said information is missing, the application will not be complied with.

必須填寫所有項目 All details are mandatory to be provided

A. 適用於受益人為個人客戶 If the beneficiary is a personal customer:

稱謂 Salutation	<input type="checkbox"/> 先生 Mr. <input type="checkbox"/> 小姐 Miss <input type="checkbox"/> 太太 Mrs. <input type="checkbox"/> 女士 Ms.	<input type="checkbox"/> 先生 Mr. <input type="checkbox"/> 小姐 Miss <input type="checkbox"/> 太太 Mrs. <input type="checkbox"/> 女士 Ms.	<input type="checkbox"/> 先生 Mr. <input type="checkbox"/> 小姐 Miss <input type="checkbox"/> 太太 Mrs. <input type="checkbox"/> 女士 Ms.
英文姓名 Name in English (Surname First)			
別名 (如有) Other Known By Name (if any)			
性別 Sex	<input type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female	<input type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female	<input type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female
# 身份證明文件類別及號碼 #ID Type and No.			
十八歲以下未成年受益人 (Minor beneficiary of age below 18) 受託人姓名(請以英文填寫) Trustee Name in English 受託人# 身份證明文件類別及號碼 Trustee# ID Type & No.	<input type="checkbox"/> 是 → *請填寫受託人資料 (如受益人為十八歲以下未成年受益人) Yes → *Trustee Details (for minor beneficiary(ies) of age below 18)* _____ _____ _____	<input type="checkbox"/> 是 → *請填寫受託人資料 (如受益人為十八歲以下未成年受益人) Yes → *Trustee Details (for minor beneficiary(ies) of age below 18)* _____ _____ _____	<input type="checkbox"/> 是 → *請填寫受託人資料 (如受益人為十八歲以下未成年受益人) Yes → *Trustee Details (for minor beneficiary(ies) of age below 18)* _____ _____ _____
與受保人關係 Relationship to Life Insured			
選擇受益人原因 Purpose of designated beneficiary	請選擇以下最合適的選項 Please select the most suitable one from the following options <input type="checkbox"/> 直系親屬/伴侶 Immediate family member/partner <input type="checkbox"/> 維持受益人生活質素 Maintain beneficiaries' living standard <input type="checkbox"/> 貢獻社會 Contribute to society <input type="checkbox"/> 本人壽保險之投保目的為公司要員/公司貸款保障/合夥 Purpose of this insurance is Key Person/ Business Loan Protection/ Partnership <input type="checkbox"/> 其他，請註明 Other, please specify _____	請選擇以下最合適的選項 Please select the most suitable one from the following options <input type="checkbox"/> 直系親屬/伴侶 Immediate family member/partner <input type="checkbox"/> 維持受益人生活質素 Maintain beneficiaries' living standard <input type="checkbox"/> 貢獻社會 Contribute to society <input type="checkbox"/> 本人壽保險之投保目的為公司要員/公司貸款保障/合夥 Purpose of this insurance is Key Person/ Business Loan Protection/ Partnership <input type="checkbox"/> 其他，請註明 Other, please specify _____	請選擇以下最合適的選項 Please select the most suitable one from the following options <input type="checkbox"/> 直系親屬/伴侶 Immediate family member/partner <input type="checkbox"/> 維持受益人生活質素 Maintain beneficiaries' living standard <input type="checkbox"/> 貢獻社會 Contribute to society <input type="checkbox"/> 本人壽保險之投保目的為公司要員/公司貸款保障/合夥 Purpose of this insurance is Key Person/ Business Loan Protection/ Partnership <input type="checkbox"/> 其他，請註明 Other, please specify _____
* 分配 *Share (%)			

* 註 Note: 如保單內的受保人身故時受益人仍未成年，以上指定的受託人將會成為受益人的受託人收取付款。If the beneficiary(ies) is/are at her/his minority upon the death of the Life Insured of this policy, the above designated trustee(s) will be taken as the trustee(s) for the beneficiary(ies) to receive any payments under the policy.

B. 次位受益人資料 Details of Secondary Beneficiaries

如受保人身故時所有基本受益人已離世，此保單的受益人將為次位受益人。 If there is no primary beneficiary(ies) living at the time of the Life Insured's death, the secondary beneficiary(ies) will be taken as the beneficiary(ies) of this policy.

稱謂 Salutation	<input type="checkbox"/> 先生 Mr. <input type="checkbox"/> 小姐 Miss <input type="checkbox"/> 太太 Mrs. <input type="checkbox"/> 女士 Ms.	<input type="checkbox"/> 先生 Mr. <input type="checkbox"/> 小姐 Miss <input type="checkbox"/> 太太 Mrs. <input type="checkbox"/> 女士 Ms.	<input type="checkbox"/> 先生 Mr. <input type="checkbox"/> 小姐 Miss <input type="checkbox"/> 太太 Mrs. <input type="checkbox"/> 女士 Ms.
英文姓名 Name in English (Surname First)			
別名 (如有) Other Known By Name (if any)			
性別 Sex	<input type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female	<input type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female	<input type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female
# 身份證明文件類別及號碼 #ID Type and No.			
十八歲以下未成年受益人 (Minor beneficiary of age below 18)	<input type="checkbox"/> 是 → *請填寫受託人資料 (如受益人為十八歲以下未成年受益人) Yes → *Trustee Details (for minor beneficiary(ies) of age below 18)*	<input type="checkbox"/> 是 → *請填寫受託人資料 (如受益人為十八歲以下未成年受益人) Yes → *Trustee Details (for minor beneficiary(ies) of age below 18)*	<input type="checkbox"/> 是 → *請填寫受託人資料 (如受益人為十八歲以下未成年受益人) Yes → *Trustee Details (for minor beneficiary(ies) of age below 18)*
受託人姓名(請以英文填寫) Trustee Name in English			
受託人# 身份證明文件類別及號碼 Trustee# ID Type & No.			
與受保人關係 Relationship to Life Insured			
選擇受益人原因 Purpose of designated beneficiary	請選擇以下最合適的選項 Please select the most suitable one from the following options <input type="checkbox"/> 直繫親屬／伴侶 Immediate family member/partner <input type="checkbox"/> 維持受益人生活質素 Maintain beneficiaries' living standard <input type="checkbox"/> 貢獻社會 Contribute to society <input type="checkbox"/> 本人壽保險之投保目的為公司要員／公司貸款保障／合夥 Purpose of this insurance is Key Person/ Business Loan Protection/ Partnership <input type="checkbox"/> 其他，請註明 Other, please specify	請選擇以下最合適的選項 Please select the most suitable one from the following options <input type="checkbox"/> 直繫親屬／伴侶 Immediate family member/partner <input type="checkbox"/> 維持受益人生活質素 Maintain beneficiaries' living standard <input type="checkbox"/> 貢獻社會 Contribute to society <input type="checkbox"/> 本人壽保險之投保目的為公司要員／公司貸款保障／合夥 Purpose of this insurance is Key Person/ Business Loan Protection/ Partnership <input type="checkbox"/> 其他，請註明 Other, please specify	請選擇以下最合適的選項 Please select the most suitable one from the following options <input type="checkbox"/> 直繫親屬／伴侶 Immediate family member/partner <input type="checkbox"/> 維持受益人生活質素 Maintain beneficiaries' living standard <input type="checkbox"/> 貢獻社會 Contribute to society <input type="checkbox"/> 本人壽保險之投保目的為公司要員／公司貸款保障／合夥 Purpose of this insurance is Key Person/ Business Loan Protection/ Partnership <input type="checkbox"/> 其他，請註明 Other, please specify
* 分配 *Share (%)			

