

更改保單資料申請書

Request for Policy Change Form



保單編號 Policy No.		保單權益人姓名 Name of Policyowner		受保人姓名 Name of Life Insured	
保險代理人編號 Code of Insurance Agent		保險代理人姓名 Name of Insurance Agent		代理銀行 Servicing Bank	

重要指示 Important Notes

保費徵費 Levy

- 任何保單資料及/或權益之更改可能會令應繳保費及保費徵費之金額改變。
Any change(s) in policy details and/or benefits may lead to a change in amount of premium and levy payable.
- 本人/吾等確定及得悉保險業監管局於2018年1月1日起，已根據《保險業(徵費)規例》(「徵費規例」)及《保險業(徵費)令》透過保險公司在保單權益人每次繳交保費時徵收保費徵費。根據徵費規例第3(4)條，如保單權益人未能於法定期限內繳付訂明之保費徵費，即屬違法，違者可被處以最高港幣5,000元的罰款。
I/ We confirm and acknowledge that with effect from 1 January 2018, the Insurance Authority has started collecting levy on insurance premiums pursuant to the Insurance (Levy) Regulation and Insurance (Levy) Order from policyowners through insurance companies each time when a premium is paid; and policyowners who failed to pay the prescribed levy within the timeframe as required by law shall commit an offence under section 3(4) of Levy Regulation and be liable to a pecuniary penalty not exceeding HKD5,000 if the prescribed levy is not paid within the timeframe as required by law.
- 若閣下所繳付之金額不足以支付保費及保費徵費，保費將會先被扣除。假如所繳付的金額僅足以支付保費，保費徵費不會從保費中扣除，並將視為欠交保費徵費。若閣下所繳付之金額是作繳付逾期保費徵費，最早期的逾期保費徵費將會先被扣除。
In case the payment is insufficient to settle both premium(s) and levy(ies), premium(s) shall be settled first. If the payment is only enough to cover premium(s), levy(ies) will not be deducted from the premium(s) and it will result in non-payment of levy(ies). In case the payment is to settle the outstanding levy(ies), the oldest outstanding levy will be settled first.

請在適合方格內打✓ Please tick where appropriate

甲部 - 更改個人資料/保單權益人 Part A - Change of Personal Details/ Change of Policyowner		
	受保人之個人資料 Personal Details of Life Insured	<input type="checkbox"/> 保單權益人之個人資料 Personal Details of Policyowner <input type="checkbox"/> 次受保人之個人資料(只適用於聯保) Personal Details of Second Life Insured (for joint life only)
1. 姓名 Name	(中文) 姓 _____ 名 _____ 姓(英文) Surname (In English) _____ 名(英文) Given Name (In English) _____ 其他名字 Other Names (In English) _____	(中文) 姓 _____ 名 _____ 姓(英文) Surname (In English) _____ 名(英文) Given Name (In English) _____ 其他名字 Other Names (In English) _____ 公司名稱 Company Name _____
2. 身分證明文件號碼 Identity Document No.	<input type="checkbox"/> 香港身分證號碼 HKID Card No. _____ <input type="checkbox"/> 出生證書號碼 Birth Cert. No. _____ <input type="checkbox"/> 身分證/護照號碼 ID Card / Passport No. _____ 請註明簽發國家 Please specify Country of Issue: _____	<input type="checkbox"/> 香港身分證號碼 HKID Card No. _____ <input type="checkbox"/> 商業登記號碼 B.R. No. _____ <input type="checkbox"/> 身分證/護照號碼 ID Card / Passport No. _____ 請註明簽發國家 Please specify Country of Issue: _____
3. 出生國家 Country of Birth		
4. 國籍 Nationality	<input type="checkbox"/> 中國 Chinese <input type="checkbox"/> 其他，請註明 Others, please specify: _____	<input type="checkbox"/> 中國 Chinese <input type="checkbox"/> 其他，請註明 Others, please specify: _____
5. 閣下是否有美國稅務責任？(只適用於保單權益人) Do you have any U.S. tax obligation? (Only applicable for policyowner)	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No 如「是」者，請填IRS之W-9表格。 If "Yes", please fill out IRS Form W-9.	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No 如「是」者，請填IRS之W-9表格。 If "Yes", please fill out IRS Form W-9.
6. 出生日期 Date of Birth	_____ Day 日 _____ Month 月 _____ Year 年	_____ Day 日 _____ Month 月 _____ Year 年

