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Policy Number

保單號碼

Request for Policy Change Form - Non Financial 更改保單申請書 - 非財務

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Private & Confidential 私人及機密

Name of Policyholder 保單持有人姓名	Name of Insured 受保人姓名
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IMPORTANT NOTE 注意事項

This Form should be completed in BLOCK LETTERS in BLACK/BLUE PEN. Any corrections made should be signed / initialed by the Form signatory or you should complete a new Form. Your request of change may not be processed until all requested information has been provided to Generali Life (Hong Kong) Limited / Assicurazioni Generali S.p.A. Hong Kong Branch (whichever applicable) (the "Company"). A written confirmation and / or endorsement will be issued to you after the acceptance of your request of change. Your request to change will be effective as of the date of such written confirmation. 本申請表應用黑色 / 藍色筆以英文正楷填寫。本表格內任何修改應在旁加簽或重新填寫一份。若所提供的資料未能達到忠意人壽(香港)有限公司 / 忠意保險有限公司 香港分行(如適用) (「本公司」) 之所有要求, 此更改之申請有可能不會受理。本公司接受更改保單申請後會向閣下發出書面確認及/或批註。而更改之申請會於發出書面確認當天生效。

Please '✓' when appropriate. 請於適當位置加上 '✓'。

Part I 第一部分 - Change Request 更改要求

☐ 1 Change of Personal Information 更改個人資料

* **Please be noted** 請注意: For HK residents, please provide a copy of your Hong Kong Identity Card and/or other identification document & deed poll, if any. For non-HK residents please provide a copy of your national identity card, passport, travel document or other identification document & deed poll, if any. 如香港居民, 請提供香港身份證及 / 或其他身份證明文件副本及改名契 (如有)。如非香港居民, 請提供國民身份證、護照、旅行證件或其他身份證明文件副本及改名契 (如有)。

Insured 受保人	Policyholder 保單持有人
<input type="checkbox"/> Name in English 英文姓名 * (Use BLOCK letters) (請以英文正楷填寫) Surname 姓 Given Name 名	<input type="checkbox"/> Name in English 英文姓名 * (Use BLOCK letters) (請以英文正楷填寫) Surname 姓 Given Name 名
<input type="checkbox"/> Name in Chinese 中文姓名 * Surname 姓 Given Name 名	<input type="checkbox"/> Name in Chinese 中文姓名 * Surname 姓 Given Name 名
<input type="checkbox"/> Gender 性別 * <input type="checkbox"/> Male 男 <input type="checkbox"/> Female 女	<input type="checkbox"/> Gender 性別 * <input type="checkbox"/> Male 男 <input type="checkbox"/> Female 女
<input type="checkbox"/> Date of Birth 出生日期 * DD 日 / MM 月 / YYYY 年	<input type="checkbox"/> Date of Birth 出生日期 * DD 日 / MM 月 / YYYY 年
<input type="checkbox"/> Country of Birth 出生國家	<input type="checkbox"/> Country of Birth 出生國家
<input type="checkbox"/> ID Card / Passport / Business Registration No.* 身份證 / 護照 / 商業登記號碼 * ID Card No. 身份證號碼 Passport No. 護照號碼 Business Registration No. 商業登記號碼	<input type="checkbox"/> ID Card / Passport* 身份證 / 護照 * ID Card No. 身份證號碼 Passport No. 護照號碼
<input type="checkbox"/> Nationality 國籍	<input type="checkbox"/> Nationality 國籍
<input type="checkbox"/> Marital Status 婚姻狀況 <input type="checkbox"/> Single 單身 <input type="checkbox"/> Married 已婚	<input type="checkbox"/> Marital Status 婚姻狀況 <input type="checkbox"/> Single 單身 <input type="checkbox"/> Married 已婚

☐ 8 **Change of Beneficiary 更改受益人**

If this section is left blank, all benefit under this policy shall be paid towards the New Policyholder if the New Policyholder is alive, otherwise to the New Policyholder's own estate. 如留空此部分，所有保障金額將歸屬新保單持有人，若新保單持有人尚存；否則全數將撥作新保單持有人的遺產處理。

The Percentage of Share should be in integer, cannot be less than 10% and equal to total 100%. Maximum no. of Beneficiaries is 5. 百分比必須為整數，不可少於10%，總數相等於100%。總受益人不可多於5人。

If more than one beneficiary is designated, all policy proceeds will be made in equal share to the surviving beneficiaries, unless herein specified. 如受益人超過一人，除非在此列明各分配比例，否則保單之所有利益將平均分配予各在生之受益人。