C. 適用於受益人為非個人客戶（如受益人為公司） If the beneficiary is a non-Personal Customer (e.g. If the beneficiary is a company):

公司名稱 Name of Company			
營業名稱（如有） Trading as (if any)			
#公司商業註冊類別及公司商業註冊號碼 Company ID Type and Company ID Number			
商業註冊日期 Date of Incorporation (DD/MM/YYYY)			
註冊公司國家／地區 Country/Territory of Incorporation			
營業國家／地區（如與註冊公司國家／地區不同） Country/Territory of Business (if different from Country/Territory of Incorporation)			
是否受監管機構監管／是否在交易所上市？ Is the Entity Regulated in an Equivalent Country/Territory/listed in an Exchange?	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No
業務／行業性質 Nature of Business/Industry			
與受保人關係 Relationship to Life Insured			
選擇受益人原因 Purpose of designated beneficiary	請選擇以下最合適的選項 Please select the most suitable one from the following options <input type="checkbox"/> 直系親屬／伴侶 Immediate family member/partner <input type="checkbox"/> 維持受益人生活質素 Maintain beneficiaries' living standard <input type="checkbox"/> 貢獻社會 Contribute to society <input type="checkbox"/> 本人壽保險之投保目的為公司要員／公司貸款保障／合夥 Purpose of this insurance is Key Person/Business Loan Protection/Partnership <input type="checkbox"/> 其他，請註明 Other, please specify _____	請選擇以下最合適的選項 Please select the most suitable one from the following options <input type="checkbox"/> 直系親屬／伴侶 Immediate family member/partner <input type="checkbox"/> 維持受益人生活質素 Maintain beneficiaries' living standard <input type="checkbox"/> 貢獻社會 Contribute to society <input type="checkbox"/> 本人壽保險之投保目的為公司要員／公司貸款保障／合夥 Purpose of this insurance is Key Person/Business Loan Protection/Partnership <input type="checkbox"/> 其他，請註明 Other, please specify _____	請選擇以下最合適的選項 Please select the most suitable one from the following options <input type="checkbox"/> 直系親屬／伴侶 Immediate family member/partner <input type="checkbox"/> 維持受益人生活質素 Maintain beneficiaries' living standard <input type="checkbox"/> 貢獻社會 Contribute to society <input type="checkbox"/> 本人壽保險之投保目的為公司要員／公司貸款保障／合夥 Purpose of this insurance is Key Person/Business Loan Protection/Partnership <input type="checkbox"/> 其他，請註明 Other, please specify _____
分配 Share (%)			

- 如受益人與受保人之關係不屬於家庭成員（父／母、子／女、配偶、祖父／母、配偶之父／母、女婿、媳婦或未婚夫／妻）或生活伴侶，請填妥第1部分之7項“更新保單持有人之個人資料”。 If relationship to life insured is not family members (father, mother, daughter, son, spouse, grandparents, parents-in-law, son/daughter-in-law, fiancée)/living partners, please complete Section I item 7 "Update Personal Details for Policyholder".
- 若閣下指定上述人士為不可撤換受益人，請一併遞交其身份證明文件副本。
If you would like to appoint the above person(s) as Irrevocable Beneficiary, please submit along with the respective document ID copy.
- 若受益人超過一人，而在此並無註明分配比例，保單利益將會平均分配給各受益人。
If more than one beneficiary is designated, all policy proceeds will be shared equally unless otherwise stated.

7. 更新保單持有人之個人資料 Update Personal Details for Policyholder

*若此項沒有回答，我們假設閣下之個人資料“沒有更改”。 *If this part leaves blank, we assume there is "No Change" on your personal details.

職業狀況（選一項） ☐ 全職 Full Time Employed ☐ 退休 Retired¹ ☐ 兼職 Part Time ☐ 學生 Student
Employment Status (Choose ONE only) ☐ 自僱 Self Employed ☐ 主婦 Housewife¹ ☐ 待業 Unemployed¹
職業 Occupation: _____ 行業 Industry _____ 職位 Position _____ 任職日期 (月／年) Employment Start Date (MM/YYYY) _____
僱主／公司名稱 _____ 僱主／公司地址所屬之國家／地區 _____
Name of Employer/Company _____ The respective Country/Territory of the address of the Employer/Company _____

保單持有人之薪金資料（只適用於十八歲或以上人士） Policyholder's salary details (only applicable for age 18 or above)

每月收入的總和（包括薪金及其他現金津貼／分紅） What is the total monthly income (including salary and other cash allowance/bonus)?

☐ HKD10,000以下 or below, ☐ HKD10,001-HKD20,000, ☐ HKD20,001-HKD30,000,

☐ HKD30,001-HKD40,000, ☐ HKD40,001以上 or above

業務性質（適用於公司客戶） Business Nature (For corporate customer) _____

主要收入來源 Main source of income（適用於個人及公司客戶） (For both personal and corporate customer)

☐ 薪金 Salary ☐ 儲蓄 Saving ☐ 捐獻 Donation ☐ 遺產 Inheritance

☐ 生意收入 Business Income ☐ 由生意持有人提供 From Business Owner ☐ 投資回報 Return on Investment

☐ 銷售收入 Sales Proceed ☐ 酬金及佣金收入 Fee and Commission Income ☐ 其他，請註明：Others, please state _____

（適用於公司客戶）貴公司由保單生效至今，公司之董事、最終實益擁有人、及／或負責人有否轉變？如有，請填寫“公司授權表格”。

(For corporate customer) Is there any change in directorship, beneficial owner or authorised signatory of the company since the policy was issued?

If Yes, please complete the "Corporate Authorisation Form".

☐ 有 Yes ☐ 沒有 No

¹ 如閣下現為退休、家庭主婦或待業，請填寫上一份職業的資料（如有）。 If you are retired, a housewife or unemployed, please write down your previous employment details (if any).

☐ **8a. 更改紅利運用方式（只適用於標準分紅保單）***
Change of Dividend Option (Applicable to standard participation policy only)*
☐ 現金支付 Cash Payment ☐ 支付繳清保險 Paid-up Addition
☐ 積存生息 Accumulation with Interest
 付款指示 Payment Instruction
☐ 支票予保單持有人並郵寄至通訊地址 Cheque payable to policyholder and mail to my correspondence address
 支票貨幣 ☐ 保單貨幣或 ☐ 港元支付（適用美金／人民幣保單）
 Cheque Payment in ☐ Policy currency or ☐ HKD for USD/CNY policies
☐ 轉入本人之以下指定戶口／聯名戶口（必須為恒生銀行賬戶）：Transfer the amount to the following designated bank account under my sole or joint name
 (only applicable to Hang Seng Bank account):
 貨幣 ☐ 保單貨幣或 ☐ 港元支付（適用美金／人民幣保單）
 Payment in ☐ Policy currency or ☐ HKD for USD/CNY policies
 戶口號碼 Bank account Number: _____
 (如人民幣／美元戶口為任何綜合戶口下之附屬戶口，請填寫該綜合戶口號碼(Suffix為882/888/883)。If the CNY/USD Account is a sub-account under an Integrated Account, please fill in the account number of the Integrated Account (Suffix 882/888/883)).
 請提供銀行戶口證明 Please submit the account proof
 戶口持有人姓名 Name of Account Holder: _____

*只適用於入息期開始前之月薪退休計劃／每月教育基金保計劃／靈活入息保人壽保險計劃／自選入息保人壽保險計劃／增長入息保人壽保險計劃／智選入息保人壽保險計劃／躍進入息保人壽保險計劃／目標入息保人壽保險計劃／「入息連連」(人民幣)人壽保險計劃／「悅•享連連」II(人民幣)年金人壽保險計劃。
 *Before the commencement of the Income Period of Monthly Income Retirement Plan/Monthly Education Fund Insurance Plan/Flexi-Income Life Insurance Plan/Income Select Life Insurance Plan/Income Step Up Life Insurance Plan/Smart-Income Life Insurance Plan/Step-Up Income Life Insurance Plan/Target Income Life Insurance Plan/HarvestLife (RMB) Life Insurance Plan only/SavourLife II (RMB) Annuity Life Insurance Plan.

