

更改持有人通訊地址 / 聯絡電話 / 電郵地址申請表 (Change of Owner Address / Telephone Numbers / Email Address)

CS-CHG01

保單號碼 Policy No.

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本表格中所用之「本公司」或「貴公司」之表述指中國人壽保險（海外）股份有限公司。

The expression "the Company" used in this form refers to China Life Insurance (Overseas) Company Limited.

保險中介人資料 Insurance Intermediary's Information

保險中介人姓名 Insurance Intermediary's Name	1.	保險中介人分行/編號 Branch/ Intermediary's Code	1.	聯絡電話號碼 Contact No.	1.
	2.		2.		2.

第一部份 保單資料 Part 1 Policy Information

受保人姓名 Name of Insured (選擇性填寫 Optional)

姓 Last Name 名 First Name

保單持有人姓名 Name of Policyholder

姓 Last Name 名 First Name

第二部份 更改聯絡資料 (通訊地址 / 聯絡電話 / 電郵地址)

Part 2 Change of Contact Information (Address/Telephone Number/E-mail Address)

通訊/郵寄地址 Correspondence/ Mailing Address

室 Flat/Room: 樓層 Floor: 座 Block:

大廈 / 屋邨名稱 Building / Estate Name:

號碼/ 街道 No. / Street Name

 地區:
 District: ☐ 香港 HK ☐ 九龍 KLN ☐ 新界 NT 其他 (城市 City) (國家 Country)

聯絡電話 Contact No

	香港 Hong Kong	其他國家 Other countries
手提電話 Mobile no.		國家號 () 電話號碼 ()
辦公室 Office no.		國家號 () 電話號碼 ()
住宅 Residential no.		國家號 () 電話號碼 ()

注意: 本公司保留權利索取額外地址證明以作核實。 Our company will reserve the right to request additional address proof for verification

☐ 住宅地址 (郵政信箱恕不接受)
 Residential Address (P. O. Box is not acceptable.)

☐ 辦公室地址 Office Address

電郵地址 E-mail Address

☐ 以上所更改將應用於本人現時所持有的所有保單: The above changes will be applied to all my existing policy(ies)

若閣下希望收取此保單的電子訊息通知, 請選擇下列渠道。(可選多於一項)

If you wish to receive electronic notification of this policy information, please select the following channels. (Can choose more than one option).

☐ 電郵 E-mail

☐ 短訊服務 SMS

☐ 本人選擇不接受任何電子訊息提示
 I choose not to receive any electronic notification


本人/我們現申請辦理上述之更改事項，謹此聲明並確認所有提供之資料及細節是準確無誤，真實及為事實之全部，並且是盡本人/我們所知及所信而作答的，本人/我們並同意此等更改事項或服務必須符合下列所有條件及經 貴公司批准，方能生效：

1. 所有需要之款項及文件提交予 貴公司並完整無缺。
2. 此項申請在受保人在生並仍然符合受保條件時，經 貴公司接納及批准。
3. 在此申請表及 貴公司所須之其他文件上填報之一切資料及申報，將成為此保單之一部份(除非另有其他指示)
4. 本人/我們提供符合 貴公司要求之有效證明文件(例如：身分證明及地址證明)予貴公司，讓 貴公司能按照於「打擊洗錢及恐怖分子資金籌集(金融機構)條例」第615章所載，對本人/我們、保單之最終實益擁有人(如有)及本人/我們之授權簽署人士(如適用)進行客戶盡職審查。

1. All required payment and complete supporting documents have been submitted to the Company.
2. The request is accepted and approved by the Company during the lifetime and continued insurability of the Insured.
3. The information and statement made in this request and in other documents as required by the Company shall form the basis for this policy alteration request and form a part of the policy(ies) unless otherwise specified.
4. I/We provide valid documentation proofs (such as identity document and address proof) to the satisfaction of the Company for the Company to conduct due diligence on myself/ourselves, the ultimate beneficial owner of the policy (if any) and my/our authorized signatory(ies) (if applicable) pursuant to the Anti-money Laundering and Counter-Terrorist Financing (Financial Institutions) Ordinance, Cap. 615.