Secondary Beneficiary 次位受益人

1. The person shall be entitled to death proceeds if all Primary Beneficiaries cannot survive the death of insured.
在所有基本受益人都無法於受保人去世時尚生存，此人將收到身故賠償。
2. If the Secondary Beneficiary is blank, existing records of Secondary Beneficiary(ies) remain unchanged.
如次位受益人為空白，現時次位受益人記錄維持不變。

a. Individual Beneficiary 個人受益人

Priority 優先次序	Name of Beneficiary 受益人姓名 English & Chinese 英文及中文	Relationship with Insured 與受保人關係	Sex 性別	Date of Birth 出生日期 dd / mm / yyyy 日/月/年	ID Card No./ Passport No. 身份證號碼/ 護照號碼	Country of Birth 出生國家	Country of Residence 居住國家	Tax Residence 稅務國家	Share (%) (Total 100%) 分配比例 (%) (合共百份之一百)
<input type="checkbox"/> Primary 基本 <input type="checkbox"/> Secondary 次位									
<input type="checkbox"/> Primary 基本 <input type="checkbox"/> Secondary 次位									
<input type="checkbox"/> Primary 基本 <input type="checkbox"/> Secondary 次位									
<input type="checkbox"/> Primary 基本 <input type="checkbox"/> Secondary 次位									
<input type="checkbox"/> Primary 基本 <input type="checkbox"/> Secondary 次位									

b. Corporate Entity Beneficiary 法人團體受益人

Priority 優先次序	Name of Beneficiary 受益人姓名 English & Chinese 英文及中文	Relationship with Insured 與受保人關係	Entity type 公司實體	Date of Incorporation 註冊日期 dd / mm / yyyy 日/月/年	Country of Incorporation 註冊國家	Country of Business 營業國家	Tax Jurisdiction 稅務管轄區	Share (%) (Total 100%) 分配比例 (%) (合共百份之一百)
<input type="checkbox"/> Primary 基本 <input type="checkbox"/> Secondary 次位			<input type="checkbox"/> Corporation 公司 <input type="checkbox"/> Partnership 合夥業務 <input type="checkbox"/> Trust 信託 <input type="checkbox"/> Others 其他:					
<input type="checkbox"/> Primary 基本 <input type="checkbox"/> Secondary 次位			<input type="checkbox"/> Corporation 公司 <input type="checkbox"/> Partnership 合夥業務 <input type="checkbox"/> Trust 信託 <input type="checkbox"/> Others 其他:					
<input type="checkbox"/> Primary 基本 <input type="checkbox"/> Secondary 次位			<input type="checkbox"/> Corporation 公司 <input type="checkbox"/> Partnership 合夥業務 <input type="checkbox"/> Trust 信託 <input type="checkbox"/> Others 其他:					
<input type="checkbox"/> Primary 基本 <input type="checkbox"/> Secondary 次位			<input type="checkbox"/> Corporation 公司 <input type="checkbox"/> Partnership 合夥業務 <input type="checkbox"/> Trust 信託 <input type="checkbox"/> Others 其他:					
<input type="checkbox"/> Primary 基本 <input type="checkbox"/> Secondary 次位			<input type="checkbox"/> Corporation 公司 <input type="checkbox"/> Partnership 合夥業務 <input type="checkbox"/> Trust 信託 <input type="checkbox"/> Others 其他:					

<input type="checkbox"/> 9	Change of Income / Death Benefit Option 更改入息 / 身故保障支付方式
	<div> <input type="checkbox"/> Lump-Sum Payment 全數支取 <input type="checkbox"/> Monthly Installment Payment 每月分期支取 Payment Period 支付期： <input type="checkbox"/> 5 Years 五年 <input type="checkbox"/> 10 Years 十年 <input type="checkbox"/> 20 Years 二十年 <input type="checkbox"/> 30 Years 三十年 </div> <div> <input type="checkbox"/> To age of Beneficiary 至受益人年齡 _____ (Only applicable for policy with only one beneficiary and payment period must between 5 years and 30 years. 只適用於保單只有一名受益人及支付期須為 5 年到 30 年之間。) </div> <div> <input type="checkbox"/> Partial Payment 部份支取 Withdrawal Percentage 提取百分比: _____ (The minimum payment is 5% of Death Benefit and must be a multiple % of 5%. 最少提取金額為身故保障的 5% 及必須為 5% 的倍數) Payment Period of Remaining Amount 餘額支付期 (Monthly Payment 每月支取) : <input type="checkbox"/> 5 Years 五年 <input type="checkbox"/> 10 Years 十年 <input type="checkbox"/> 20 Years 二十年 <input type="checkbox"/> 30 Years 三十年 </div> <div> <input type="checkbox"/> To age of Beneficiary 至受益人年齡 _____ (Only applicable for policy with only one beneficiary and payment period must between 5 years and 30 years. 只適用於保單只有一名受益人及支付期須為 5 年到 30 年之間。) </div> <div> <input type="checkbox"/> Cash Payment 支取現金 Payment Method 支付方法： (a) <input type="checkbox"/> USD Cheque 美金支票 (For USD Policy Only 只供美金保單選擇) <input type="checkbox"/> HKD Cheque 港幣支票* (b) <input type="checkbox"/> Credit to Policyholder's local bank Account Hong Kong currency 轉帳至保單持有人本地銀行之港幣戶口* <div style="display: flex; align-items: center; margin-top: 10px;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="margin: 0 5px;">—</div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="margin: 0 5px;">—</div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> </div> <div style="display: flex; justify-content: space-between; font-size: small; margin-top: 5px;"> Bank Code 銀行編號 Branch No. 分行編號 Account No. 賬戶編號 </div> </div> <div> <p>*The HKD equivalent will be based on the currency exchange rate provided by the Company at the time of issue of the cheque / bank transfer and it can be changed from time to time. 相等之港幣將以本公司於簽發支票 / 戶口轉帳時所釐訂之貨幣兌換率計算，而有關之貨幣兌換率將不時轉變。</p> </div>
<input type="checkbox"/> 10	Change of Annuity / Income Period Start Age 更改年金 / 入息期開始年齡
	<div> New Annuity Period Start Date 新年金期開始日 # : Age of Insured 受保人年齡 : _____ </div> <div> <p># 1. LionPromise 逸悅保 The new Annuity Period Start Date must be a Policy Anniversary on or after the 5th Policy Anniversary to age 80. 新年金期開始日期必須為第5 個或其後的保單週年日至80歲。</p> <p># 2. LionHarvest Deferred Annuity 稅悅保延期年金 The new Income Period Start Date must be after premium term and between age of 50 and 80. 新入息期開始日期必須付清保費後，並且入息期開始年齡為50歲到80歲之間。</p> <p># 3. LionPromise Pro 豐盛逸悅保 The new Annuity Period Start Date must be a Policy Anniversary on or after the 5th Policy Anniversary to age 95. 新年金期開始日期必須為第5個或其後的保單週年日至95歲。</p> </div>
<input type="checkbox"/> 11	Request for Re-issuance of Policy Document 要求補發保單文件
	<p>I declare that the original policy contract of the captioned policy has been lost / destroyed. No other person has claim or interest in this policy by virtue of any assignment or mortgage. I hereby apply for a duplicate of the policy contract and agree that the original policy contract and any previously issued duplicated policy contract before this declaration have been void. I understand that I shall be responsible for paying the handling charge of HKD200 for the re-issuance of the policy document. 本人謹此聲明，上述保單契約已遺失或損毀。沒有其他人因轉讓或按揭而對此保單可作任何索償或享有任何權益。本人現申請補發保單副本，並同意在此聲明訂立前，原先之保單及任何已發出的保單副本均視為無效。本人明白須繳付港幣 200 元作為保單補發費用。</p>
<input type="checkbox"/> 12	Other Service Request 其他更改