☐ **8b. 更改現金儲蓄運用方式／教育基金款項方式／年年現金賞／保證現金／中期現金獎賞／每月退休入息／每月零用錢／保證退休金額運用方式**
Change of Cash Endowment/Educational Payment Option/Yearly Cash Reward/Guarantee Cash Payment/Interim Cash Bonus/Monthly Retirement Income/Monthly Pocket Money Payment/Guaranteed Lump Sum Payment/Guaranteed Retirement Payment Option
☐ 現金支付 Cash Payment ☐ 積存生息 Accumulation with Interest
 付款指示 Payment Instruction
☐ 支票予保單持有人並郵寄至通訊地址 Cheque payable to policyholder and mail to my correspondence address
 支票貨幣 ☐ 保單貨幣或 ☐ 港元支付（適用美金／人民幣保單）
 Cheque Payment in ☐ Policy currency or ☐ HKD for USD/CNY policies
☐ 轉入本人之以下指定戶口／聯名戶口（必須為恒生銀行賬戶）：Transfer the amount to the following designated bank account under my sole or joint name
 (only applicable to Hang Seng Bank account):
 貨幣 ☐ 保單貨幣或 ☐ 港元支付（適用美金／人民幣保單）
 Payment in ☐ Policy currency or ☐ HKD for USD/CNY policies
 戶口號碼 Bank account Number: _____
 (如人民幣／美元戶口為任何綜合戶口下之附屬戶口，請填寫該綜合戶口號碼(Suffix為882/888/883)。If the CNY/USD Account is a sub-account under an Integrated Account, please fill in the account number of the Integrated Account (Suffix 882/888/883)).
 請提供銀行戶口證明 Please submit the account proof
 戶口持有人姓名 Name of Account Holder: _____

☐ **8c. 更改入息運用方式 Change of Income Option**
 (只適用「悅•享連連」II(人民幣)年金人壽保險計劃) (Only applicable to SavourLife II (RMB) Annuity Life Insurance Plan)
☐ 現金支付 Cash Payment ☐ 積存生息 Accumulation with Interest
 付款指示 Payment Instruction
☐ 支票予保單持有人並郵寄至通訊地址 Cheque payable to policyholder and mail to my correspondence address
 支票貨幣 ☐ 保單貨幣或 ☐ 港元支付（適用美金／人民幣保單）
 Cheque Payment in ☐ Policy currency or ☐ HKD for USD/CNY policies
☐ 轉入本人之以下指定戶口／聯名戶口（必須為恒生銀行賬戶）：Transfer the amount to the following designated bank account under my sole or joint name (only applicable to Hang Seng Bank account):
 貨幣 ☐ 保單貨幣或 ☐ 港元支付（適用美金／人民幣保單）
 Payment in ☐ Policy currency or ☐ HKD for USD/CNY policies
 戶口號碼 Bank account Number: _____
 (如人民幣／美元戶口為任何綜合戶口下之附屬戶口，請填寫該綜合戶口號碼(Suffix為882/888/883)。If the CNY/USD Account is a sub-account under an Integrated Account, please fill in the account number of the Integrated Account (Suffix 882/888/883)).
 請提供銀行戶口證明 Please submit the account proof
 戶口持有人姓名 Name of Account Holder: _____

☐ **9a. 更改死亡賠償發放指示（只適用於自選入息保人壽保險計劃／增長入息保人壽保險計劃／智選入息保人壽保險計劃／躍進入息保人壽保險計劃／目標入息保人壽保險計劃／「入息連連」(人民幣)人壽保險計劃)**
Change of Death Benefit Payout Instruction (Applicable to Income Select Life Insurance Plan/Income Step Up Life Insurance Plan/Smart-Income Life Insurance Plan/Step-Up Income Life Insurance Plan/Target Income Life Insurance Plan/HarvestLife (RMB) Life Insurance Plan)
☐ 一次性金額支付予受益人* Lump sum to beneficiary*
☐ 受益人將繼續收取未支付的每月入息／每月退休入息／每月零用錢直至入息期完結為止／退休入息期完結／教育基金發放年期完結**
 Beneficiary continues to receive the unpaid Monthly Income/Monthly Retirement Income and Monthly Pocket Money until the end of the Income Period/Retirement Income Period/Education Fund Payout Period **

* 如選擇此項指示，受益人將可即時獲得一筆過全數支付的身故賠償（但不包括其後的紅利，如有）。
 Under this instruction, the beneficiary(ies) may receive the death benefit in one lump sum payment immediately (with the exclusion of the future dividends, if any).

** 當受保人死亡及此項指示執行時，保單將繼續生效直至於保單內未償付的全數金額已經支付或將會支付。
 While this instruction operates upon the death of the Life Insured, the Policy shall remain in force until the time at which all outstanding benefits under the Policy have been paid or become payable.