Part 4 Declaration relating to Foreign Account Tax Compliance Act

1. 中國人壽保險(海外)股份有限公司(下稱「貴公司」)及/或任何其他附屬機構須遵從法律、法規、命令、指引、守則和包括《外國帳戶稅務合規法》適用規定的要求,或任何公眾、司法、稅務、政府和/或其他監管機構協定的要求,包括但不限於美國國家稅務局(以下簡稱「監管機構」)在不同司法管轄區不時頒布及修訂的協定(以下簡稱「適用規定」)。
2. 就美國聯邦薪俸稅之有關事項而言,本人/吾等並非美國稅務居民(即美國綠卡持有人或滿足實際居住測試),及並不代表美國人行事。本人/吾等明白貴公司相信此陳述是真實的,並以此為依據及代為行事。倘若此陳述是不正確/虛假的,貴公司保留權利並有權取消保單。任何依據此陳述而繕發的保單可視作無效。(註:美國公民或居民必須填寫 IRS 之 W-9 表格,而上以上之有關條款並不適用。)
3. 就本人/吾等任何在申請時或其他時間向貴公司提供的任何資料,尤其是對於本人/吾等的國籍、地址、電話、稅務狀況或稅籍所在地的變動,或若本人/吾等擁有多於一個國家的稅籍,本人/吾等同意在三十天內書面通知公司。若發生這些變動,或若任何其他資料顯示發生了變動,貴公司可能會要求本人/吾等提供某些文件或資料,包括正式填妥及/或簽署(並且如有需要,由公證人作出公證)的稅務申報或表格。
4. 本人/吾等同意貴公司可能將根據適用規定的要求,向任何監管機關披露本人/吾等的個人資料或任何資料。此等披露可以由貴公司直接或通過中國人壽保險(集團)公司或中國人壽保險(集團)公司的其他成員進行。基於前述的原因,以及儘管在本表格或貴公司之間的任何其他協議所載的任何內容,貴公司可能需要本人/吾等向貴公司提供進一步資料,以便向任何監管機關透露,而本人/吾等必須在合理要求的時間(由提出申請或知會變更資料的 90 日期天)內,向貴公司提供相關的資料。
5. 如本人/吾等未能及時向貴公司提供資料或文件,或本人/吾等所提供所需的資料或文件並非最新、準確或完整,為確定貴公司持續遵從適用規定,本人/吾等同意貴公司可以完全酌情決定隨時採取任何相關行動以確保貴公司遵從適用法律及法規的要求。

1. China Life Insurance (Overseas) Co. Ltd (hereinafter called "the Company") and/or its affiliates are obliged to comply with the requirements of the laws, regulations, orders, guidelines, codes, and requirements including the applicable requirements under the Foreign Account Tax Compliance Act of or agreements with any public, judicial, taxation, governmental and/ or other regulatory authorities, including but not limited to the Internal Revenue Service of the United States of America (the "Authorities" and each an "Authority") in various jurisdictions as promulgated and amended from time to time (the "Applicable Requirements").
2. I / we represent that I am / we are not a U.S. tax resident (i.e. U.S. Green Card holder or individual who meets the substantial presence test) for purposes of U.S. federal income tax and that I am /we are not acting for, or on behalf of, a U.S. person. I / We understand that the Company, believing this statement to be true, will rely on it and act on it. In the event this statement is incorrect / false, the Company reserves the right and shall be entitled to cancel the policy. Any policy issued may accordingly be considered void. (Note: This Clause is not applicable to U.S. citizens or residents, who must complete IRS Form W-9.)
3. I/We agree to notify the Company in writing within 30 days if there is any change of any of the details previously provided to the Company whether at time of application or at any other times, in particular, my/our nationality, address, place of incorporation, tax status or tax residency changes or if I/we become tax resident in more than one country. If any of these changes occurs or if any other information comes to light concerning such changes, the Company may need to request certain documents or information from me/us, including duly completed and/or executed (and, if necessary, notarized) tax declarations or forms.
4. I/We agree that the Company may disclose my/our particulars or any information to any Authority in connection or adherence with the Applicable Requirements. Such disclosure may be effected directly or sent through any of the Company's Head Office(s) or other affiliates of the China Life Insurance (Group) Company. For the purposes of the foregoing and notwithstanding anything contained in this form or any other agreements between us, the Company may need I/we to provide the Company with further information as may be required for disclosure to any Authority and I/we shall provide the same to the Company's within such time as may be reasonably required (Within 90 calendar days from the date of the application or information change).
5. If I/we do not provide the Company with the information or documents requested in a timely manner or if any information or documents provided are not up-to-date, accurate or complete I/we agree that the Company may take any relevant actions at any time as may be determined by the Company in its sole and absolute discretion to be required to ensure compliance with the applicable Laws and Regulations on the part of Company.