7. 性別 Gender	<input type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female	<input type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female <input type="checkbox"/> 公司 Company
8. 與受保人關係 Relationship to the Life Insured	不適用 Not Applicable	
9. 聯絡電話號碼 Contact Telephone No.	住宅電話號碼 Home Phone Number _____ 聯絡電話號碼 Contact Phone Number _____ 辦公室電話號碼 Office Phone Number _____ 美國電話號碼 US Telephone Number _____	住宅電話號碼 Home Phone Number _____ 聯絡電話號碼 Contact Phone Number _____ 辦公室電話號碼 Office Phone Number _____ 美國電話號碼 US Telephone Number _____
10. 電郵地址 E-mail Address		
11. 新簽署 (如適用) New Signature (if applicable)		
12. 其他指示 Other Instructions		
13. 地址# Address#	<input type="checkbox"/> 通訊地址 Correspondence Address	
	室 Flat/Room: _____ 樓數 Floor: _____ 座數 Block: _____ 大廈/屋邨名稱 Building/Estate Name: _____ 街道名稱及號數/地段路數 No. & Name of Street/Lot No.: _____ 城市 City _____ 國家 Country _____	
	<input type="checkbox"/> 住宅地址 Residential Address <input type="checkbox"/> 永久地址 Permanent Address <input type="checkbox"/> 公司地址 Office Address	
	室 Flat/ Room: _____ 樓數 Floor: _____ 座數 Block: _____ 大廈/屋邨名稱 Building/ Estate Name: _____ 街道名稱及號數/地段路數 No. & Name of Street/Lot No.: _____ 城市 City _____ 國家 Country _____	
	# 居住全年累計超過一百八十三日為標準 Resides for more than 183 days in a year # 恕不接受郵政信箱作為住宅及永久地址 P.O. Box is not accepted as residential AND permanent address # 請提供住宅/永久/公司地址 (如跟通訊地址不同) Please provide Residential/ Permanent/ Office address (if different from correspondence address)	
	乙部 - 更改保單內容 Part B - Change of Policy Details (*不適用於投資相連產品 Not applicable to Investment-Linked Products)	
1. 繳費方式 Payment Mode	<input type="checkbox"/> 年繳 Annually <input type="checkbox"/> 半年繳 Semi-Annually <input type="checkbox"/> 季繳* Quarterly* <input type="checkbox"/> 月繳 (經自動轉帳) Monthly (By Autopay)	
2. 繳費辦法 Payment Method	<input type="checkbox"/> 郵寄帳單 Direct Billing	
	<input type="checkbox"/> 信用卡* (經自動轉帳) Credit Card* (By Autopay) <input type="checkbox"/> 銀行戶口 (經自動轉帳) Bank Account (By Autopay) 授權書須一併發回。 Authorization Form must be signed and returned. 如付款人並非受保人或保單權益人，請申報關係並附上其身分證明副本。 If Payor is not the Life Insured or Policyowner, please declare the relationship and attach I.D. copy of Payor.	