<div><div><div></div><div>9b</div></div><div>更改身故保障支付選項*（只適用於「享譽人生」人壽保險計劃）Change of Death Benefit Settlement Option (Applicable to PhoenixLife Insurance Plan only)</div></div>	<div><div><div><div><div><div></div><div>身故保障以一筆過支付予受益人 * Death Benefit payout in Lump Sum to beneficiary*</div></div><div><div></div><div>全部金額以每月分期方式支付予受益人 *** All of the Death Benefit will be paid by monthly instalments to the Beneficiary(ies).*** <div>分期方式支付年期 Instalments payout period :<div><div></div>10 年 10 years<div></div>20 年 20 years</div></div></div></div><div><div></div>下列指定百分比以每月分期方式支付予受益人，餘額以一筆過方式支付予受益人 **** A fixed percentage (as below) to be paid by monthly instalment and the remaining portion to be paid in a lump sum to Beneficiary(ies)****<div>% (必須為整數 The percentage must be an integer) <div>分期方式支付年期 Instalments payout period :<div><div></div>10 年 10 years<div></div>20 年 20 years</div></div></div></div></div></div></div></div> <div>* 身故保障支付選項須於受保人在生期間作出更改。Death Benefit Settlement Option can only be changed while the Life Insured is still alive. * 如選擇此項指示，受益人將可即時獲得一筆過全數支付的身故賠償。Under this instruction, the beneficiary(ies) may receive the death benefit in a lump sum payment immediately. ** 如選擇此項指示，本公司會在受保人身故時，將全部的身故保障以每月分期方式派發。Under this instruction, all of the Death Benefit to be paid by monthly instalments upon the death of the Life Insured. *** 如選擇此項指示，本公司會在受保人身故時，將部分的身故保障以每月分期方式派發，並以一筆過形式派發餘下之身故保障。Under this instruction, the part of the Death Benefit to be paid by monthly instalments, we will pay the remaining portion in a lump sum upon the death of the Life Insured. * 如身故保障賠償低於美元50,000，身故保障賠償定額分期支付方式將不予行使。身故保障賠償將一筆過支付給受益人。本公司會不時釐定上述的最低分期限額要求。If the death benefit is less than USD 50,000, the death benefit fixed installment payment method will not be exercised. Death benefit will be paid to the beneficiary(ies) in a lump sum. The above requirements on minimum instalment amounts as determined by us from time to time.</div>																								
<div><div><div></div><div>10.</div></div><div>後續保單持有人*（只適用於「享譽人生」人壽保險計劃）Contingent Owner* (Applicable to PhoenixLife Insurance Plan only)</div></div>	<div><div><div><div><div></div><div>指定後續保單持有人（請填寫下列之後續保單持有人資料）Designation of Contingent Owner (Please complete below details of contingent owner)</div></div><div><div></div><div>終止後續保單持有人 Termination of Contingent Owner</div></div></div><div>後續保單持有人資料 DETAILS OF CONTINGENT OWNER</div><table><tr><td>稱謂 Salutation</td><td><div><div></div>先生 Mr<div></div>女士 Ms<div></div>小姐 Miss<div></div>太太 Mrs</div></td></tr><tr><td>英文姓名 Name in English (Surname First)</td><td></td></tr><tr><td>中文姓名（如有） Chinese Name (if any)</td><td></td></tr><tr><td>英文別名（先填寫姓氏）（如適用） Other Known By Name in English (Surname First) (where applicable)</td><td></td></tr><tr><td>中文別名（如適用） Other Known By Name in Chinese (where applicable)</td><td></td></tr><tr><td>性別 Sex</td><td><div><div></div>男 Male<div></div>女 Female</div></td></tr><tr><td>身份證明文件 Identity Document (請提供身份證明文件副本) (please provide copies of the identity documents)</td><td><div><div></div>香港永久性居民身份證 Permanent Hong Kong Identity Card<div></div>香港非永久性居民身份證 Non-Permanent Hong Kong Identity Card (請提供旅行證件副本確認國籍 Please provide travel document for nationality verification)<div></div>護照 Passport (請註明國家／地區 Please state the country/territory)<div></div>其他身份證明文件 Other Identity Document 號碼 No. _____</div></td></tr><tr><td>出生日期 Date of Birth</td><td>日 Day _____ 月 Month _____ 年 Year _____</td></tr><tr><td>與受保人關係 Relationship with the Life Insured</td><td></td></tr><tr><td>與保單持有人關係 Relationship with the Policyholder</td><td></td></tr><tr><td>通訊地址 Correspondence Address</td><td><div>室 Flat/Room _____ 樓 Floor _____ 座 Block _____ 大廈／屋苑名稱 Building/Estate _____ 街道名稱 Street/Road _____ 地區 District _____ 國家／地區 Country/Territory _____ 郵區編號 Postal Code _____</div></td></tr><tr><td>聯絡電話號碼 Telephone No. (請最少提供一個聯絡電話及其所屬國家／地區。如聯絡電話為海外號碼（香港／美國／中國號碼除外），請於號碼前填寫地區編號，不得含有空格或符號 Please provide at least one telephone no. with its Country/Territory. For overseas telephone no., except HK/US/China no., please fill in area code in front of the telephone no. and omit any space and/or symbols)</td><td><div><div>住宅 Home<div><div></div>香港 HK<div></div>美國 US 1<div></div>中國 86 China 86</div><div>Other Country/Territory Name 其他國家／地區名稱 _____ 聯絡電話號碼 Telephone No. _____</div></div><div>工作 Work<div><div></div>香港 HK<div></div>美國 US 1<div></div>中國 86 China 86</div><div>Other Country/Territory Name 其他國家／地區名稱 _____ 聯絡電話號碼 Telephone No. _____</div></div><div>手提電話 Mobile<div><div></div>香港 HK<div></div>美國 US 1<div></div>中國 86 China 86</div><div>Other Country/Territory Name 其他國家／地區名稱 _____ 聯絡電話號碼 Telephone No. _____</div></div></div><div>(Please provide a valid mobile number, we may send you important message via SMS 請提供有效的手機號碼，本公司或會通過短信向您發送重要信息)</div></td></tr></table></div></div>	稱謂 Salutation	<div><div></div>先生 Mr<div></div>女士 Ms<div></div>小姐 Miss<div></div>太太 Mrs</div>	英文姓名 Name in English (Surname First)		中文姓名（如有） Chinese Name (if any)		英文別名（先填寫姓氏）（如適用） Other Known By Name in English (Surname First) (where applicable)		中文別名（如適用） Other Known By Name in Chinese (where applicable)		性別 Sex	<div><div></div>男 Male<div></div>女 Female</div>	身份證明文件 Identity Document (請提供身份證明文件副本) (please provide copies of the identity documents)	<div><div></div>香港永久性居民身份證 Permanent Hong Kong Identity Card<div></div>香港非永久性居民身份證 Non-Permanent Hong Kong Identity Card (請提供旅行證件副本確認國籍 Please provide travel document for nationality verification)<div></div>護照 Passport (請註明國家／地區 Please state the country/territory)<div></div>其他身份證明文件 Other Identity Document 號碼 No. _____</div>	出生日期 Date of Birth	日 Day _____ 月 Month _____ 年 Year _____	與受保人關係 Relationship with the Life Insured		與保單持有人關係 Relationship with the Policyholder		通訊地址 Correspondence Address	<div>室 Flat/Room _____ 樓 Floor _____ 座 Block _____ 大廈／屋苑名稱 Building/Estate _____ 街道名稱 Street/Road _____ 地區 District _____ 國家／地區 Country/Territory _____ 郵區編號 Postal Code _____</div>	聯絡電話號碼 Telephone No. (請最少提供一個聯絡電話及其所屬國家／地區。如聯絡電話為海外號碼（香港／美國／中國號碼除外），請於號碼前填寫地區編號，不得含有空格或符號 Please provide at least one telephone no. with its Country/Territory. For overseas telephone no., except HK/US/China no., please fill in area code in front of the telephone no. and omit any space and/or symbols)	<div><div>住宅 Home<div><div></div>香港 HK<div></div>美國 US 1<div></div>中國 86 China 86</div><div>Other Country/Territory Name 其他國家／地區名稱 _____ 聯絡電話號碼 Telephone No. _____</div></div><div>工作 Work<div><div></div>香港 HK<div></div>美國 US 1<div></div>中國 86 China 86</div><div>Other Country/Territory Name 其他國家／地區名稱 _____ 聯絡電話號碼 Telephone No. _____</div></div><div>手提電話 Mobile<div><div></div>香港 HK<div></div>美國 US 1<div></div>中國 86 China 86</div><div>Other Country/Territory Name 其他國家／地區名稱 _____ 聯絡電話號碼 Telephone No. _____</div></div></div> <div>(Please provide a valid mobile number, we may send you important message via SMS 請提供有效的手機號碼，本公司或會通過短信向您發送重要信息)</div>
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第二部份Section II – 個人資料用於直接促銷（由保單持有人填寫）Use of personal data in direct marketing (To be completed by Policyholder)