Part II 第二部分 – Personal Information Collection Statement 收集個人資料聲明

- a. From time to time, it is necessary for you to supply Generali Life (Hong Kong) Limited / Assicurazioni Generali S.p.A. Hong Kong Branch (whichever applicable) (the “**Company**”) with data about yourself(ves), policyholder(s), life insured(s), beneficiary(ies), claimant(s), and / or other relevant individuals (the “**Personal Data**”) in connection with the provision of insurance and / or related products and services to you, the processing of claims under insurance policies issued and / or arranged by the **Company**, and / or the processing of any or all other requests, enquiries and complaints from you.

閣下須要不時向忠意人壽（香港）有限公司 / 忠意保險有限公司 香港分行（如適用）（「**本公司**」）提供關於閣下自己、保單持有人、受益人、索償人及 / 或其他有關人士的資料（「**個人資料**」），以讓**本公司**為閣下提供保險及 / 或相關產品與服務，處理經由**本公司**發出及 / 或安排的保單之下的索償事宜，及 / 或處理閣下提出的任何或所有其他要求、查詢和投訴。

- b. Provision of the **Personal Data** to the **Company** by you is voluntary. However, failure to supply the **Personal Data** may result in the **Company** being unable to provide insurance and / or related products and services to you, process claims under insurance policies issued and / or arranged by the **Company**, and/or process any or all other requests, enquiries, or complaints from you.

閣下是自願向**本公司**提供**個人資料**的。然而，若閣下未能提供**個人資料**，可能導致**本公司**不能夠為閣下提供保險及 / 或相關產品與服務，處理經由**本公司**發出及 / 或安排的保單之下的索償事宜，及 / 或處理閣下提出的任何或所有其他要求、查詢和投訴。

- c. The purposes for which the **Personal Data** may be used are as follows: (i) processing (including, without limitation, underwriting) and / or approving applications for insurance and / or related products and services, and any addition, alteration, variation, cancellation, renewal and / or reinstatement of such products and services; (ii) administering insurance policies issued and/or arranged by the **Company**; (iii) processing (including, but not limited to, investigating, analyzing, assessing and adjudicating) and / or settlement of claims under insurance policies issued and / or arranged by the **Company**; (iv) exercising rights of subrogation, if applicable; (v) collection of amounts outstanding (if any) from customers; (vi) arranging coinsurance and / or reinsurance in respect of the insurance policies issued and/or arranged by the **Company**; (vii) communicating with customers via telephone, mail, e-mail, facsimile and other communication means; (viii) customer services (including, but not limited to, processing enquiries and complaints), marketing, and other related activities; (ix) conducting data matching procedures; (x) designing insurance and/or related products and services for customers' use; (xi) marketing insurance and / or other related products and services of the **Company** and / or its affiliated companies (which includes, but are not limited to, its group companies, parent company, trust companies of the **Company's** parent company (hereinafter such affiliated companies are collectively referred to as the “**Affiliated Companies**”)); (xii) direct marketing of insurance and / or other related products and services subject to your prior prescribed consent (if any), and you can exercise the right of opt-out by notifying the **Company** at any time; (xiii) statistical or actuarial research of the **Company**, its **Affiliated Companies**, relevant insurance industry associations or federations, supervisory authority, government department and / or other competent authority; (xiv) complying with the requirements under any laws, rules, regulations, codes, guidelines, court orders, compliance policies and procedures, and any other relevant requirements which the **Company** and / or its **Affiliated Companies** are expected to comply with, including, without limitation, making disclosures of the relevant information; and (xv) fulfilling any other purposes directly relating to (i) to (xiv) above.