3.	自動轉帳日期* Autopay Day*	<input type="checkbox"/> 2 nd <input type="checkbox"/> 16 th				
4.	保單幣值* Policy Currency*	<input type="checkbox"/> 港元 HKD <input type="checkbox"/> 美元 USD				
		請退回保單正本及繳交港元 150 之行政費用 Please return original policy and administrative charge of HKD150.00 is required				
5.	受益人資料 Beneficiary Information	姓名/名稱 Name	香港身分證/護照/商業登記號碼 HKID/ Passport/ B.R. No.	年齡 Age	與受保人關係 Relationship to the Life Insured	分配比率(合共 100%) Share (Total 100%)
所有曾指定之受益人均被自動撤銷。 All previously named beneficiaries will automatically be revoked. 如非受保人直系親屬，請提供其身分證副本、通訊地址及更改原因。 If there is no direct relationship to the Life Insured, please provide I.D. copy, residential address and reason for changing. 請在受益人姓氏下劃線 Please underline beneficiary's surname						
6.	取消轉讓 Release of Assignment	_____ 受讓人簽名 Signature of Assignee _____ 生效日期 (日/月/年) Effective Date (dd/mm/yyyy)				
如受讓人在此簽署，即表示同意放棄此保單的轉讓權益，並於上述所示日期生效 The assignment benefit of this policy will be abandoned if assignee signs here and it will be effective on the date indicated above						
丙部 - 定期壽險轉換 Part C - Term Conversion						
1.	原有保單 Existing Policy	<input type="checkbox"/> 定期壽險計劃 Term Plan <input type="checkbox"/> 定期壽險附加保障 Term Rider	剩餘保險金額 Remaining Sum Assured <input type="checkbox"/> 港元 HKD \$ _____ <input type="checkbox"/> 美元 USD			
如選擇全部轉換定期壽險計劃，請退回保單正本，而所有餘下保費將會轉移至新保單。 Please return original policy and any unearned premium will be transferred to the new policy if full conversion of the Term Plan is selected.						
2.	新保單 New Policy	保單編號 Policy No.	基本計劃 Basic Plan			
		保單日期 Policy Date	保險金額 Sum Assured <input type="checkbox"/> 港元 HKD \$ _____ <input type="checkbox"/> 美元 USD			
請支付所需之首期保費。 Please settle the initial premium required. 如增加保險金額，請填寫財務需要分析表格及人壽/醫療保險投保申請書。 Please complete Financial Needs Analysis Form and new Life/Medical Insurance Application Form if increasing Sum Assured. 如採用月繳為繳費方式或自動轉帳為繳費辦法，請填寫直接付款/信用卡付款授權書 Please fill in "DDA/CCPA Form" if monthly mode and/ or autopay is adopted.						
丁部 - 其他服務 Part D - Other Service Requests						
1.	重發保單* Re-issue Policy*	本人/我們謹此聲明上述保單號碼之保單正本已經遺失，故要求補發一份保單副本並在有法律效力約束下代替已遺失的保單。本人/我們同意償付香港人壽保險有限公司（以下簡稱「香港人壽」）在履行本人/我們所要求補發保單副本後可能引致之損失、索償及追討。本人/我們亦答應如日後尋回正本保單，定會歸還香港人壽。本人/我們在法律的條約下謹以此聲明上述內容全為屬實。 本人/我們聲明上述保單並無權益轉讓（除非受讓人於下列簽署），亦無進行或仍未了結之破產或無力償債的訴訟。 I/We hereby declare that the original copy of the above-mentioned policy has been lost thus request for a duplicated copy which will by law replace the lost policy. In consideration therefore, I/We hereby undertake and agree to indemnify and hold harmless HONG KONG LIFE INSURANCE LIMITED (hereinafter referred to as "Hong Kong Life") against all losses, claims and demands which may be suffered by or made against Hong Kong Life in consequence of Hong Kong Life acceding to my/our request. I/We further undertake in the event of the said lost policy ever being discovered to return it to Hong Kong Life. I/We make this solemn declaration conscientiously believing the same to be true and by virtue of the Oaths and Declarations Ordinance. I/We certify that the above-mentioned policy is not now assigned (except as indicated below by the signature of the assignee), if any, and that no proceedings in bankruptcy or insolvency have been instituted or are pending against me/ us.				
		*須繳交港元 150 之行政費用 * Administrative fee of HKD150.00 will be charged				
2.	保單年結表 Anniversary Statement	<input type="checkbox"/> 要求重發保單年結表 Request for reprint of anniversary statement				

<p>3. 同意/ 拒絕接收推廣資料 Opting In/ Out Promotional Material</p>	<p><input type="checkbox"/> 本人/我們同意接收推廣資料。 I/ We agree to receive promotional materials.</p> <p><input type="checkbox"/> 本人/我們拒絕接收推廣資料，並聲明，清楚明白及完全同意下列各項： For opt-out of promotional materials, I/ We hereby declare, understand and agree that:</p> <ol style="list-style-type: none"> 本人/我們將不會收到任何香港人壽之推廣資料。若未能及時享有任何優惠，香港人壽將不會負責。 I/ We will not receive any promotional information from Hong Kong Life Insurance Limited. If I/ We cannot enjoy any benefits in time, your company will not be responsible 本人/我們將會仍然收到保單相關之信件，如保費通知書、逾期保費通知書、保費最後通知書、保單年結表等。 I/ We will still receive policy-related documents, such as Premium Notice, Premium Reminder, Final Premium Reminder, Anniversary Statement and etc. <p>拒絕接收推廣資料類別： Type of Opt-out:</p> <p><input type="checkbox"/> 預先錄製語音、傳真或短訊之推廣 Pre-recorded voice message, fax or SMS</p> <p><input type="checkbox"/> 電子郵件 E-mail</p> <p><input type="checkbox"/> 郵遞 Post</p> <p><input type="checkbox"/> 個人電話 Personal Phone Call</p>
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戊部 – 聲明與授權 Part E – Declaration and Authorization