本公司可能會使用閣下的個人資料作直接促銷及提供閣下的個人資料予恒生銀行集團的其他成員公司（但不會提供予集團以外機構）作其直接促銷之用。如閣下希望更改接收推廣的意願，請選擇以下指示（於空格填上“✓”號）。如閣下現在選擇不給予任何指示，本公司不會改變閣下現時的接收推廣意願，閣下同意本公司會按閣下現時的接收推廣意願來使用閣下的個人資料及／或提供予恒生銀行集團的其他成員公司以用其直接促銷之用。

The Company may use your personal data in direct marketing, and may also provide your personal data to other members of the Hang Seng Bank Group (but not other third parties) for their use in direct marketing. Please check ("✓") the relevant box to indicate your preferences below if you wish to change your marketing preferences. **If you choose not to provide any instruction now, the Company will not change your existing marketing preferences and you consent to the Company relying on your existing marketing preferences when using your personal data and/or providing your personal data to other members of the Hang Seng Bank Group for their use in direct marketing.**

本人要求作出以下的安排：
I give instruction as specified below:

	接受 Agree	不接受 Not agree
貴公司使用本人的個人資料作直接促銷。 The Company use my personal data in direct marketing.	<input type="checkbox"/>	<input type="checkbox"/>
貴公司提供本人的個人資料予恒生銀行集團的任何其他成員公司作其直接促銷之用。 The Company provide my personal data to any other members of the Hang Seng Bank Group for their use in direct marketing.	<input type="checkbox"/>	<input type="checkbox"/>

閣下在上方空格填上“✓”號與否的選擇代表閣下現時是否接受直接促銷聯繫或資訊，該選擇將於本公司完成處理此申請當日起生效。不論此已獲本公司收到的申請最終是否基於任何原因被閣下從本公司撤回或被本公司所拒，該選擇將取代閣下在此申請前曾向本公司表達之任何有關直接促銷的選擇或要求。

Your choice above to tick or not to tick any of the box(es) represents your present choice whether or not to receive direct marketing contact or information which shall become effective from the date the Company completes processing this application. This replaces any choice or request regarding direct marketing communicated by you to the Company prior to this application, even if this application that has been received by the Company, is withdrawn by you from the Company or rejected by the Company for whatever reason.

請注意：閣下以上選擇適用於此申請表所載之致各客戶及其他個別人士關於個人資料（私隱）條例的通知（「通知」）內所列產品、服務及／或促銷標的類別的直接促銷。該通知亦列明可能用於直接促銷的個人資料種類，以及可能轉移有關個人資料作直接促銷的資料承轉人類別。

Please note that your above choice applies to the direct marketing of the classes of products, services and/or subjects as set out in the Notice to Customer and Other Individuals relating to the Personal Data (Privacy) Ordinance (the "Notice") in this application form. Please also refer to the Notice on the kinds of personal data which may be used in direct marketing and the classes of persons to which your personal data may be provided for them to use in direct marketing.

第三部份 Section III - 收集個人資料聲明 Personal Information Collection Statement

致各客戶及其他個別人士關於個人資料(私隱)條例(「條例」)的通知

1. 就恒生保險有限公司(「本公司」)提供、維持及管理保險或其他金融產品及服務或遵守任何法律或監管或其他機關發出的指引或要求，個別人士需要不時向本公司提供資料。若未能從速向本公司提供有關資料，可能會導致本公司無法提供或繼續提供產品及服務。本公司亦會從以下各方收集資料：(i)資料當事人與本公司日常業務往來中，(ii)代表資料當事人行事的人士提供資料當事人的資料，及(iii)其他可供本公司獲取資料的來源。資料亦可與本公司或任何滙豐集團成員(「滙豐集團」一併或分別地指滙豐控股有限公司，其附屬公司、子公司、聯營單位及彼等的任何分行及辦事處。而「滙豐集團成員」具有相同涵義)可獲取的其他資料組合或產生。資料可被用作下列用途：