個人資料可被用於以下用途：(i) 處理（包括但不限於承保）及 / 或審批保險及 / 或相關產品與服務的申請，以及該等產品與服務的任何附加、更改、變更、取消、續期及 / 或復效；(ii) 管理經由**本公司**發出及 / 或安排的保單；(iii) 處理（包括但不限於調查、分析、評估和裁定）及 / 或理賠經由**本公司**發出及 / 或安排的保單之下的索償事宜；(iv) 如適用的話，行使代位權；(v) 向客戶追收尚欠金額（如有）；(vi) 經由**本公司**發出及 / 或安排的保單之下籌劃共同保險及 / 或再保險；(vii) 透過電話、郵件、電郵、傳真及其他通訊方式與客戶通訊；(viii) 客戶服務（包括但不限於處理查詢和投訴）、推銷，以及其他相關活動；(ix) 進行資料核對程序；(x) 設計保險及 / 或相關產品與服務供客戶使用；(xi) 推銷**本公司**及 / 或**本公司**的關聯公司（包括但不限於本集團的公司、母公司、本母公司的信託公司（該等關聯公司在下文合稱為「**關聯公司**」）的保險及 / 或其他相關產品與服務；(xii) 就閣下事前訂明的同意（如有）約束之下，直接促銷保險及 / 或其他相關產品與服務，而閣下可在任何時間知會**本公司**以行使撤回同意的權利；(xiii) **本公司**、**關聯公司**、相關的保險業協會或聯會、監管當局、政府部門及 / 或其他法定監管機構的統計或精算研究；(xiv) 遵從任何法律、規則、規例、守則、指引、法院命令、合規政策和程序的規定，以及**本公司**及 / 或**關聯公司**應要遵守的任何其他有關規定，包括但不限於披露有關資料；及 (xv) 實現與上述 (i) 至 (xiv) 直接有關的任何其他用途。

- d. The **Personal Data** held by the **Company** shall be kept confidential, but the **Company** may provide the **Personal Data** to the following parties (whether within or outside the Hong Kong Special Administrative Region) for the purposes set out in paragraph (c) above, without prior notification to you and / or any other relevant individuals to whom the **Personal Data** is related: (i) agents, intermediaries, claims investigation companies, coinsurance companies, reinsurance companies, third party service providers, banks and credit-card companies, health and medical organizations, professional advisers, contractors, business partners, and/or any other relevant parties, as appropriate, who provide administrative, telecommunication, computer, payment, marketing, investigation, advisory and / or other services to the **Company** in connection with the operation of its business; (ii) relevant insurance industry associations or federations, and / or members of such industry associations or federations; (iii) overseas locations or branches, as appropriate, of the **Company**, and / or its **Affiliated Companies**; (iv) persons to whom the **Company** and / or its **Affiliated Companies** are under an obligation to make disclosure under the requirements of any laws, rules, regulations, codes, guidelines, court orders, compliance policies and procedures, and any other relevant requirements which the **Company** and / or its **Affiliated Companies** are expected to comply with; (v) any court, supervisory authority, government department or other competent authority (including, without limitation, tax authority) under any laws binding on the **Company** and / or its **Affiliated Companies**; (vi) lawful successors or assigns of the **Company**; and (vii) persons who owe a duty of confidentiality to the **Company** and / or its **Affiliated Companies**.

由**本公司**持有的**個人資料**將受到保密，但**本公司**可依據以上 (c) 段所列的用途向以下各方（不論在香港特別行政區境內還是境外）提供**個人資料**，事前無須知會閣下及 / 或該等**個人資料**所涉及的任何其他有關人士：(i) 就**本公司**的業務營運向**本公司**提供行政、電訊、電腦、付款、推銷、調查、諮詢及 / 或其他服務的代理人、中介人、索償調查公司、共同保險公司、再保險公司、第三方服務提供商、銀行及信用卡公司、健康及醫療機構、專業顧問、承包商、業務夥伴及 / 或任何其他有關各方，以適用者為準；(ii) 相關的保險業協會或聯會，及 / 或該等協會或聯會的成員；(iii) **本公司**及 / 或**關聯公司**的海外辦事處或分行，以適用者為準；(iv) 根據任何法律、規則、規例、守則、指引、法院命令、合規政策和程序的規定，以及應要遵守的任何其他有關規定之下，**本公司**及 / 或**關聯公司**負有義務須向其作出披露的人士；(v) 根據對**本公司**及 / 或**關聯公司**有約束力的任何法律之下，**本公司**及 / 或**關聯公司**須向其提供資料的任何法院、監管當局、政府部門或其他法定監管機構（包括但不限於稅務局）；(vi) **本公司**的合法繼承人或受讓人；及 (vii) 對**本公司**及 / 或**關聯公司**負有保密責任的人士。

- e. The **Company** may verify any or all of the **Personal Data** by using information collected and released or transferred by relevant insurance industry associations or federations, and / or members of such industry associations or federations.