本人/我們清楚明白及完全同意以下各項：(1) 香港人壽保險有限公司(下稱「香港人壽」)收集所需的個人資料是為處理投保或其他保險或財務產品/服務之申請，及提供所有關於該等申請之繼後服務，處理理賠或其有關分析、統計或精算研究用途、訴訟、通訊、內部/外界審計、保持優質服務、直接銷售保險產品及資料核對、與任何因香港人壽提供的產品及/或服務之機構/人士溝通。香港人壽會將該等資料儲存、使用、透露、發放及/或轉交予(不論在本港或海外)任何從事與保險或再保險業務有關之公司、仲介人、協力廠商管理人、協力廠商服務供應商(包括但不限於保險公司、銀行、律師、會計師，以及其他提供行政、電訊、電腦、付款、印刷、贖回或其他服務以令香港人壽的業務可以運作的協力廠商服務供應商)、理賠調查員、醫療賬單審查公司、有關提供保險業務服務之公司、專業顧問、研究人員、政府機關、任何保險業組織或聯會、信貸資料服務機構、收賬代理、夥伴金融機構、符合法例或法庭頒令的資料披露規定之單位、或根據監管或其他有關機構所發出的指引而作出披露之單位；(2) 本人/我們有權知悉香港人壽是否持有本人的資料及有權查閱該等資料，若認為有關本人/我們的資料不準確，有權要求香港人壽給予改正，同時有權查悉香港人壽對於資料的政策與實務做法，及獲告知香港人壽持有本人/我們資料的類別。任何關於查閱或改正資料申請，或欲查悉香港人壽對於個人資料的政策與實務做法或所持有的資料類別，可以書面形式致函香港皇后大道中183號中遠大廈15樓，向香港人壽資料保護主任提出；(3) 香港人壽有權就處理任何查詢資料的要求收取合理費用。

本人/我們確認並知悉：(1)本人/我們將有責任遵守就本人/我們為公民或居民或作為住所的國家之有關法律、監管政策及/或其他法例要求；(2)如有疑問，本人/我們將徵詢獨立專業顧問有關購買、持有、提款、贖回或以其他方式處置所發保單或行使保單內的權利可能引致的稅務、法律或法規上的後果。香港人壽沒有就有關本人/我們之稅務或個人之公民身份提供任何意見；(3)香港人壽有權，就如需要並在法律許可的範圍內，提供有關本人/我們的個人資料和其他有關本人/我們的保單或於本申請書上所載之投資或以其他方式刊載的其他資料予政府部門、監管機構、法院、法庭、行政委員會及/或執法機構(包括本地及海外)。香港人壽也會就上述政府部門、監管機構、法院、法庭、行政委員會及/或執法機構所提出之任何問題及/或查詢作出回答，及在適當的情況下，會主動提供報告，以符合有關法律，法規和守則/行為。本人/我們明白，如果本人/我們拒絕給予上述之明示同意予香港人壽，香港人壽將無法出售任何保險產品，及提供任何服務給本人/我們。

本人/我們明白如欲拒絕接收香港人壽推廣資料，可任何時候以書面形式向香港人壽資料保護主任提出有關申請。

本人/我們謹此授權：(1) 任何僱主、醫生、醫院、診所、保險公司、政府部門、其他因香港人壽提供的產品及/或服務之機構/人士，凡曾已或將會知悉或持有本人/我們之個人資料(不論是醫療或其他資料)，均可向香港人壽或其代表透露、發放或轉交該等資料，以作為處理本申請及其後之保單復效和理賠事宜；(2) 香港人壽或任何其指定之醫護人員或化驗所，可就本申請及其後之保單復效和理賠事宜，替本人/我們進行所需之醫療評估及測試以審核本人/我們之健康狀況。即使本人/我們死亡或喪失能力，如法律上可行時，此授權書仍具效力，而本人/我們之繼承人及承讓人亦會受此授權書約束。本授權書之影印本與正本均有同等效力。