 - 1.1 處理、評估及／或審批任何與保險或其他金融產品及服務、公積金計劃或相關的產品或服務的申請，及任何與保險或其他金融產品及服務、公積金計劃或相關的產品或服務的修改、更改、取消、續期或復效申請；
 - 1.2 為提供產品及／或服務進行有關查核及資格審查、身分識認、健康評估及／或評保；
 - 1.3 提議、提供、維持、檢討、管理及評估產品及／或服務，包括處理任何索償，或該等索償的調查或分析；
 - 1.4 銷售或推廣產品、服務及其他標的(詳情須依據以下第4段所述)；
 - 1.5 行使任何代位權，如適用；
 - 1.6 允許本公司的實際或建議承讓人或受讓人，或本公司的權益的參與人或附屬參與人，就涉及的轉讓、出讓、參與或附屬參與的交易進行評估及／或盡職審查；
 - 1.7 遵守本公司或任何滙豐集團成員就以下各項負上或與之有關的責任、要求及安排(不論強制或自願性質)：
 - (a) 現在或將來於香港特別行政區(「香港」)境內或境外存在的任何法律、法規、判決、法院命令、自願守則、制裁制度(「法律」)(例如稅務條例及其條文，包括有關自動交換財務帳戶資料)；或
 - (b) 現在或將來於香港境內或境外存在的任何法律、監管、政府、稅務、執法或其他機關，或金融服務供應商的自律監管或行業組織*或協會所提供或發出的任何指引、指導或要求，及任何國際指引、內部政策或程序(例如稅務局所提供或發出的指引或指導，包括有關自動交換財務帳戶資料)；或
 - (c) 對滙豐集團整體或任何部分具有司法權限的本地或外地法律、監管、司法、行政、公營或執法機關，或政府、稅務、稅收、財政、證券或期貨交易所、法院、中央銀行或其他機關，或金融服務供應商的自律監管或行業組織*或協會或彼等的任何代理(統稱及各稱「權力機關」)向本公司或任何滙豐集團成員施加的、與彼等訂立的或適用於彼等的任何現在或將來的合約或其他承諾；或
 - (d) 權力機關之間的任何協議或條約；*包括保險公司的任何協會、聯會或類同組織(「聯會」)
 - 1.8 遵守滙豐集團為符合制裁、預防或偵測清洗黑錢、恐怖分子融資活動或其他非法活動的任何方案就於滙豐集團內共用資料及資訊及／或資料及資訊的任何其他使用而指定的任何責任、要求、政策、程序、措施或安排；
 - 1.9 採取任何行動以遵守本公司或任何滙豐集團成員的責任以符合與下述事宜有關的法律或國際指引或監管要求：偵測、調查及預防清洗黑錢、恐怖分子融資活動、賄賂、貪污、逃稅、欺詐、逃避經濟或貿易制裁及／或規避或違反有關此等事宜的任何法律的任何行為或意圖；
 - 1.10 遵守本公司或任何滙豐集團成員的責任，以符合權力機關的任何指令或要求；
 - 1.11 行使本公司或滙豐集團成員就向客戶提供的產品或服務享有的任何權利；及
 - 1.12 把本公司或滙豐集團成員持有有關資料當事人的任何資料為任何本第1段所述的用途不時進行核對。
2. 本公司會把持有有關個別人士的資料保密，但本公司可能會提供有關資料予下列各方(不論於香港境內或境外)作上述第1段所述的用途，但任何有關提供資料予他方作銷售或推廣用途則受限於以下第4段：
 - 2.1 任何滙豐集團成員；
 - 2.2 滙豐集團的任何代理、承包商、次承包商、服務供應商、再保人或聯營人士(包括彼等的僱員、董事、職員、代理人、承包商、服務供應商及專業顧問)；
 - 2.3 任何就本公司業務運作向本公司提供行政、電訊、電腦、付帳或證券結算或其他服務的第三者服務供應商(包括彼等的僱員、董事及職員)；
 - 2.4 本公司或代本公司可能委任的醫院、診所、醫療從業員、化驗所、技術人員、理賠師、法律顧問或私家調查員；
 - 2.5 本公司的任何實際或建議承讓人或受讓人，或本公司的權益的參與人或附屬參與人；
 - 2.6 任何權力機關；
 - 2.7 任何對本公司有保密責任的人士，包括就有關資料對本公司承諾保密的滙豐集團成員；
 - 2.8 有關售賣或轉讓本公司或任何滙豐集團成員的全部或部分業務或產品、保單或其他資產組合，或任何有關該項售賣或轉讓的建議或已確定交易的任何其他人士；
 - 2.9 第三者金融機構、承保人、銀行、信用卡公司、證券及投資服務供應商；
 - 2.10 第三者獎賞、長期客戶或優惠計劃供應商或商號；
 - 2.11 慈善或非牟利機構；
 - 2.12 本公司就以上第1.4段所述的用途而委任的任何服務供應商(包括但不限於郵件中心、電訊公司、電話促銷及直銷代理、電話中心、資料處理公司及資訊科技公司)；
 - 2.13 現存或不時成立的任何聯會或任何聯會的會員，以達到任何第1.4段所述或有關的用途；
 - 2.14 本公司或任何滙豐集團成員就上述第1.7、1.8、1.9或1.10段所載目的而有責任或必須或被預期向其作出披露或與其使用資料的任何人士；
 - 2.15 代表個別人士行事提供該個別人士資料的任何人士、收款人、受益人、戶口代名人、中介人、往來及代理銀行、結算公司、結算或交收系統、市場交易對手、上游預扣稅代理、掉期或交易儲存庫、證券交易所、客戶擁有證券權益的公司(如該等證券由本公司或任何滙豐集團成員持有)，或代表客戶的人士，或為獲取保單利益而其資料被提供的個別人士；及
 - 2.16 就或有關收購保單權益或接受或承擔保單風險的交易或潛在交易的任何交易方，包括但不限於再保險公司。
 3. 有關資料可能轉移至香港境外。
 4. 本公司亦可能由聯會從保險業內收集的資料中查閱及／或核對資料。
 4. 本公司擬把資料當事人的個人資料用於直接促銷，而本公司為該用途須獲得資料當事人同意(包括表示不反對)。就此，請注意：
 - 4.1 本公司可能把本公司不時持有的姓名、聯絡資料、產品及服務組合資料、交易模式及行為、財務背景及人口統計數據用於直接促銷；
 - 4.2 促銷可包括下列類別的產品、服務及標的：
 - (a) 保險、銀行、信用卡、金融、公積金計劃及相關的產品及服務；
 - (b) 獎賞、長期客戶或優惠計劃及相關的產品及服務；及
 - (c) 為慈善及／或非牟利用途的捐款及捐贈；
 - 4.3 上述產品、服務及標的可能由本公司及／或下列各方提供或(就捐款及捐贈而言)徵求：
 - (a) 滙豐集團成員；
 - (b) 第三者金融機構、承保人、銀行、信用卡公司、證券及投資服務供應商；
 - (c) 第三者獎賞、長期客戶或優惠計劃供應商或商號；
 - (d) 慈善或非牟利機構；
 - 4.4 除由本公司促銷上述產品、服務及標的以外，本公司亦擬將以上第4.1段所述的資料提供予恒生銀行集團的其他成員公司，以供該等人士在促銷該等產品、服務及標的中使用，而本公司為此用途須獲得資料當事人書面同意(包括表示不反對)。
 5. 如資料當事人不希望本公司如上述使用其資料或將其資料提供予恒生銀行集團的其他成員公司作直接促銷用途，資料當事人可通知本公司行使其選擇權拒絕促銷。
 5. 資料當事人有權要求查閱及更正任何由本公司持有其資料。根據條例規定，本公司有權就處理任何資料查閱的要求收取合理費用。有關資料查閱或資料更正的要求，或獲取資料政策及實務或資料種類資訊的要求，可致函香港德輔道中83號，傳真：(852) 2868 4042，向恒生保險有限公司資料保護主任提出。