本公司可使用由相關的保險業協會或聯會及 / 或該等協會或聯會的成員所收集及發放或轉移的資料，來核實任何或所有**個人資料**。

- f. In accordance with the Personal Data (Privacy) Ordinance (Cap 486): (i) any individual has the right to: (A) check whether the **Company** holds data about him / her and, if so, obtain a copy of such data; (B) require the **Company** to correct any data relating to him / her that is inaccurate; and (C) ascertain the **Company's** policies and practices in relation to data and to be informed of the kind of data held by the **Company**; and (ii) the **Company** has the right to charge a reasonable fee for the processing of any data access request.

根據《個人資料（私隱）條例》（第 486 章）：(i) 任何人士均有權：(A) 查詢**本公司**有沒有持有其資料，如有的話，可取得一份該等資料；(B) 要求**本公司**改正其任何不正確的個人資料；及 (C) 查明關於**本公司**的個人資料政策和處事常規，並可獲通知有關**本公司**所持個人資料的種類；及 (ii) **本公司**有權就處理任何查閱個人資料的要求之下收取合理的費用。

- g. The person to whom requests for access to **Personal Data** and / or correction thereof and / or for information regarding policies and practices and purposes of **Personal Data** held are to be addressed as follows: Personal Data Protection Officer, Generali Life (Hong Kong) Limited or Assicurazioni Generali S.p.A. Hong Kong Branch, 21/F, Cityplaza One, 1111 King's Road, Taikoo Shing, Hong Kong.

如欲查閱及 / 或改正個人資料及 / 或查詢關於**本公司**的政策和處事常規及所持**個人資料**的用途，請向以下人員提出要求：個人資料保護主任，忠意人壽（香港）有限公司或忠意保險有限公司 香港分行，香港英皇道1111號太古城中心一期21樓

Note: In case of discrepancies between the English and Chinese versions of this Personal Information Collection Statement, the English version shall prevail.

附註：本收集個人資料聲明的英文及中文版本之間如有任何歧義，概以英文版本為準。

Part III 第三部分 – Foreign Account Tax Compliance Act 海外帳戶稅收合規法案

Under the U.S. Foreign Account Tax Compliance Act ("FATCA"), a foreign financial institution ("FFI") is required to report to the U.S. Internal Revenue Service ("IRS") certain information on U.S. persons that hold accounts with that FFI outside the U.S. and to obtain their consent to the FFI passing that information to the IRS. An FFI which does not sign or agree to comply with the requirements of an agreement with the IRS ("FFI Agreement") in respect of FATCA and / or who is not otherwise exempt from doing so (referred to as a "nonparticipating FFI") will face a 30% withholding tax ("FATCA Withholding Tax") on all "withholdable payments" (as defined under FATCA) derived from U.S. sources (initially including dividends, interest and certain derivative payments).

在美國的《海外帳戶稅收合規法案》（“《合規法案》”）下，海外金融機構須就美國人於海外金融機構之非美國境內之帳戶，向美國國稅局匯報有關資料及取得客戶同意海外金融機構可向美國國稅局匯報有關資料。海外金融機構如未有簽署或同意遵守《合規法案》下的協議（即“《海外金融機構協議》”）有關之要求，及/或未曾獲得相關豁免遵守相關要求（以上海外金融機構統稱為“《不參與合規法案之海外金融機構》”），其所有源自美國的付款中可預扣款項（在合規法案中已闡明）將被徵收百分之三十之預扣稅（“《合規法案預扣稅》”）（初步包括紅利、利息及一些衍生款項）。

The U.S. and Hong Kong have agreed an inter-governmental agreement ("IGA") to facilitate compliance by FFIs in Hong Kong with FATCA and which creates a framework for Hong Kong FFIs to rely on streamlined due diligence procedures to (i) identify U.S. indicia, (ii) seek consent for disclosure from its U.S. policyholders and (iii) report relevant tax information of those policyholders to the IRS.

美國政府與香港政府已簽訂（“《跨政府協議》”）促使香港的海外金融機構遵守合規法案，及提供一個框架讓香港的海外金融機構能有效率的進行盡職審查以 (i) 識別美國身份標記，(ii) 徵求美國保單持有人同意披露及 (iii) 向美國國稅局匯報美國保單持有人相關稅務資料。

FATCA applies to the **Company**, and this Policy. The **Company** is a participating FFI and committed to complying with FATCA. To do so, the **Company** requires you to:

合規法案適用於**本公司**及此保單。**本公司**是一間參與合規法案之海外金融機構，及致力遵守合規法案。因此，**本公司**需要閣下：

- (i) provide to the **Company** certain information including, as applicable, your U.S. identification details (e.g. name, address, the U.S. federal taxpayer identifying numbers, etc); and
提供相關資料予**本公司**，如適用，包括閣下的美國身份證明資料（如姓名、地址、美國聯邦納稅人識別號碼等）；及
- (ii) consent to the **Company** reporting this information and your account information (such as account balances, interest and dividend income and withdrawals) to the IRS.
同意**本公司**向美國國稅局匯報此資料及閣下之帳戶資料（如帳戶結存、利息、紅利收入及提款）。

If you fail to comply with these obligations (being a "Non-Compliant Accountholder"), the **Company** is required to report "aggregate information" of account balances, payment amounts and the number of non-consenting U.S. accounts to IRS.