I/We hereby declare, understand and agree that: (1) Hong Kong Life Insurance Limited (hereinafter referred to as “Hong Kong Life”) only collects necessary personal information for the purpose of processing your application or any other applications for insurance or financial related products/services and providing all on-going services relating to such applications, claim processing or any analysis of it, statistical or actuarial research, litigation, communication, internal/external audit, to maintain quality services, direct marketing for insurance products and data matching, and communication with any relevant organization/person in respect of any services and/or products provided by Hong Kong Life. Any personal information collected or held by Hong Kong Life is to enable it to carry on insurance business and may be stored, used, disclosed, released and/or transferred (whether within or outside Hong Kong) by Hong Kong Life to any other companies carrying on insurance or reinsurance related businesses or any intermediaries or third party administrators or third party service providers (including without limitation insurers, bankers, lawyers, accountants, and other third party service providers who provide administrative, telecommunications, computer, payment, printing, redemption or other services to Hong Kong Life) or claims investigator or medical bill review companies or other service providers providing services relevant to insurance business or professional advisors or researchers or government authorities or any associations or federation of insurance companies or credit reference agencies or debt collection agencies or partnering financial institutions or any organizations which meet disclosure requirements imposed by law or court orders or pursuant to guidelines issued by regulatory or other relevant authorities; (2) I/We have the right to check whether Hong Kong Life holds data about me/us and the right of access to such data and require Hong Kong Life to correct any data relating to me/us which are inaccurate. I/We also have the right to ascertain Hong Kong Life’s policies and practices in relation to data and to be kept informed of the kind of data held by Hong Kong Life. Such request can be made in writing and addressed to the Data Protection Officer of Hong Kong Life at 15/F, Cosco Tower, 183 Queen’s Road Central, Hong Kong ; (3) Hong Kong Life has the right to charge a reasonable fee for the processing of any data access request.

戊部 – 聲明與授權 Part E – Declaration and Authorization

I/We confirm and acknowledge that: (1) I/We shall be responsible for observing and complying with any applicable law, regulatory policy and/or other statutory requirement of the country of my/ our citizenship, residence or domicile; (2) If in doubt, I/We shall consult independent professional advisers concerning possible tax, legal or regulatory consequences of purchasing, holding, withdrawing, redeeming or otherwise disposing the policy issued or exercising any rights of the policy. Hong Kong Life has not provided any advice to me/us around tax or a person's citizenship status; (3) Hong Kong Life shall be entitled to, insofar as necessary and to the extent permitted by laws, furnish the relevant governmental authorities, regulator(s), court(s), tribunal(s), administrative board(s) and/or law enforcement bodies (both local and overseas) with any of my/our personal data and other information relating to my/our policy(ies) or investments contained in this application or otherwise. Hong Kong Life may also answer any question or inquiry the said governmental authorities, regulator(s), court(s), tribunal(s), administrative board(s) and/or law enforcement bodies, and as it sees appropriate, make any report at its own initiative in order to comply with the laws, regulations and codes of practice/conduct. I/We understand that Hong Kong Life will not be able to sell any insurance product to me/us and provide any service if I/We refuse to give the said express consent.

I/We hereby understand that if I/We do not want to receive any promotional information from Hong Kong Life, I/We can make such request in writing to the Data Protection Officer of Hong Kong Life at any time.

I/We hereby authorize: (1) any employer, doctor, hospital, clinic, insurance company, government office or any relevant organization/person in respect of any services and/or products provided by Hong Kong Life who has or may hereafter have any record, knowledge or information of me/us (whether medical or otherwise) to disclose, release or transfer to Hong Kong Life or its representative such record, knowledge or information pertinent to this application and any reinstatement or claim arising therefrom; (2) Hong Kong Life or any of its appointed medical/ paramedical examiners or laboratories to perform the necessary medical assessment and tests to evaluate the health status of me/us in relation to this application for insurance and any reinstatement or claim arising therefrom. This authorization shall bind me/us as well as the successors and assignees of me/us and remain valid notwithstanding death or incapacity in so far as legally possible. A photocopy of this authorization shall be valid as the original.

受保人簽署
Signature of Life Insured

保單權益人簽署 (如非受保人)
Signature of Policyowner (If other than Life Insured)

次受保人簽署
Signature of Second Life Insured

香港
Hong Kong
簽署地
Signature Place

日期 (日/月/年)
Date (dd/mm/yyyy)

保險代理人簽署
Signature of Insurance Agent

見證人簽署
Signature of Witness

受讓人/不可撤換受益人(如有)簽署
Signature of Assignee/
Irrevocable Beneficiary (if any)

S.V. _____

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