2014年6月(於2016年12月更新)

註：中文本與英文本如有歧義，概以英文本為準。

第三部份 Section III - 收集個人資料聲明 (續) Personal Information Collection Statement (cont'd)

Notice to Customers and Other Individuals relating to the Personal Data (Privacy) Ordinance (the "Ordinance")

1. From time to time, it is necessary for individuals to supply Hang Seng Insurance Company Limited ("the Company") with data in connection with the provision, maintenance and administration of insurance or other financial products and services by the Company or compliance with any laws, guidelines or request issued by regulatory or other authorities. Failure to supply such data promptly may result in the Company being unable to provide or continue to provide products and services. It is also the case that data are collected from (i) data subjects in the ordinary course of the continuation of the relationship, (ii) a person acting on behalf of the data subjects whose data are provided, and (iii) other sources available to the Company. Data may also be generated or combined with other information available to the Company or any member of the HSBC Group ("HSBC Group" means HSBC Holdings plc, its affiliates, subsidiaries, associated entities and any of their branches and offices (together or individually) and "member of the HSBC Group" has the same meaning).
The purposes for which data may be used are as follows:
 - 1.1. processing, assessing and/or approving applications for and any alterations, variations, cancellation, renewals and reinstatements of any insurance, or other financial products and services, provident fund scheme or related products or services;
 - 1.2. verifying and conducting any eligibility, identity, medical and/or underwriting in connection with provision of products and/or services;
 - 1.3. offering, providing, maintaining, reviewing, administering and evaluating products and/or services including processing any claims or investigation or analysis of such claims;
 - 1.4. sales or marketing of products, services and other subjects (subject to further details in paragraph 4 below);
 - 1.5. exercising any right of subrogation, if applicable;
 - 1.6. enabling an actual or proposed assignee or transferee of the Company, or participant or sub-participant of the Company's rights to evaluate and/or undertake due diligence in relation to the transaction intended to be the subject of the assignment, transfer, participation or sub-participation;
 - 1.7. meeting the obligations, requirements and arrangements, whether compulsory or voluntary, of the Company or any member of the HSBC Group to comply with or in connection with:
 - (a) any law, regulation, judgment, court order, voluntary code, sanctions regime, within or outside the Hong Kong Special Administrative Region ("Hong Kong") existing currently or in the future ("Laws") (e.g. the Inland Revenue Ordinance and its provisions including those concerning automatic exchange of financial account information); or
 - (b) any guidelines, guidance or requests given or issued by any legal, regulatory, governmental, tax, law enforcement or other authorities, or self-regulatory or industry bodies* or associations of financial services providers within or outside Hong Kong existing currently or in the future and any international guidance, internal policies or procedures (e.g. guidelines or guidance given or issued by the Inland Revenue Department including those concerning automatic exchange of financial account information); or
 - (c) any present or future contractual or other commitment with local or foreign legal, regulatory, judicial, administrative, public or law enforcement body, or governmental, tax, revenue, monetary, securities or futures exchange, court, central bank or other authorities, or self-regulatory or industry bodies* or associations of financial service providers or any of their agents with jurisdiction over all or any part of the HSBC Group (together the "Authorities" and each an "Authority") that is assumed by, imposed on, or applicable to the Company or any member of the HSBC Group; or
 - (d) any agreement or treaty between Authorities;* including any association, federation or similar organisation of insurance companies ("Federation")
 - 1.8. complying with any obligations, requirements, policies, procedures, measures or arrangements for sharing data and information within the HSBC Group and/or any other use of data and information in accordance with any programmes for compliance with sanctions or prevention or detection of money laundering, terrorist financing or other unlawful activities;
 - 1.9. conducting any action to meet obligations of the Company or any member of the HSBC Group to comply with Laws or international guidance or regulatory requests relating to or in connection with the detection, investigation and prevention of money laundering, terrorist financing, bribery, corruption, tax evasion, fraud, evasion of economic or trade sanctions and/or any acts or attempts to circumvent or violate any Laws relating to these matters;
 - 1.10. meeting obligations of the Company or any member of the HSBC Group to comply with any demand or request from Authorities;
 - 1.11. exercising any rights the Company or a member of the HSBC Group may have in connection with the products or services provided to a customer; and
 - 1.12. matching any data held by the Company or a member of the HSBC Group relating to a data subject from time to time for any of the purposes listed in this paragraph 1.
2. Data held by the Company relating to an individual will be kept confidential but may be provided to the following parties (whether within or outside Hong Kong) for the purposes set out in the paragraph 1 above except that any transfer of data to another party for sales and marketing purpose will be subject to paragraph 4 below:
 - 2.1. any member of the HSBC Group;
 - 2.2. any agents, contractors, sub-contractors, service providers, reinsurers or associates of the HSBC Group (including their employees, directors, officers, agents, contractors, service providers and professional advisers);
 - 2.3. any third party service provider who provides administrative, telecommunications, computer, payment or securities clearing or other services to the Company in connection with the operation of its businesses (including their employees, directors and officers);
 - 2.4. hospitals, clinics, medical practitioners, laboratories, technicians, loss adjusters, legal advisers or private investigators that may be engaged by the Company or on behalf of the Company;
 - 2.5. any actual or proposed assignee or transferee of the Company, or participant or sub-participant of the Company's rights;
 - 2.6. any Authorities;
 - 2.7. any person under a duty of confidentiality to the Company including a member of the HSBC Group which has undertaken to keep such information confidential;
 - 2.8. any other person in the context of the sale or transfer by the Company or any member of the HSBC Group of all or part of its business or portfolio of products, policies or other assets or any proposed or confirmed transaction relating to such a sale or transfer;
 - 2.9. third party financial institutions, insurers, banks, credit card companies, securities and investment services providers;
 - 2.10. third party reward, loyalty, privileges programme providers or merchants;
 - 2.11. charitable or non-profit making organisations;
 - 2.12. any external service providers (including but not limited to mailing houses, telecommunication companies, telemarketing and direct sales agents, call centres, data processing companies and information technology companies) that the Company engages for the purposes set out in paragraph 1.4;
 - 2.13. any Federation that exists or is formed from time to time or any of its members for any of the above or related purposes set out in paragraph 1.4;
 - 2.14. any person to or with whom the Company or any member of the HSBC Group is under an obligation or required or expected to make disclosure or use data for the purposes set out in paragraph 1.7, 1.8, 1.9 or 1.10 above;
 - 2.15. any persons acting on behalf of an individual whose data are provided, payment recipients, beneficiaries, account nominees, intermediary, correspondent and agent banks, clearing houses, clearing or settlement systems, market counterparties, upstream withholding agents, swap or trade repositories, stock exchanges, companies in which the customer has an interest in securities (where such securities are held by the Company or any member of the HSBC Group) or persons acting on behalf of the customer or the individual whose data is provided for the purposes of receiving benefits under an insurance policy; and
 - 2.16. any party to a transaction or potential transaction acquiring interest in, or assuming or bearing risk in, or in connection with an insurance policy including, without limitation, reinsurers.

Such information or data may be transferred to a place outside Hong Kong.

The Company may obtain access to and/or verify the data with the information collected by the Federation from the insurance industry.
4. The Company intends to use personal data in relation to a data subject in direct marketing and the Company requires the data subject's consent (which includes an indication of no objection) for that purpose. In this connection, please note that:
 - 4.1. the name, contact details, products and services portfolio information, transaction pattern and behaviour, financial background and demographic data held by the Company from time to time may be used by the Company in direct marketing;
 - 4.2. the following classes of products, services and subjects may be marketed:
 - (a) insurance, banking, credit card, financial, provident fund scheme and related products and services;
 - (b) reward, loyalty or privileges programmes and related products and services; and
 - (c) donations and contributions for charitable and/or non-profit making purposes;
 - 4.3. the above products, services and subjects may be provided or (in the case of donations and contributions) solicited by the Company and/or:
 - (a) members of the HSBC Group;
 - (b) third party financial institutions, insurers, banks, credit card companies, securities and investment services providers;
 - (c) third party reward, loyalty, privileges programme providers or merchants;
 - (d) charitable or non-profit making organisations;
 - 4.4. in addition to marketing the above products, services and subjects itself, the Company also intends to provide the data described in paragraph 4.1 above to other Hang Seng Bank Group companies for use by them in marketing those products, services and subjects, and the Company requires the data subject's written consent (which includes an indication of no objection) for that purpose.

If a data subject does not wish the Company to use or provide his data to other Hang Seng Bank Group companies for use in direct marketing as described above, the data subject may exercise his opt-out right by notifying the Company.
5. A data subject has the right to request access to and correction of any of his data held by the Company. The Company has the right to charge a reasonable fee for the processing of any data access request in accordance with the terms of the Ordinance. Requests for access to data or correction of data or for information regarding policies and practices or kinds of data held can be made in writing to the Data Protection Officer, Hang Seng Insurance Company Limited, 83 Des Voeux Road Central, Hong Kong. Fax: (852) 2868 4042.

June 2014 (Updated in December 2016)

Note: In case of discrepancies between the English and Chinese version, the English version shall apply and prevail.

本人／吾等明白並同意：(i)根據《保險業條例》(第41章)第134條，保險業監管局(「保監局」)將按此保險單收取訂明保費徵費及本人／吾等有法定責任透過恒生保險有限公司繳付訂明保費徵費予保監局；(ii)此保費徵費應與保費一同繳付予恒生保險有限公司，並再由恒生保險有限公司於保監局指明的轉付期內直接轉付予保監局；(iii)需繳付的保費徵費是保單的每期保費金額與適用的徵費率之相乘，但受限於保監局不時訂明的適用徵費上限；(iv)保單日期或保單周年日用於決定使用那個適用的徵費率以計算該保單年度應繳付的保費徵費，往後需繳付的保費亦會根據訂明的適用徵費率及徵費上限收取保費徵費。I/We understand and agree that: (i) a prescribed levy will be imposed on this policy by the Insurance Authority ("IA") pursuant to section 134 of the Insurance Ordinance (Cap. 41) and it is my/our statutory duty to pay such prescribed levy required for this policy to the IA through Hang Seng Insurance Company Limited; (ii) such levy payment should be made together with the premium payment to Hang Seng Insurance Company Limited for direct remittance to the IA within the remittance period as prescribed by the IA; (iii) subject to the applicable levy cap, the amount of levy payable for each premium payment is the amount of the premium multiplied by the applicable levy rate as prescribed by the IA from time to time; (iv) the policy date or the policy anniversary date is used to determine which levy rate is applicable for calculating the levy payable in a particular policy year. All subsequent premiums to be paid will also be subject to the applicable levy rate and levy cap.