如閣下未能遵從以上要求（即為“《不遵從合規法案之戶口持有人》”），**本公司**須向美國國稅局匯報帳戶結存、款項及不同意披露的美國帳戶數目之綜合資料。

The **Company** could, in certain circumstances, be required to impose FATCA Withholding Tax on payments made to, or which it makes from, your Policy. Currently the only circumstances in the **Company** may be required to do so are:

本公司，在某些情況下，可能被要求在閣下保單付款中徵收合規法案預扣稅。現時**本公司**只會在以下情況徵收合規法案預扣稅：

- (i) if the Inland Revenue Department of Hong Kong fails to exchange information with the IRS under IGA (and the relevant tax information exchange agreement between Hong Kong and the U.S.), in which case the **Company** may be required to deduct and withhold FATCA Withholding Tax on withholdable payments made to your Policy and remit this to the IRS; and
若香港稅務局未能與美國國稅局就跨政府協議（及有關香港與美國之間的稅務資料交換協定）交換資料，**本公司**可能需要從閣下保單的可預扣款項中扣除及預扣合規法案之預扣稅及匯出予美國國稅局；及
- (ii) if you are (or any other account holder is) a nonparticipating FFI, in which case the **Company** may be required to deduct and with hold FATCA Withholding Tax on withholdable payments made to your Policy and remit this to the IRS.
如閣下（或任何一位帳戶持有人）是不參與合規法案之金融機構，**本公司**可能需要從閣下保單的可預扣款項中扣除及預扣合規法案之預扣稅及匯出予美國國稅局。

You should seek independent professional advice on the impact FATCA may have on you or your policy.

有關合規法案對閣下及閣下保單之影響，請諮詢獨立的專業意見。

If the Policyholder is an individual, please complete the declaration below and provide the information requested. If the Policyholder is an entity (including but not limited to a trust or a company), such entity does not need to complete the declaration below but must complete a separate form "FATCA Self-Certification for Entities" or Form W-8BENE or Form W-8IMY.

如果保單持有人為個人，請填妥以下聲明以及提供所須的資料。如果保單持有人為機構（包括但不限於信託或公司），該機構則不須填寫下列聲明，但其必須填妥另一份「海外帳戶稅收合規法案公司客戶聲明書」或「W-8BENE表格」或「W-8IMY表格」。

Declaration 聲明

Please declare whether you are a U.S. resident for tax purposes* or not by ticking below check box.

請閣下在下方加上✓」號以聲明閣下是否美國稅務居民*。

☐ I / We declare that I am / we are not a U.S. resident for tax purposes* at the time of signing this declaration.

本人 / 我們聲明於簽署本聲明時並非美國稅務居民*。

☐ I / We declare I am / we are a U.S. resident for tax purposes* at the time of signing this declaration.

本人 / 我們聲明於簽署本聲明時是美國稅務居民*。

I / We acknowledge that the **Company** may transfer any required information to the Tax Authorities in or outside Hong Kong to comply with FATCA obligations and waive all rights I / we have, if any, to prohibit or restrict such disclosure.

本人 / 我們確認**貴公司**可將所需資料轉移到香港境內及境外地區之稅務機關以遵守合規法案的責任，如適用時，本人 / 我們願意放棄所有禁止或限制該披露之權利。

U.S. Taxpayer Identification Number (TIN):

美國納稅人識別號碼：

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* A U.S. resident for tax purposes includes but is not limited to any individual who is a U.S. citizen or U.S. resident alien (such as a "Green Card" holder).