Pursuant to FATCA or other applicable local laws, I / we hereby consent to the Company to report my/our personal data to the U.S. or other applicable local judicial, regulatory or tax authorities where necessary in order to comply with FATCA or other applicable local laws.

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第五部份 個人資料收集聲明 Part 5 Personal Information Collection Statement

本人/我們確認已閱讀及明白中國人壽（海外）股份有限公司的收集個人資料聲明（“本聲明”）。有關最新版本的收集個人資料聲明，可於 www.chinalife.com.hk 下載或向中國人壽（海外）股份有限公司索取。

I/We confirm that I/We have read and understood the Personal Information Collection Statement ("PICS") of China Life Insurance (Overseas) Company Limited. For the latest version of the PICS, it can be downloaded from www.chinalife.com.hk or is made available upon request.

第六部份 簽署 Part 6 Signature**註: Remark:**

- 如閣下未能符合本公司的有關規定，本公司有權拒絕閣下的申請。
We shall have right to reject your application if you fail to fulfill the Company's requirement(s).
- 此表格必須於保單持有人及/或受保人(如適用)簽署日起計30天內交至本公司辦理手續。
This form must be received by the Company within 30 days from the date of its signing
- 請小心閱讀本申請表內所有項目，以確保在簽署時，已經填妥申請表上所有資料。切勿在空白表格上簽署。
Please read all items carefully and check that you have completed all the information on this application form before you sign your name below.
Please do not sign on blank form.
- 若保單持有人或受保人以圖章蓋印簽署，必須有一位見證人。見證人之個人資料只會用於處理本申請及確認本申請表簽署人的身份之用。
If the Policyholder or Insured uses a signature chop, a witness is required. The personal particulars of the witness will only be used for the purpose of verification and confirmation of the identity of the signatory of this form.
- 如提供的住宅/郵寄地址或電話號碼的國家與閣下的保單記錄不符或稅務地區有轉變時，請同時遞交「自我證明」表格。
If the country of residential/correspondence address or contact no. does not match the policy record or your tax residence is changed, please also submit "Self-Certification" Form.
- 在有需要的情況下，本司保留權利索取額外地址證明以作核實。
Under certain circumstance, we reserve the right to request additional proof of the address for verification.

受保人簽署 (倘非保單持有人及 18 歲或以上)

Signature of Insured (if different from the Policyholder & aged 18 or above)

_____/_____/_____
 年Year 月Month 日Day

保單持有人之簽署及或公司印鑑

Policyholder Signature (s) and/or Company Chop

_____/_____/_____
 年Year 月Month 日Day

受讓人簽署 (如適用)

Signature of Assignee (if applicable)

_____/_____/_____
 年Year 月Month 日Day

見證人姓名/身份證明文件號碼及簽署

Name /ID no. & Signature of Witness

_____/_____/_____
 年Year 月Month 日Day

如有任何查詢，請與 閣下的保險中介人聯絡或致電本公司客戶服務熱線(852) 3999 5519 查詢。填妥的表格請寄往香港灣仔軒尼詩道 313 號中國人壽大廈 22 字樓 客戶服務部。

If you have any queries, please feel free to contact your insurance intermediary or our Customer Service Hotline at (852) 3999 5519 for details. Completed form should be sent to Customer Service Department, China Life Insurance (Overseas) Co. Ltd., 22/F, CLI Building, 313 Hennessy Road, Wan Chai, Hong Kong.

如中英文版本有任何抵觸或不符之處，概以中文本為準。

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