本人／吾等在下方簽署即同意恒生保險有限公司可按本表格隨附的致各客戶及其他個別人士關於個人資料(私隱)條例的通知內列出的用途使用及披露恒生保險有限公司現時或其後持有有關本人／吾等的全部個人資料。By signing below, I/we agree that Hang Seng Insurance Company Limited may use and disclose all personal data about me/us that Hang Seng Insurance Company Limited currently or subsequently holds for the purposes as set out in the Notice to Customer and Other Individuals relating to the Personal Data (Privacy) Ordinance which accompanies this form.

本人／吾等確認及了解後續保單持有人已同意其指定及本公司使用和披露其在此申請表提供的個人資料作關於個人資料(私隱)條例的通知內列出的用途。本人／吾等同意，如後續保單持有人的資料有任何更改，本人／吾等會通知貴公司。本人／吾等明白後續保單持有人一旦成為新的保單持有人，記錄上的任何受益人便會被自動撤銷。I/We confirm and acknowledge that the Contingent Owner has consented to his/her designation and for the Company to use and disclose his/her personal data provided in this application for the purposes as set out in the Notice relating to Personal Data (Privacy) Ordinance. I/We agree that I/we shall inform the Company of any changes in the details of the Contingent Owner. I/We understand that once the Contingent Owner becomes the new Policyholder, any beneficiary(ies) on the record will be automatically revoked.

請細閱及在空格內加“✓”。Please read and tick “✓” the box below.

☐ 本人／吾等同意如本人／吾等為恒生銀行有限公司(「銀行」)之客戶，恒生保險有限公司可向銀行提供本人／吾等在此表格所提供的個人及其他資料以更新銀行之相關業務所儲存有關本人／吾等的特定資料(包括客戶之姓名、身份證明文件、國籍、永久地址及居住地址及職業資料)，以保障客戶免受日益增加的欺詐行為及金融犯罪風險的影響。銀行所收集的個人資料受「致各客戶及其他個別人士關於個人資料(私隱)條例的通知」所約束。詳細資料請參閱：<https://www.hangseng.com/zh-hk/resources/important-message/>。I/we agree that if I/we am/are a customer(s) of Hang Seng Bank Limited (the "Bank"), Hang Seng Insurance Company Limited may share the personal data and other information provided by me/us in this form with the Bank for the purpose of updating certain of my/our information (including customer's name, identification document, nationality, permanent address, residential address and employment details) retained by the relevant business line(s) of the Bank to safeguard our customers against the growing risks of fraud and financial crime. The personal data collected by the Bank will be subject to the "Notice to Customers and Other Individuals relating to the Personal Data (Privacy) Ordinance". Please visit <https://www.hangseng.com/en-hk/resources/important-message/> for more details.

請注意並非閣下於此表格所提供的全部資料將會被用作更新閣下於銀行的紀錄。如閣下需要更新在銀行紀錄的通訊地址，請透過以下途徑提交申請：Please note that not all information provided by you in this form will be updated in the Bank's record. If you need to update your correspondence address record maintained with the Bank, please submit request via the following channels:

- 使用保安編碼器／流動保安編碼器登入恒生網上理財(www.hangseng.com)，於「客戶服務」標籤頁點擊「更改戶口資料」並選擇「個人資料」選項以更新閣下的地址紀錄 Login Hang Seng Internet Banking (www.hangseng.com) with Security Device/Mobile Security Key, click "Personal Particulars" at "Account Maintenance" under "Customer Services" tab and update your address record.
- 致電恒生電話理財服務熱線(852) 2822 0228；或 Call Hang Seng Phone Banking on (852) 2822 0228; or
- 於恒生網站(www.hangseng.com)的「個人理財表格」頁面下載並填寫「更改通訊資料表格(適用於個人客戶)」，填妥表格後交回本銀行任何一間分行或郵寄到香港郵政信箱3013號恒生銀行有限公司。Download and complete the "Change of Contact Information Form (For Personal Customer only)" under "Personal Banking Forms" page at Hang Seng website (www.hangseng.com). Return the completed form to any of our branches or mail to Hang Seng Bank Ltd at GPO Box 3013, Hong Kong.

此外，請注意以下有關更改在銀行紀錄的通訊地址之注意事項。Please also note the following remarks in respect of change of address in the Bank's record.

為符合有關證券交易及外匯及貴金屬孖展買賣限制，(適用於個人客戶)若客戶／授權人士把其居住或通訊地址改為美國或加拿大地址或更新其個人資料為居住或通訊地址位於韓國之韓國公民，就有關戶口均不可繼續享用本行所提供的證券或基金投資或外匯及貴金屬孖展買賣服務。另外，若證券戶口之戶主為新加坡公民或其居住住址／通訊地址為新加坡境內，本行將不接受該證券戶口所發出有關新加坡上市證券之交易或交收指示。In compliance with the relevant securities dealing and FX and precious metal margin trading restrictions, please note that (Applicable to personal customers) customers/Authorised Person(s) changing their residential or correspondence address to the United States of America ("US") or Canada ("CA") or updating their personal particulars to citizens of Korea (KO) with residential or correspondence address in KO, will not be able to continue enjoying our securities or investment fund trading or FX and Precious Metal Margin Trading services in relation to the relevant account(s). Besides, the Bank will not accept the dealing or settlement instruction(s) of securities which are listed in Singapore ("SP") issued from securities account with account holder(s) who is/are a citizen(s) of SP or have residential or correspondence address in SP.

保單持有人簽署 Signature of Policyholder	不可撤換受益人簽署(如適用) Signature of Irrevocable Beneficiary (if any)	承讓人簽署(如適用) Signature of Assignee (if any)
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日期 Date _____	日期 Date _____	姓名 Name : _____
日間聯絡電話 Daytime Contact No. _____		日期 Date : _____

重要事項：請填妥及簽署此申請表(表格)“正本”後並寄回恒生保險有限公司，地址：香港九龍深旺道一號滙豐中心一座十八樓，當收到此申請表(表格)“正本”，我們將盡快辦理閣下之申請。

Importance Note: Please return the original of this form, duly completed and signed, to Hang Seng Insurance Company Limited of 18/F, Tower 1, HSBC Centre, 1 Sham Mong Road, Kowloon, Hong Kong. Please note that we will only process your request upon actual receipt of this "original form."

For Bank Use				
<input type="checkbox"/> Client's identity copy attached (附上客戶之身份證明文件副本) <input type="checkbox"/> Client's original identity sighted* (已核對客戶之身份證明文件正本) <input type="checkbox"/> Transfer to Policyholder's bank account information sighted (已核對保單持有人要求轉至銀行戶口之資料) <input type="checkbox"/> Bank account proof is attached (附上銀行戶口證明) <input type="checkbox"/> The consent box has been ticked by customer for sharing the information provided in this form with Hang Seng Bank of updating relevant information 客戶已剔選同意恒生保險可向恒生銀行提供其表格所提供的資料以更新銀行之有關特定資料	Staff Name (職員姓名) :	Branch Chop (分行圖印) :	Remarks (備註) :	
	Staff ID no. (職員編號) :			
	Contact no. (聯絡電話) :			
	Staff Signature (職員簽署) :			
*I declared that I have sighted the original ID documents and verified the identity of the policyholder(s) (我聲明已核對身份證明文件正本及核實保單持有人身份)				

(文義如有歧異，以英文為準。)