* 美國稅務居民包括但不限於任何具有美國公民或美國居住外國人（如「綠卡持有人」）身份的個人。

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

附註：本部分之英文及中文版本之間如有任何歧義，概以英文版本為準。

Part IV 第四部分 – Automatic Exchange of Information 自動交換資料

Under the laws, regulations and international agreements for the implementation of automatic exchange of financial account information ("AEOI"), financial institutions are required to identify account holders (including certain policyholders and beneficiaries) and controlling persons of certain entity policyholders who are reportable foreign tax residents and report their information (including but not limited to their name, address, jurisdiction(s) of tax residence, tax identification number in that jurisdiction(s), account balance and income information) to the local tax authority where the financial institution operates. The local tax authority will provide this information to the tax authority of the reportable foreign tax resident's country of tax residence on a regular, annual basis. The information provided to the **Company** will be used for the purpose of AEOI. This information and other information regarding the account holder may be transmitted by the **Company** to the Hong Kong Inland Revenue Department ("IRD") or any other relevant domestic or foreign tax authority for transfer to the tax authority of another jurisdiction. Please browse the IRD website for guidance on AEOI in Hong Kong: http://www.ird.gov.hk/eng/tax/dta_aeoi.htm. 根據實施的自動交換財務帳戶資料（「自動交換資料」）的法律、法規及國際協定，財務機構須辨別具有須申報外國稅務居民身份的帳戶持有人（包括某些帳戶持有人及保單受益人）和某些機構保單持有人的控權人，並向財務機構營運當地的稅務部門申報其稅務資料（包括但不限於姓名、地址、稅務居住地、該稅務居住地的稅務編號、帳戶結餘及收入資料）。當地稅務部門將每年定期把上述資料交予須申報外國稅務居民所屬稅務居住地的相關稅務部門。**本公司**會將收集的稅務資料用於自動交換資料。這些資料以及其他關於帳戶持有人的資料可能會被傳遞給香港稅務局或其他本地或海外稅務部門用於轉交其他司法管轄區的稅務部門。有關香港實施自動交換資料的指南，請瀏覽香港稅務局網站：http://www.ird.gov.hk/chi/tax/dta_aeoi.htm。

The information required in this Part and the information regarding your name, residence address and date of birth constitute a self-certification for AEOI purposes. It is an offence under section 80(2E) of the Inland Revenue Ordinance if any person, in making a self-certification, makes a statement that is misleading, false or incorrect in a material particular and knows, or is reckless as to whether, the statement is misleading, false or incorrect in a material particular. 在本部分中收集的資料、關於閣下姓名和住址之資料和出生日期，將共同組成用於自動交換資料的自我證明。根據《稅務條例》第 80(2E) 條，如任何人在作出自我證明時，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。

You must report all changes in your tax residence status to the **Company** within 30 days of that change.

閣下必須在閣下的稅務居民身份發生任何變動後的30日內，向**本公司**申報該等變動。

You should seek independent professional advice on the impact AEOI may have on you or your Policy.

閣下應就自動交換資料對閣下保單造成的影響，諮詢獨立的專業意見。

If the Policyholder is an individual, please complete the declaration below and provide the information requested. If the Policyholder is an entity (including but not limited to a trust or a company), such entity does not need to complete the declaration below but must complete separate forms titled "Entity Tax Residency Self-Certification Form" which shall form part of this application form.

如果保單持有人為個人，請填妥以下聲明以及提供所填的資料。如果保單持有人為機構（包括但不限於信託或公司），該機構則不須填寫下列聲明，但其必須填妥另一份「實體稅務居民身分自我證明表格」；填妥後該表格會構成本申請表的一部分。

Declaration 聲明

Please declare your jurisdiction of tax residence for tax purposes by ticking below check box.

請在下方適當空格內加上「✓」號，以申報閣下的稅務居住地。

☐ I / We declare that I am / we are Hong Kong resident(s) for tax purposes and that I am / we are not resident(s) for tax purposes of any jurisdiction other than Hong Kong at the time of signing this declaration.

本人 / 我們謹此聲明，在簽署本聲明時，本人 / 我們是香港的稅務居民，而且本人 / 我們並非任何香港以外司法管轄區的稅務居民。

☐ I / We declare I am / we are resident(s) for tax purposes of a jurisdiction other than Hong Kong at the time of signing this declaration.

本人 / 我們謹此聲明，在簽署本聲明時，本人 / 我們是在香港以外的司法管轄區的稅務居民身份。

Jurisdiction of Residence 稅務居住地	Taxpayer Identification Number (TIN) 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 account holder is unable to obtain a TIN if you have selected Reason B * 如選擇理由 B，請提供帳戶持有人不能取得稅務編號的原因
		<input type="checkbox"/> A <input type="checkbox"/> B* <input type="checkbox"/> C	
		<input type="checkbox"/> A <input type="checkbox"/> B* <input type="checkbox"/> C	
		<input type="checkbox"/> A <input type="checkbox"/> B* <input type="checkbox"/> C	
		<input type="checkbox"/> A <input type="checkbox"/> B* <input type="checkbox"/> C	
		<input type="checkbox"/> A <input type="checkbox"/> B* <input type="checkbox"/> C	

Note 註：

If you are a resident for tax purposes of any jurisdiction other than Hong Kong, then you must complete the above table indicating (a) your jurisdiction of residence where you are a resident for tax purposes and (b) your TIN for each jurisdiction indicated. Indicate all (not restricted to five) jurisdictions of residence. If space provided is insufficient, continue on additional sheet(s).

如果閣下是香港以外司法管轄區的稅務居民，閣下須填妥上列表格，列明（一）閣下所屬的稅務居住地；以及（二）閣下所屬各稅務居住地的稅務編號。請列明閣下所屬的全部（而不限於五個）稅務居住地。如果表格中的空格不敷應用，請另紙填寫。

If this form is completed by more than one Policyholder, and one or more of the Policyholders is a resident for tax purposes of any jurisdiction other than Hong Kong, then each of the Policyholders must complete a separate "Individual Tax Residency Self-Certification Form".

如果本表格由多於一名保單持有人填寫，而且其中一個或多個保單持有人是任何香港以外司法管轄區的稅務居民，則各保單持有人均須各自填妥另一份「個人稅務居民身分自我證明表格」。

If a TIN is unavailable, please 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 account holder is a resident for tax purposes does not issue TINs to its residents.
- Reason B – The account holder is unable to obtain a TIN. Explain why the account holder is unable to obtain a TIN if you have selected this reason.
- 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 A – 帳戶持有人的稅務居住地並沒有向其居民發出稅務編號。
- 理由 B – 帳戶持有人不能取得稅務編號。如選取這一理由，請提供帳戶持有人不能取得稅務編號的原因。
- 理由 C – 帳戶持有人毋須提供稅務編號。稅務居住地的主管機關不需要帳戶持有人披露稅務編號。

I / We acknowledge that the **Company** may transfer any required information to the IRD, and the IRD may exchange this information with tax authorities outside Hong Kong, and waive all rights I / we have, if any, to prohibit or restrict such disclosure.

本人 / 我們確認，**貴公司**可向香港稅務局轉交本表格所載資料，香港稅務局又可將這些將資料交換至香港以外的稅務部門；本人 / 我們放棄任何本人 / 我們所擁有的關於禁止或限制上述資料披露之全部權利（如有）。

I / We undertake to advise the **Company** of any change in circumstances which affects the tax residence status of the Policyholder(s) or causes the information contained herein to become incorrect, and to provide the **Company** with a suitably updated form within 30 days of such change in circumstances.

本人 / 我們承諾，如情況發生改變以致影響的本人 / 我們的稅務居民身份，或導致本表格所載的資料變得不正確，本人會通知**貴公司**，並會在情況發生改變後三十日內，向**貴公司**提交一份已適當更新的自我證明書。

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

附註：本部分之英文及中文版本之間如有任何歧義，概以英文版本為準。

I / We acknowledge that I / we have been provided with a copy of the Personal Information Collection Statement (the "**Statement**") issued by Generali Life (Hong Kong) Limited / Assicurazioni Generali S.p.A. Hong Kong Branch (whichever applicable) (the "**Company**"). I / We confirm that I / we have read and understood the **Statement**. I / We agree that the **Company** may collect, use, store, disclose, transfer and otherwise process my / our personal data in accordance with the terms of the **Statement**. I / We further confirm that I / we have obtained the express consent of the life insureds and any other relevant individuals (where applicable) for providing their personal data to the **Company** for the purposes stated in the **Statement** and for allowing the **Company** to collect, use, store, disclose, transfer and otherwise process such personal data in accordance with the terms of the **Statement**.

I / We acknowledge that I / we have been provided with a copy of the notice on Foreign Account Tax Compliance Act ("FATCA") and Automatic Exchange of Financial Account Information ("AEOI") issued by the **Company**. I / We confirm that I / we have read and understood the notice on FATCA and AEOI. I / We understand that a false statement or misrepresentation of tax status by a U.S. resident for tax purposes (as defined in Part III) may result in penalty under relevant law and regulations. If my/ our tax status change and I/we become a U.S. person or a resident for tax purposes in any jurisdiction not previously reported to the **Company**, I/we must notify the **Company** no later than thirty (30) days.

I / We hereby declare and agree that all statements and information provided in this Personal/ Policy Information Change Request Form are to the best of my / our knowledge and belief complete and true, and all such statements and information shall form the basis and become a part of the policy, and understand that if any such statement or information is incomplete or untrue, the coverage provided under the policy may be void. I / We hereby declare that no information (whether or not is covered by this Personal/ Policy Information Change Request Form) which may influence the **Company's** assessment and acceptance of this application has been withheld and understand that if / we am / are uncertain as to whether or not a particular information is material, the information should be disclosed.

I / We authorize the **Company** or any of its appointed medical examiners or laboratories to perform the necessary medical assessment and tests to evaluate the health status of myself / ourselves in relation to this application and any claim therefrom. If I / we fail to provide any information requested in this Personal/Policy Information Change Request Form, it may result in the **Company's** inability to process this application. I / We authorize any medical attendant, hospital, clinic, insurance company or other organization, institution or person, who / which has any records or knowledge of my / us or my / our health, to divulge to the **Company** or its authorized representatives or any reinsurers or any tribunal any information he or she or it may have with regard to me / us for the purpose of evaluating this application and any claim arising from the policy. A faxed or photographic copy of this authorization shall be as valid as the original.

I/We, the Policyholder, hereby request that this policy be changed in accordance with the above particulars with the understanding and agreement that a copy of this request shall be attached to and formed part of the said policy.

This request is not valid until it is recorded as received by the **Company** and it is finally confirmed as accepted by the **Company** by way of Endorsement or letter.

*** Please DO NOT sign on BLANK form 請勿在空白表格上簽署 ***

X

X

Signature of Policyholder
(If other than the Insured)
保單持有人簽署
(如非受保人)

X

X

X

Signature of Witness
見證人簽署

(Name 姓名 : _____)

Assignment	Yes / No	Irrevocable Beneficiary	Yes / No	Signature Verified	Yes / No	Input		Checked / Approved	
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